

Chapter XII : Health and Welfare

12.1 At the Chairman's invitation, the Secretary for Health and Welfare (SHW), Dr E K YEOH, gave a presentation highlighting the major tasks of the Health and Welfare Bureau (HWB). (Appendix V-11)

Health

Staffing

12.2 Referring to the Hospital Authority(HA)'s estimate that there would be a net increase of 170 doctors from a recruitment of 270 doctors in 2001-02, Dr LO Wing-lok enquired whether the same number of doctors would be recruited if the rate of natural wastage was lower than expected. The Chief Executive, Hospital Authority (CE,HA) explained that on the basis of the figures in past years, he anticipated that about 100 doctors from HA would either retire or join private practice in 2001-02. As such, about 270 doctors would have to be recruited in 2001-02. As regards the position in the Department of Health, the Director of Health (D of Health) confirmed that apart from allowing for filling one senior medical officer post to be created in 2001-02, the Department of Health would need to recruit 33 medical officers to replace outgoing officers who would be leaving Government service as a result of natural wastage. These new recruits would be filling permanent posts in the civil service.

12.3 Given the long working hours and heavy work pressure of doctors, Miss CHAN Yuen-han was disappointed that only 170 posts of registered doctors would be created in 2001-02, representing a decrease of 57 posts as compared with last year. She questioned the rationale for the decrease in number of posts and how the problem of long working hours could be resolved. CE,HA clarified that HA planned to recruit 270 doctors in 2001-02. In determining the number of doctors required, HA had taken into account natural wastage and overall manpower required to provide comprehensive health care services to meet the needs of the community and to address the problem of long working hours of doctors. The problem of long working hours was a complex issue, but progressive improvements had been made in the past years. With the recruitment of additional doctors, much of the work pressure had been relieved and most of the doctors were able to take their earned leave. It was however difficult to provide an exact figure on the number of hours that could be shortened as a result of the recruitment because this would depend on the nature of the doctors' work. Miss CHAN remained of the view that there was an urgent need to resolve the problem of long working hours of doctors given the growing

Chapter XII : Health and Welfare

demand for medical services.

12.4 Mr MAK Kwok-fung noted with concern that while there was an increasing demand for medical services, there had been a reduction in nursing staff. CE,HA attributed the reduction to the change in staff mix as a result of the upgrading of basic nursing education from hospital-based to degree level in tertiary institutions. Nevertheless, the consequential reduction in the number of nurse trainees would be offset by the planned increase of 850 additional qualified nurses and a negative growth in qualified nursing staff would not be anticipated. In fact, there had been an increase in the overall number of qualified nurses over the past years.

12.5 Noting that HA had outsourced most of its supporting services to contractors, Mr LEE Cheuk-yan sought elaboration on the prevailing policy on contracting out services and asked whether guidelines were in place to ensure that staff wages offered by the contractors were reasonable. CE,HA said that since the provision of quality medical services was the main concern of HA, the types of services that could be contracted out were basically non-core supporting services such as transport and cleaning services. Such an arrangement however would mainly apply to new hospitals since it was the objective of HA to ensure that no existing staff would be made redundant as a result of the contracting out of services. He added that while performance would be taken into account in the selection of contractors, the terms of employment offered by the contractor to their staff would not be known in the process of tendering. HA would nevertheless monitor the quality of performance of contractors in the delivery of service. Experience showed that contractors who offered exceptionally low wages to their workers would not be able to deliver quality services due to high turnover rate. As to whether disclosure of staff wages be made a pre-requisite in the tender documents, CE,HA said that HA could assess the ability of contractors based on their available manpower resources. There were also other performance indicators which could be taken into consideration. The amount of wages to be offered to employees remained an administrative matter of individual tenderers and need not be included in the tender documents.

Funding arrangements

12.6 Noting that about 93% of the hospital services in Hong Kong were provided by the public sector, Miss Emily LAU expressed concern that public hospitals which were highly subsidized by public funding were competing with

Chapter XII : Health and Welfare

private hospitals. She enquired whether it was the Administration's intention to continue expanding the public health care sector at the expense of reducing the competitive edge of the private sector.

12.7 SHW affirmed that the private health care sector had a valuable role to play in Hong Kong. The public health care sector, which provided a standard service at a subsidized rate, was not comparable to the service provided by private health care sector in terms of personal attention, choice and convenience. For instance, patients receiving public health care service were not provided with a choice of medical officers. HA was working out measures to co-operate with the private health care sector in the provision of health care services. Efforts would also be made to overcome the existing professional and price barriers between public and private health care providers. To promote the development and use of common clinical protocols, each major public hospital would set up a liaison network with local private practitioners with a view to streamlining patient transfer arrangements and reducing the need for repeating diagnoses and tests upon transfer. In addition, HA would conduct a study on the establishment of a Health Information Infrastructure, which would support the communication and co-operation between public and private sectors. It would continue to prioritize public subsidies to areas of greatest needs so that services would continue to be affordable to individuals, particularly to those chronically ill who became financially vulnerable as a result of the long-term treatment required. The various reform proposals set out in the Consultation Document on the Health Care Reform and the cost containment mechanisms being implemented in the public sector would slow down the increase in cost. Dr YEUNG Sum remarked that HA should not increase service charges in an attempt to force its patients to switch to use private health care services.

12.8 Referring to the Administration's recent proposal of replacing the existing facility-based funding arrangement with a new mechanism based on population changes which aimed to develop a more cost-effective ambulatory and community care and to reduce the reliance on institutional care in the long run, Mr Andrew CHENG expressed concern that HA might not have the necessary resources to cope with the proposed change from institutional to community care given the small increase in the outreach community services for the mentally ill. SHW clarified that sufficient resources had been allocated for the development of community care for the mentally ill. The Administration would review and assess the effectiveness of the provision of community care to the mentally ill in consultation with HA. As regards Mr CHENG's further enquiry on the setting

Chapter XII : Health and Welfare

up of a service target for the provision of community and home care for the mentally ill and elderly patients convalescing at home, SHW said that community services had all along been provided to elderly and disabled patients convalescing at home. In fact, there had been funding for the provision of community services to elderly patients. He agreed to revert to the Panel on Health Services in three months' time regarding the service target on the provision of community care.

Medical costs and fees

12.9 While acknowledging the Administration's efforts to slow down the rapid increases in health costs, Ms Audrey EU expressed concern that these might have impact on the quality of treatment. She asked if HA would, in an attempt to reduce cost, issue guidelines to doctors requesting them to refrain from prescribing the more expensive and effective medicines for patients. SHW stressed that safety and quality assurance were the two main concerns in the health care service system. With the keen competition among pharmaceutical companies, it was not uncommon that medicines which were equally effective in treating the same disease were put on the market at different prices. In deciding on the choice of medicines, HA would take into account factors such as safety, quality and effectiveness which would always have priority over price considerations. Only when there was a choice of equally effective medicines with different price ranges would the less expensive one be chosen. Clinical guidelines were meant to provide guidance in the treatment of patients and were by no way related to measures to reduce health costs. As to whether evaluation would be performed on different types of medicines purporting to have the same degree of effectiveness, SHW affirmed that this had all along been done by a specialist committee which was responsible for assessing the effectiveness of medicines before they were adopted for use by HA. Responding to the Chairman, SHW said that no ceiling would be set on medicine costs for each patient.

12.10 Responding to Dr TANG Siu-tong on whether HA would consider adjusting the fees for medicine as well as accident and emergency services, SHW said that no provision had been made to increase the said fees in 2001-02. As regards Dr TANG's further enquiry on the increase of \$15 million in "patient fee income" in 2001-02, SHW attributed this to the provision of new services which had resulted in an increase in number of patients and fees.

Information and statistics

12.11 Despite the advancement in information technology, Mr LAW Chi-kwong noted that certain information such as the age distribution and medical costs of patients was not readily available. He considered that there was room for improvement in this respect. SHW clarified that information on medical costs was available but there were difficulties in providing a breakdown of medical costs for specific types of diseases. Members were welcomed to provide their views on the types of information and statistics which should be made available for reference. Mr LAW said that at present, there was no available information on the age distribution of patients attending general out-patient clinics or those who were exempt from payment. These statistics would certainly be useful in deciding on the level of subsidy and hence the financing of the public health care sector. CE,HA said that in computerizing the medical records, priority was given to information on specialist clinics rather than general out-patient clinics which were not an integral part of HA's service. Nevertheless, following the completion of the computerization process, information such as the age distribution of patients attending general out-patient clinics would be readily available.

Community campaigns

12.12 In response to Mrs Sophie LEUNG's question on the Healthy Ageing Campaign and other community campaigns, D of Health explained that the Elderly Commission set up under the Health and Welfare Bureau was tasked with the responsibility of implementing the three-year Healthy Ageing Campaign which aimed at promoting healthy ageing and physical/psychosocial wellbeing. The Department of Health had been given \$2.3 million to assist the Elderly Commission in its work. In addition, the Elderly Commission had also obtained funding support of \$21 million from the Hong Kong Jockey Club for the promotion of healthy ageing. On the efficacy of community campaigns, D of Health said that it was difficult to assess the efficacy of these campaigns, particularly in the absence of performance indicators. However, judging from the active participation of the community, the efforts made had been well recognized. The Department would stand ready to assist the Elderly Commission in working out objective indicators to assess the efficacy of these campaigns. Mrs LEUNG suggested that elderly centres should play a leading role in promoting healthy ageing. She also supported the setting up of small medical consultation centres for the elderly on a district basis. D of Health said

Chapter XII : Health and Welfare

that one of the tasks of the outreaching services of the Department of Health was to reach out to the elderly through elderly centres and elderly homes to promote healthy ageing and preventive care.

12.13 Referring to the projected expenditure on the Tobacco Control Office, Dr LO Wing-lok questioned the effectiveness of the Smoke-Free Ambassadors Scheme as the roles and functions of these Ambassadors were not clearly defined. He considered that it might be more cost-effective to deploy the resources to strengthening the enforcement work against smoking.

12.14 In response, D of Health expressed her disappointment at Dr LO's negative remarks and lack of support for the Scheme. She stressed that in view of the difficulties encountered by restaurant managers and staff to enforce the no-smoking area provision of the Smoking (Public Health) Ordinance, it was necessary for the Government to adopt a multi-pronged approach to step up its anti-smoking efforts in both public education and enforcement. She pointed out that the Tobacco Control Office had been established in response to LegCo Members' call for a central body to co-ordinate anti-smoking efforts. The Smoke-Free Ambassadors Scheme, which aimed to recruit about a hundred enthusiastic young persons to take part in this worthwhile project for the purpose of educating the public about hazards of smoking, deserved the support of the community in particular LegCo Members. She pointed out that the existing legislation had not given any enforcement power to the Tobacco Control Office. If the Tobacco Control Office was to play an enforcement role, it might entail amendment to the legislation.

Chinese medicine services

12.15 Dr YEUNG Sum enquired about the progress on the Chief Executive's pledge for provision of out-patient Chinese medicine services in the public sector as it appeared that no financial provisions had been included in the estimate for 2001-02 in this respect. SHW explained that HA intended to pilot the practice of Chinese medicine in selected hospitals in the next financial year, subject to the allocation of necessary resources.

Welfare

Social Security

12.16 In reply to Miss CHOY So-yuk, SHW confirmed that no provision had been made in the draft Estimates of Expenditure 2001-02 for increasing the Higher Old Age Allowance and Normal Old Age Allowance.

12.17 Dr YEUNG Sum referred to the drop in those Comprehensive Social Security Assistance (CSSA) cases not meeting the residence requirement but could be approved by the Director of Social Welfare (DSW) with his discretionary power. He questioned if the drop from 1 200 cases in 1999-2000 to 700 in 2000-01 was the result of more stringent vetting. In response, DSW reaffirmed the need for the CSSA system to remain a safety net for those persons with genuine hardship. She stressed that this principle had been reiterated in internal guidelines and at meetings with Social Security Field Unit supervisors. The decrease in the number of cases specified above might be attributable to the reduction in the overall number of applications for CSSA in the past year. Dr YEUNG expressed concern about the situation and requested DSW to look seriously into the reasons behind the reduction.

12.18 Referring to the large number of withdrawal of applications for CSSA in 2000-01, Miss CHAN Yuen-han asked whether that this was the result of applicants being turned away due to bureaucratic procedures. In response, DSW said that it should not be the case, but in view of members' concern, the Administration would consider the possibility of conducting a small-scale survey to understand the reasons for the withdrawals. Miss CHAN expressed appreciation of the Administration's positive response and suggested that the survey should be conducted as soon as practicable.

Services for offenders

12.19 Mr WONG Sing-chi expressed concern about the high operation cost and low utilization rate of correctional homes, in particular the reformatory schools where the cost per resident per month was as high as \$75,000. He considered that more resources should be devoted to preventive services so as to enhance the cost-effectiveness of the overall services for offenders. In this connection, he called for a review of the effectiveness of correctional homes, and asked whether there were any plans to redirect resources flexibly to help the

Chapter XII : Health and Welfare

youth-at-risk.

12.20 In reply, DSW explained that due to the statutory nature of the services for offenders, the Social Welfare Department (SWD) had to make provision to meet the full demand which hinged on the number of prosecutions and the types of sentence meted out by the courts. Moreover, these institutions were run on a 24-hour basis requiring a three-shift staff deployment. As such, there was a limit to what SWD could do to further adjust the capacity of the homes or reduce staffing to enhance their cost-effectiveness. However, DSW assured members that SWD was constantly reviewing the allocation of resources and manpower. A number of measures had already been introduced to enhance the cost-effectiveness of services for offenders. For example, in the past two years, SWD had merged some of the homes under its management upon the recommendations of the Management Services Agency. However, unless some drastic policy changes were made, such as a decision that services provided by SWD and by the Correctional Services Department should also be merged, it would be difficult to achieve further cost-effectiveness.

12.21 Mr WONG Sing-chi reiterated that it was important to maximize the use of existing resources for helping the offenders. Staff at correctional homes should be redeployed to provide after-care services for ex-prisoners. His views were shared by Mr Fred LI who said that more resources should be devoted to after-care services. In response, DSW emphasized that the staff provision for correctional homes had already been reduced to the minimum to enhance cost-effectiveness. In actual fact, some of the staff at correctional homes were already redeployed to provide after-care services, although they remained on the establishment of the institutions concerned. As a result of such redeployment efforts, the establishment of Probation and Community Support Service Scheme workers had been reduced in the past year.

12.22 Members noted that the Government was aiming at reducing the number of teaching staff providing educational service for the young people in correctional homes by 10% as part of its efforts to enhance the cost-effectiveness of the homes. Mr Henry WU stressed that irrespective of the changes in capacity of the institutions, the range of crafts to be taught should remain more or less the same. The number of instructors for these various crafts therefore could not be reduced. In reply, DSW advised that as a result of the adjustment of capacity of institutions, some of the homes might have to be merged. The number of crafts taught might also be suitably reduced. In recognition of the new development,

Chapter XII : Health and Welfare

the unions of workshop instructors had already expressed the wish for arrangements to be made for their members to receive in-service training to acquire new skills.

Youth services

12.23 Noting that SWD would expand its integrated teams and enlist assistance from the Police to tackle the problem of young night drifters, Miss Emily LAU pointed out that efforts should be directed at the root of the problem. The solution might be to provide facilities at night for young people to vent their excessive energy. She enquired if it was possible to provide some proper youth recreation facilities at night by, for example, extending the opening hours of certain sports facilities, so that young people could not resort to loitering in the streets.

12.24 SHW agreed with Miss Emily LAU about the need to consider provision of facilities to young people at night. However, he pointed out that among these young night drifters were youth-at-risk who needed professional help. Hence, the collaboration of schools, Police and social workers was necessary. DSW echoed SHW's views and added that to better assist youth-at-risk, 18 integrated teams would be expanded, with three social workers added to each team to provide an outreaching social service. However, she had yet to ascertain the effectiveness of making sports facilities available at night for use by young people. In this respect, the Government might need to explore the provision of temporary accommodation, such as those currently run by non-government organizations (NGOs) in Chai Wan and Kwun Tong, for those young night drifters who found staying at home difficult.

12.25 In response to Miss Emily LAU's query on the usefulness of over-night accommodation, SHW reiterated that the service was necessary for young people who did not want to go home. As for those who wanted to vent their energy at night, the provision of night sports facilities was worth considering as an additional initiative to cater for the different needs of young people. In this regard, Miss CHAN Yuen-han pointed out that in considering measures to address the needs of young night drifters, the Administration should try to ascertain the needs of young people from their own standpoint.

12.26 Mr WONG Sing-chi was concerned about the lack of resources for helping those young people who had committed offences across the border, as

Chapter XII : Health and Welfare

cross-border crime was on a rising trend lately. To address his concern, DSW said that the integrated teams could exercise greater flexibility to respond to the young people's needs. In fact, social workers of such teams were already going across the border to follow up on relevant cases. She also pointed out that with the allocation of additional recurrent funding increasing to \$70 million over the next three years, the formation of new integrated teams could be expedited to provide better support services to the young people. As regards the timing for the implementation of the proposed measures, DSW said that the details had yet to be worked out in consultation with NGOs providing youth services and the Committee on Services for Youth at Risk.

Family service

12.27 Regarding the reduction of 39 family caseworkers in SWD in 2000-01 despite increasing caseload, DSW assured members that due to improvements in efficiency and SWD's caseload management system, the average caseload per worker had remained more or less the same. Moreover, the reduction had been offset partially by an increase of 12 family caseworkers in the subvented sector. Members noted that SWD would commission more NGOs to operate new service units in order to contain the size of the civil service. The planned consultancy study on the review of family services had also aimed at helping improve service delivery and re-prioritizing service provision to meet changing needs.

Other concerns

12.28 Mr LEE Cheuk-yan referred to the Government's plan to create an additional 15 000 jobs over the coming two years as a poverty alleviation measure, and commented that the jobs so created could be a step to replace higher-paid permanent jobs. He pointed out that after implementation of the Lump Sum Grant (LSG) funding arrangement for NGOs, SWD should take monitoring measures to ensure that the jobs created in the subvented sector under this poverty alleviation measure were genuinely new jobs.

12.29 In reply, SHW assured members that measures would be taken to ensure that the posts created in the NGOs concerned under the poverty alleviation measure would be new posts in addition to their original establishments. In this connection, DSW supplemented that a two-pronged approach would be adopted. Apart from implementing a monitoring system for the additional posts so created, a system would also be put in place to ensure that NGOs operating under the LSG

Chapter XII : Health and Welfare

funding arrangement would not terminate the service of any existing staff member without good reasons. Any alleged cases of unfair treatment would be investigated. A steering committee comprising representatives from SWD, NGOs and the staff side would monitor the situation closely. The Administration had also urged NGOs to ensure that their original headcount would not be reduced because of the addition of such new posts. Mr LEE Cheuk-yan, however, pointed out that the above restriction on service termination only applied to staff recruited before 1 April 2000. He asked whether the NGOs concerned could be required to reinstate the staff member unreasonably sacked. In response, DSW said that each case would have to be examined on its merits. For subvented NGOs which were financially constrained, there might be a need to give them the flexibility to adjust their staff provisions as necessary by recruiting staff on a contract basis.

Women's Commission

12.30 Miss Emily LAU sought to ascertain if the Women's Commission established in January 2001 was a central mechanism, as proposed by the United Nations, tasked to advise on the implications of all policies, legislation and funding proposals on women. In response, SHW explained that the Commission was tasked to serve as a central body for the identification of all women's needs, to address all matters of concern to women, and to develop a long-term vision and strategies for the development and advancement of women in Hong Kong. Members noted that HWB and all relevant departments would be responsible for implementing these strategies. SHW would liaise with the relevant bureaux if necessary. Moreover, other Policy Secretaries were also sitting on the Commission to render assistance as appropriate. Policies that might have implications on more than one area could be co-ordinated by the Chief Secretary for Administration, if necessary. Formulation of the overall direction, scope, priorities and details of the work programme and modus operandi of the Commission might take some time.

12.31 Miss Cyd HO noted with disappointment that apart from statistics on population, age, educational background and business activity of women, the 2001 Population Census failed to collate information on sex equality and women's status. She asked when special thematic household surveys would be conducted to collect the additional sex-related data which were not currently available. SHW said that as the Women's Commission had just been established, it had yet to formulate its proposals on how to proceed with the research required.

Chapter XII : Health and Welfare

He added that while the number of studies to be conducted had yet to be determined, the Administration had set aside fund for these studies. Members' views on the types of studies were most welcomed. Miss HO however remarked that consultation with the Women's Commission was not suffice as its membership was not broadly representative of the community. SHW assured members that an extensive consultation would be conducted to collect views on the way forward for the studies.