



The British
Chamber of Commerce
in Hong Kong
香港英商會

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BY POST AND BY EMAIL

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Attn: Professor Sophia Chan Siu-chee, JP, Secretary for Food and Health

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Attn: Dr Deacons Yeung Tai-kong, Director (Cluster Services)

Dear Professor Chan and Dr Yeung,

Re: Hong Kong Cancer Strategy- 2020

Thank you for taking the time to meet with me, our Chairman, Executive Director and our Healthcare Committee and Cancer Care Sub-committee members on 4 December 2019. The meeting was informative and provided an extremely useful insight on the Government's commitment to implement a cancer strategy in Hong Kong along with the challenges associated with such implementation. We are writing to invite you to a follow-up meeting to further discuss the progress of the Hong Kong Cancer Strategy.

BritCham submitted a White Paper on the Hong Kong Cancer Strategy in August 2019 (the "White Paper"). The White Paper was extensively researched, focussing on the pain points experienced by cancer patients (diagnosis, treatment, after-care) and contained suggested short, mid and long term actions (with corresponding KPIs) to facilitate improved cancer care/patient outcome. We firmly believe that the Government can implement many, if not all of the action plans contained in the White Paper, although we do recognise that full implementation may take some time.

Covid-19 has significantly affected the healthcare system. We appreciate that the HA has carried out measures to cope with the emergency conditions and we consider that many of these should be continued and enhanced to benefit cancer patients. In particular, we would like to highlight 3 key areas for your consideration: (1) Increase capacity through enhanced

PPP projects; (2) expedite and improve patient access to therapies; and (3) Use innovative technologies to improve delivery of holistic services.

(1) Increasing capacity through enhancing PPP projects

A major concern during the outbreaks has been the capacity of the public health sector. Many HA non-urgent cases have been postponed or cancelled. At the same time the private sector has the capacity to alleviate this problem and help to serve more patients. While some new oncology PPP projects to enable HA patients to access therapy through the private sector have been commenced, only a small handful of patients have been treated by private hospitals under these schemes in the past few months. We believe that there are opportunities for significant improvement.

The HA has experience in implementing successful PPP projects. For example, by recognising that early and accurate detection and diagnosis provide better patient outcome, the HA launched the successful Radi Collaboration PPP project in 2012. This success is largely due to private sector interoperability with the eHRSS and a fee-for-service payment structure. According to data from the Legislative Council, this program yielded a 144% increased utilization in March 2020 compared with February 2020¹, demonstrating that despite the unprecedented pressure brought by the current pandemic on our healthcare system, this model can be successful and should be extended.

We believe that that wider implementation can easily occur, given that procedures and systems are already in place for this. We therefore urge the Government to extend the Radi Collaboration PPP project to more providers and increase the provisions in 2020 and 2021, and extend this PPP to include MRT and PET/PSMA scans.

The number of cancer patients treated under the HA's PPP radiotherapy programme is only slowly gaining traction. We recommend a significant increase in the number of cancer patients served under this scheme. This concept should be extended to additional PPP projects to include community or home injection programs to deliver chemotherapy for cancer patients.

(2) Improving patient access to therapies

During our meeting, we had a constructive discussion on streamlining the enlistment procedures for novel drugs. We made several recommendations, including the establishment of a dedicated cancer drug enlistment fast track, increased use of risk-sharing agreements, etc.. We would like to maintain an active dialogue on these issues to explore all possible ways that can improve healthcare delivery to patients. We were delighted to see the accelerated registration process and access for Remdesivir for the treatment of Covid-19 cases. This practice of accelerated approvals should be applied to cancer novel therapies.

The enhanced means testing mechanism of the Samaritan Fund (SF) and the CCF Medical Assistance Programme (CCFMAP) has been implemented for more than one year. This should now be reviewed in view of the economic downturn. Many cancer patients are unable to access innovative therapies due to financial constraints and/or delay in the listing of these innovative therapies on the HA drug formulary. Given that for many cancer cases time is critical, it is imperative that the means-testing financial assistance under the SF and the CCFMAP are

¹ Legislative Council, "Administration's response to the letter dated 15 April 2020 from Dr Hon KWOK Ka-ki", LC Paper No. CB(2)856/19-20(01)



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significantly simplified and streamlined to speed up the approval process and enable patients to access timely treatment. We strongly urge you to consider mechanisms such as linking eligibility, for example, to an IRD tax filing.

In addition, many middle-income cancer patients are precluded from financial assistance, even though appropriate innovative medicine is often too expensive for such patients. We recommend the Government to lower the financial threshold for the subsidy application to enable more patients, including those from middle income groups, to be eligible for the SF and/or the CCFMAP. The Government should consider adjusting the current co-payment system under the SF and the CCFMAP by lowering the patient contribution ratio and/or cap, and introducing additional allowable deductions in the calculation of annual disposable financial resources for middle income patients.

(3) Using Innovative technologies to deliver holistic services

During the current pandemic, the HA has used video conferencing technologies to provide psychiatric services and follow up on treatments with patients without the need for them to physically access healthcare facilities. We encourage the HA to continue to deploy such innovative solutions in the public health sector. The HA should increase the use of video conferencing and cloud-based platforms to facilitate multidisciplinary team (MDT) interaction, and enhance utilization of comprehensive genomic profiling across different specialties including oncology.

BritCham and its Healthcare Committee and Cancer Care Sub-committee are committed to supporting the Government's efforts to introduce an effective overarching cancer strategy to greatly improve the existing cancer care available in Hong Kong. We would welcome a regular face-to-face dialogue with the FHB and the HA, at an official level, to review progress, facilitate further discussions and exchange ideas and action plans.

We look forward to your reply. If you have any queries, please do not hesitate to contact me on hanif.kanji@sinophi.com.

Yours sincerely,

Dr. Hanif Kanji
Chair, Healthcare Committee, The British Chamber of Commerce in Hong Kong
CEO, Sinophi Healthcare Limited

cc. Ms. Leonie Lee, Principal Assistant Secretary (Health)
Dr Rita Ho, Head, NCD Branch, Centre for Health Protection
Dr. Richard A. Collins, Chief Scientific Reviewer (Research Office)
Mr. Peter Burnett, Chairman, The British Chamber of Commerce in Hong Kong
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