

Chapter  
5

**Timely and  
Effective  
Treatment**



## Direction

- 5.1 Through building up an effective integrated service model that offers innovative and modernised cancer services, we seek to improve patient outcome, reduce morbidity and mortality.

## Strategies

### A. Better supporting individual patients by providing optimal and patient-centred treatment/care

- 5.2 Due to the rising cancer incidence and prevalence, as well as the complexity of cancer care provision, the Hospital Authority (“HA”) is challenged by an escalating service demand. To meet the challenges and achieve better outcome for cancer patients, the HA has started the formulation of a Strategic Service Framework for Cancer Services (“Cancer SSF”). The Cancer SSF aims to set out the directions, and guide the development of a service model and its corresponding system infrastructure for the HA’s cancer services over the next five to ten years. The service model will cover services for cancer patients in the HA, along the care pathway from symptom presentation, diagnosis, treatment, to survivorship care. In particular, the Cancer SSF will focus on cross-specialty and cross-disciplinary collaboration and cancer service organisation at cluster level.
- 5.3 The HA services are organised into seven clusters based on location. Most of the cancer services in the HA (e.g. diagnostic radiology, pathology, endoscopy, surgery, radiotherapy, chemotherapy and palliative care) are mainly provided in regional hospitals or cancer centres, and some diagnostic radiology and endoscopy as well as palliative care services for cancer patients are provided at other cluster hospitals.
- 5.4 The Cancer Case Manager (“CCM”) programme implemented by the HA in 2010-11 for patients with breast or colorectal cancer has proven to have improved care coordination during the complex patient journey. Although multi-disciplinary team (“MDT”) clinics/meetings are available for selected cancer types, existing CCM service only covers breast and colorectal cancers.

There is room to expand the coverage of the CCM programme as well as the support by allied health professionals. The HA will revisit the role of CCM as a care coordinator who navigates the patient along the patient journey and facilitates the coordination of the diagnostic process and treatment. By standardising the patient care pathway via the CCM programme for different cancer types, service accessibility for cancer treatment is expected to be further improved. With the promising and positive feedback of the programme, the HA will explore the extension of the CCM services to other cancers.

- 5.5 At the same time, the provision of cancer care services in the HA will adopt a holistic patient-centred approach with MDT to address patients' social and psychological needs throughout the cancer journey, as well as the needs of their families and carers.

*Doctors, nurses, medical social workers, clinical psychologists, radiation therapists, medical physicists, physiotherapists, occupational therapists, dietitians, other allied health professionals, spiritual workers and volunteers work as a team to provide holistic care.*

- 5.6 Besides western medicine treatment for cancer, it is noted that cancer patients would also seek Chinese Medicine ("CM") as aid to the treatment. The Government has announced in the Chief Executive's 2018 Policy Address that CM would be incorporated as a part of the healthcare system in Hong Kong. The Government will provide defined subsidised CM services via the CM development framework which comprises the Chinese Medicine Hospital ("CMH") to provide inpatient and outpatient services, 18 CM Centres of Teaching and Research<sup>17</sup> ("CMCTRs") at the district level to provide outpatient services and Integrated Chinese-Western Medicine ("ICWM") treatment services in defined public hospitals. The CMH which is targeted to commence operation in late 2024 would explore providing CM services and the ICWM services for cancer patients. CM will therefore continue to play an important role in our healthcare system including cancer treatment services.

<sup>17</sup> Entrusted by the Government since 2003 and with Government's subsidy, the HA has established 18 CMCTRs, one in each district, to promote the development of "evidence-based" CM and provide training placements for graduates of local undergraduate programmes in CM. These CMCTRs operate under a tripartite collaboration model, involving the HA, non-governmental organisations ("NGOs") and the three local universities offering undergraduate programmes in CM. The NGOs are responsible for the running and day-to-day operation of the CMCTRs. The CMCTRs are currently providing general CM consultation service and other CM services such as acupuncture, bone-setting, tui-na, etc.

## B. Augmenting service capacity and improving service coordination

- 5.7 Cancer treatment is becoming more complex and the treatment planning process is increasingly demanding on the time and effort of the clinical workforce including doctors, nurses and allied health professionals. The Government and the HA are very concerned about the healthcare manpower situation in public hospitals. Taking into account the growing service demand and the manpower situation, the HA has formulated various measures to strengthen its workforce including the recruitment of non-locally trained doctors through the limited registration mechanism, providing specialist training to doctors in public hospitals, and retaining expertise through enhancing the remuneration package and promotion opportunities of healthcare staff. The HA will provide training to all professionals to equip them with updated knowledge and skills for cancer care.
- 5.8 The HA has been reviewing its manpower deployment plans to facilitate the provision of integrated service through an MDT approach so that patients could receive a more timely and effective treatment. Cancer treatments such as chemotherapy are offered by clinical oncologists, medical oncologists and other specialties in the HA, while palliative care for cancer patients is offered by both oncology and medical palliative care teams. There is room for improvement on the collaboration of relevant specialties and disciplines. An integrated patient care and treatment approach will be organised through a pathway-driven, cluster-based, disease-specific and multi-disciplinary approach to streamline patient care and optimise resource utilisation. In this way, multi-disciplinary services involving clinical, medical, surgical and haematological oncologists to deliver surgical treatment and systemic therapies including chemotherapy, targeted therapy, hormonal therapy and immunotherapy will be collaborated closer across disciplines within cluster with a better coordination.
- 5.9 As some cancer patients do not require acute or emergency cancer services, it is considered that treatment at ambulatory centres may be more appropriate. Moreover, some patients prefer to receive care and treatment at ambulatory centres closer to residential place. The HA will explore to set up satellite chemotherapy centres in other cluster hospitals and enhance the capacity of existing ambulatory cancer services to improve accessibility for cancer patients and alleviate their need for transfer to designated oncology centres in regional hospitals.

### C. Providing more and better drugs and treatment

- 5.10 The HA has all along been regularly evaluating new drugs and reviewing existing drugs in the HA Drug Formulary (“HADF”) based on an evidence-based approach, following the principles of safety, efficacy and cost-effectiveness of drugs. The cancer drugs available in the HADF are broadly comparable with those of reference countries, such as England, Scotland and Australia, in terms of coverage. For the period of 2010-11 to 2018-19 (as of February 2019), 54 cancer drugs for treatment of 24 types of cancers had been incorporated into the HADF as general/special drugs or covered by the safety net. As of February 2019, there were 109 drugs available in the HADF for treatment of various types of cancer.
- 5.11 Immunotherapy drugs for treating four types of cancers, namely skin cancer, renal cell cancer, lung cancer as well as head and neck cancer are listed as self-financed items in the HADF. The HA will continue to regularly review the list of drugs in the HADF to include new cancer drugs or reposition existing drugs into different categories, and to enhance funding support for self-financed drug items through the established mechanisms.
- 5.12 The HA welcomes every opportunity to collaborate with pharmaceutical industry to formulate patient access programmes in providing affordable, sustainable and appropriate support for patients and would continue to ensure equitable access to cost-effective drugs of proven efficacy and safety in the HA hospitals and clinics. Under the programmes, the HA and different parties would contribute to the drug costs in specific proportions within a defined period, or the drug treatment costs to be borne would be capped, with a view to facilitating patients' early access to specific drug treatments.
- 5.13 To expedite the introduction of new drugs into the safety net coverage of Samaritan Fund (“SF”) and Community Care Fund (“CCF”) Medical Assistance Programmes, the HA has, since 2018, increased the frequency of the prioritisation exercise from once to twice a year for including self-financed drugs, having regard to the latest development of evidence, in the safety net.
- 5.14 With a view to alleviating the financial burden of patients and their families, the Government and the HA have introduced measures in early 2019 to enhance the means test mechanism for SF and CCF Medical Assistance Programmes. The enhancement measures include modifying the calculation of annual disposable financial resources for drug subsidy application by counting only 50% of the patients' household net assets, and refining the definition of “household” adopted in financial assessment.

- 5.15 To provide an optimal service to cancer patients, pharmacists and nurses will participate in the assessment and follow-up sessions to provide a holistic and integrated service to patients undergoing drug therapies.

#### **D. Modernising and developing treatment facilities, technology and infrastructure**

- 5.16 A possible way to alleviate the pressure on manpower while offering quality service is to make good use of modernised technology and medical equipment. The HA is keen to introduce evidence-based advanced or new technology in a timely manner for different treatment modalities to uphold the standard of care, and minimise treatment related morbidity. For instance, for radiotherapy, the relevant technology includes treatment planning/delivery system, and high precision radiotherapy machine; for surgery, robotic surgery; and for systemic treatment, the application of immunotherapy. To offer better radiotherapy service, the HA has installed more advanced Linear Accelerator (“LINAC”) facilities in recent years, which is a type of linear particle accelerator which customises high energy X-rays or electrons to conform to a tumour’s shape and destroy cancer cells while sparing surrounding normal tissue. As of February 2018, there were 28 LINACs installed to provide radiotherapy service in the HA. Based on the projected service demand, the HA will increase the number and replace existing LINAC facilities to newer models.
- 5.17 The treatment capacity will be increased in tandem with the rolling out of the first and second Ten-year Hospital Development Plan (“HDP”). \$200 billion has been earmarked for the first Ten-year HDP, which is expected to provide over 6 000 additional public hospital beds and more than 90 additional Operating Theatres. \$270 billion has been earmarked for the second Ten-year HDP. The HA will further evaluate and incorporate the service demand on cancer services into the HDP as appropriate. Upon the completion of the second Ten-year HDP, there would be over 9 000 additional beds and other facilities that will largely meet the projected service demand up to 2036. With additional manpower and resources, the HA will continue to enhance radiotherapy capacity by expanding the extended-hour Radiotherapy Service to more clusters, increase the capacity of specialist outpatient services of Clinical Oncology and day chemotherapy service, as well as increase the number of inpatient beds in hospitals as appropriate.<sup>18</sup>

<sup>18</sup> For example, under the first Ten-year HDP, Phase 1 redevelopment of Grantham Hospital will include the provision of a new oncology centre, additional beds and three additional operating theatres; the expansion of United Christian Hospital will develop an oncology centre to provide one-stop services including radiotherapy, chemotherapy and psychosocial care to cancer patients in Kowloon East. Oncology services will also be provided in the New Acute Hospital in Kai Tak Development Area. These three projects are planned to be completed by 2025. Besides, initial planning work has commenced for the second Ten-year HDP. At this stage, new oncology centres are expected to be provided under the redevelopment of Princess Margaret Hospital and redevelopment of Prince of Wales Hospital Phase 2 (Stage 2) projects, both aimed to be completed by 2035.

### Expected Outcome by 2025

5.18 The HA expects to deliver the following –

**(a) for effective and equitable treatment –**

- (i) continue to review and expand the coverage of cancer drugs in the HADF;
- (ii) develop service model for satellite chemotherapy centre and pilot the model in selected cluster(s);

**(b) for a holistic patient-centred approach in cancer treatment –**

- (i) develop and launch additional CCM Programmes;
- (ii) roll out nurse clinics and clinical pharmacist service for cancer services in all clusters;

**(c) for expediting the upgrading and acquisition of medical equipment for cancer treatment –**

- (i) introduce advanced medical technology for cancer treatment (e.g. treatment planning and delivery system, and robotic surgery) in all clusters;
- (ii) increase the number of and upgrade LINAC facilities according to the projected service demand;
- (iii) reserve extra space in new hospital/oncology centres to facilitate the installation of advanced medical equipment and facilities; and

**(d) for enhancing treatment capacity –**

- (i) roll out the Ten-year Hospital Development Plan as quickly as possible, to establish a oncology centre, enhance radiology services and increase the number of Operating Theatres, etc. in Grantham Hospital, Kwong Wah Hospital, Prince of Wales Hospital (Phase 2), Tuen Mun Hospital and United Christian Hospital.<sup>19</sup>

<sup>19</sup> Expect to be completed in 2027.