立法會
Legislative Council

LC Paper No. CB(2)424/00-01
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

LegCo Panel on Health Services

Minutes of meeting
held on Monday, 13 November 2000 at 8:30 am
in Conference Room A of the Legislative Council Building

Members Present	:	Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP (Chairman) Dr Hon LO Wing-lok (Deputy Chairman) Hon Cyd HO Sau-lan Hon WONG Yung-kan Dr Hon YEUNG Sum Hon Andrew CHENG Kar-foo Hon LAW Chi-kwong, JP Dr Hon TANG Siu-tong, JP Hon LI Fung-ying, JP Hon Tommy CHEUNG Yu-yan, JP Hon Michael MAK Kwok-fung
Members Absent	:	Hon CHAN Yuen-han Hon Bernard CHAN
Public Officers Attending	:	All items Mr Gregory LEUNG, JP Deputy Secretary for Health and Welfare Dr P Y LAM, JP Deputy Director of Health Miss Angela LUK Principal Assistant Secretary for Health and Welfare (Medical) 1

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Miss Joanna CHOI
Principal Assistant Secretary for Health and Welfare (Medical) 2

Miss Kinnie WONG
Assistant Secretary for Health and Welfare

Item V

Dr L Y TSE
Consultant (Community Medicine), Department of Health

Mr Alex MA
Assistant Director of Information Technology Services

Item VI

Dr H FUNG
Deputy Director (Hospital Planning & Development)

Mr Andy LEE
Deputy Director (Finance)

Item VII

Mr Paul TANG, JP
Deputy Secretary for the Environment and Food (A)

Miss Dora FU
Principal Assistant Secretary for the Environment and Food (A) 2

Mr K K LIU
Assistant Director of Agriculture, Fisheries and Conversation
(Agriculture, Quarantine & Inspection)

Dr Gloria TAM
Assistant Director of Food and Environmental Hygiene
(Food Surveillance & Control)

Dr Y Y HO
Consultant (Community Medicine) (Risk Assessment &

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Communication), Food and Environmental Hygiene Department

Dr Thomas SIT
Senior Veterinary Officer (Veterinary Public Health)
Food and Environmental Hygiene Department

Dr Clare HO
Senior Chemist, Government Laboratory

Item VIII

Mr Paul TANG, JP
Deputy Secretary for the Environment and Food (A)

Miss Dora FU
Principal Assistant Secretary for the Environment and Food (A) 2

Mr CHEUNG Man-kwong
Assistant Director (Fisheries)
Agriculture, Fisheries and Conservation Department

Mr SHAM Chun-hung
Senior Fisheries Officer (Fisheries Management)
Agriculture, Fisheries and Conservation Department

Mr Peter WHITESIDE
Chief Geotechnical Engineer/Fill Management
Civil Engineering Department

Mr Eddie CHAN
Principal Land Executive/Fishermen Claims
Lands Department

Clerk in Attendance : Ms Doris CHAN
Chief Assistant Secretary (2) 4

Staff in Attendance : Miss Mary SO
Senior Assistant Secretary (2) 8

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I. Confirmation of minutes of meeting held on 10 October 2000
(LC Paper No. CB(2)76/00-01)

The minutes of the meeting on 10 October 2000 were confirmed.

Membership and overseas duty visit

2. Before proceeding to the next agenda item, the Chairman informed members that Mr Fred LI had withdrawn his membership of the Panel with effect from 25 October 2000. She then sought members' view on whether they wished to conduct overseas duty visit in the coming year and to make bids for fund for such visit. Members did not put forward any proposal for overseas duty visit in the coming year.

II. Date of next meeting and items for discussion
(LC Paper Nos. CB(2)200/00-01(01) - (02))

3. Members noted the list of issues to be considered and the list of follow-up actions by the Administration.

4. The Chairman enquired whether the Administration was ready to discuss the issues of health care reforms and long working hours of public hospital doctors at the next regular meeting to be held on 11 December 2000. Deputy Secretary for Health and Welfare (DSHW) responded that he would inform the Chairman as soon as practicable after the meeting when health care reforms could be considered by the Panel. In regard to the issue of long working hours of public hospital doctors, DSHW said that it was unlikely that the issue could be discussed at the next regular meeting as the Working Group set up by the Hospital Authority (HA) to examine ways on alleviating the workload of doctors had not yet completed its work and submitted its recommendations to HA. He nevertheless undertook to follow-up this up with HA.

5. The Chairman further enquired when the Administration would be ready to discuss the subjects of mental health service and registration of psychologists. In respect of the latter, the Chairman said that the Hong Kong Psychological Society (HKPS) had written to the Panel requesting that a statutory framework for the registration of psychologists be put in place expeditiously so as to provide the necessary quality assurance and protect the public from malpractice. DSHW responded that the Administration planned to brief members on the various initiatives on mental health service mentioned in the Chief Executive's Policy Address 2000 in February 2001. As regards registration of psychologists, DSHW said that the Administration would first need to clarify with HKPS on the number of clinical

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psychologists practising in Hong Kong before deciding on the way forward. He pointed out that although it was mentioned in the HKPS's letter that there were currently over 400 psychologists practising in Hong Kong, to his understanding only the work of about 150 them was directly related to health care, whereas the rest were mainly educational psychologists and industrial psychologists.

6. Referring to item 1(b) of the list of follow-up actions by the Administration which stated that the Administration would submit subsidiary legislation under the Chiropractors Registration Ordinance to the Legislative Council (LegCo) later in the year, the Chairman enquired when this would be done. DSHW responded that the drafting of the subsidiary legislation was close to completion and the Administration hoped to submit it to LegCo for negative vetting before the end of this year. He added that at the Panel meeting held on 16 June 2000, members did not raise any objection to the proposed fees under the Chiropractors Registration Ordinance.

7. As there were many items for discussion at the meeting, the Chairman suggested members to put forward items for discussion for the next regular meeting to the clerk after the meeting. Members agreed.

III. Information paper issued since the last meeting

(LC Paper No. CB(2)212/00-01(01))

8. Members noted the above information paper provided by the Administration detailing the fee revision proposals related to the control of animals. The Chairman informed members that if they had any queries on the paper, such queries could be dealt with after agenda item VII below.

IV. Introduction of Chinese medicine into the public health system

(LC Paper Nos. CB(2)200/00-01(03) and CB(2)219/00-01(01))

9. Deputy Director of Health (DDH) briefed members on the Administration's paper (Paper No. CB(2)200/00-01(03)) which outlined the latest developments in the regulation of Chinese medicine and the arrangements for the introduction of Chinese medicine in the public health care system.

10. Mr LAW Chi-kwong noted that the Administration intended to provide out-patient Chinese medicine services in the public sector in 2001/02 on a pilot basis. Mr LAW enquired whether the Administration also had other plans for introducing Chinese medicine in the public health care system.

11. DSHW responded that the reason for providing out-patient Chinese medicine services in the public sector as the first step for introducing Chinese medicine in the

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public health care system was because it was a natural progression from the existing arrangements. He pointed out that at present most Chinese medicine practitioners (CMP) were engaged in private practice while some worked at Chinese medicine clinics operated by non-governmental organizations (NGOs), and that Chinese medicine service was currently provided in the out-patient departments operated by the Boards of Directors of Tung Wah Hospital, Pok Oi Hospital and Yan Chai Hospital. DSHW however added that the Administration had not yet come to a view on the modes of provision of out-patient clinics in the public sector, e.g. whether out-patient Chinese medicine clinics should be provided by the Department of Health (DH) and/or HA and whether registered CMPs working thereat should only write out prescriptions for their patients for dispensing elsewhere. If it was decided that out-patient Chinese medicine clinics could dispense Chinese medicines, decision would need to be made as to whether such medicines should be Chinese herbal medicines or Chinese proprietary medicines or both. Fees and charges for using the out-patient Chinese medicine clinics was also another aspect under consideration by the Administration. In coming up with the decisions on the modes of provision of out-patient Chinese medicine clinics, the Administration was currently gathering information on the existing modes of operation of CMP. DSHW further said that the next step for introducing Chinese medicine in the public health care system would be to explore the feasibility of providing Chinese medicine hospital services in the public sector.

12. Mr LAW Chi-kwong pointed out that although many elderly people preferred Chinese medicine treatment, they nevertheless did not seek treatment from CMPs in private practice for lack of financial means. In this connection, he hoped that through the introduction of Chinese medicine in the public health care system, Chinese medicine services would be provided in the out-patient clinics of DH and HA and also the elderly health centres of DH, and that the fees and charges would be set at a level affordable to elderly people with very little or no financial means. DSHW agreed to consider Mr LAW's views.

13. Dr YEUNG Sum enquired whether there was a cut-off date for listed CMPs to become registered CMPs; and whether medical certificates issued by CMPs would be accepted for sick leave and insurance purposes.

14. DDH responded that all bona fide practising CMPs who did not qualify under the stipulated criteria for direct registration would be classified as "listed Chinese medicine practitioners" and allowed to continue their practice. Subject to the progress of processing the applications, the Chinese Medicine Council of Hong Kong (CMC) would make arrangements for registration assessment and the Licensing Examination to be held next year, so as to assess applicants who were not eligible for direct registration. Listed CMPs could not remain listed CMPs forever and a time limit would be set for requiring the listed CMPs concerned to pass the Licensing Examination. The Administration was now considering the time limit for listed CMPs to become registered CMPs. As regards Dr YEUNG's question concerning

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medical certificates issued by CMPs, DDH said that the Labour Department was currently considering the matter.

15. Mr Michael MAK disagreed with the view expressed by the Hong Kong Doctors' Union in its letter to the Panel (Paper No. CB(2)219/00-01(01)) which stated that to artificially enforce the integration of Chinese and Western medicine in the public health care system would surely create chaos, mistrust and was hazardous to the health care of the people of Hong Kong. On the contrary, he considered such integration a natural progression in the health care development of Hong Kong. As Tung Wah Hospital, Kwong Wah Hospital, Pok Oi Hospital and Yan Chai Hospital were public hospitals managed by HA, Mr MAK enquired whether medical certificates issued by CMPs of the out-patient Chinese medicine clinics of these hospitals were equivalent to that issued by registered medical practitioners or registered dentists for employees to claim paid sick leave and compensation for work injuries from their employers. Mr MAK further enquired whether HA had adopted any measure to assist doctors to avoid prescribing Western medicines which would cause side effect to patients taking Chinese medicines.

16. DDH responded that under the existing legislation, an employee could only claim paid sick leave and compensation for work injuries from his/her employer if the sickness and work injuries were supported by an appropriate medical certificate issued by a registered medical practitioner or a registered dentist. Any medical certificate issued by a CMP, regardless of whether he/she worked at the out-patient Chinese medicine clinics of the Tung Wah Hospital, Kwong Wah Hospital, Pok Oi Hospital or Yan Chai Hospital or engaged in private practice, would therefore not be recognized as a valid document for claiming paid sick leave and compensation for work injuries. He further said that the out-patient Chinese medicine clinics of the four hospitals concerned were independent from HA, i.e., they were managed and, except the Tung Wah Hospital and Kwong Wah Hospital which received an annual subvention of $3 million from DH, funded by their respective Board of Directors. As regards the measure to monitor side effect to patients taking Chinese medicines, DDH said that HA had issued notices instructing doctors to report to DH all incidents of patients having side effect from taking both Chinese medicines and Western medicines. Upon receipt of the reported incidents, DH would conduct an investigation to find out the cause of the side effect on the patient concerned. DDH further said that such mechanism had proven to be effective in dealing with the problem.

17. Dr LO Wing-lok enquired about the existing annual number of attendances of the out-patient Chinese medicine clinics of Tung Wah Hospital, Kwong Wah Hospital, Pok Oi Hospital and Yan Chai Hospital and the projected increase in the number of attendances of the aforesaid out-patient clinics in the event that these clinics were included in the public health care system. Noting that at present the out-patient Chinese medicine clinics of Tung Wah Hospital and Kwong Wah Hospital received an annual subvention of $3 million from DH, Dr LO enquired whether funding for the

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introduction of Chinese medicine in the public health care system would be at the expense of cutting back funding for the existing public health services.

18. DDH responded that the out-patient Chinese medicine clinics of Tung Wah Hospital and Kwong Wah Hospital had over 390 000 attendances annually, whereas that of Pok Oi Hospital had about 30 000 attendances in 1996/97. As regards the annual number of attendances of the out-patient Chinese medicine clinics of Yan Chai Hospital, DDH said that he did not have the information on hand. DDH further said that Government subvention to the out-patient Chinese medicine clinics of Tung Wah Hospital and Kwong Wah Hospital was historical. The out-patient Chinese medicine clinics of Tung Wah Hospital and Kwong Wah Hospital were the earliest public out-patient Chinese medicine clinics established in Hong Kong. These two clinics were entirely funded by the Hospitals themselves from the outset. When they ran into financial difficulty in the 1940s, the Government came to the rescue by putting up funds to meet their financial deficits. As the out-patient Chinese medicine clinics of Tung Wah Hospital and Kwong Wah Hospital offered free medical services, the Government subsequently agreed to provide them with an annual subvention since the 1980s. The Government subvention to these two clinics in 2000/01 was $3.1 million, which represented about 50% of their annual recurrent expenditure of about $6 million.

19. DSHW supplemented that the Administration would not cut back funding for the existing health care services in the public sector for the introduction of Chinese medicine in the public health care system. He further said that HA had not yet come to a decision on whether and if so, the types of Chinese medicine services it would provide.

20. Mr Andrew CHENG noted that in order to be qualified as registered CMPs, all practising CMPs would have to satisfy certain criteria according to their own circumstances as well as other general registration requirements. In this connection, Mr CHENG enquired what these other general registration requirements were. Mr CHENG also noted that two types of CMPs would need to pass the registration assessment by the Practitioners Board in order to be exempted from the Licensing Examination, namely, CMPs who had been practising Chinese medicine in Hong Kong for 10 years or more but less than 15 years immediately preceding 3 January 2000 but did not hold acceptable academic qualification and CMPs who had continuously been practising Chinese medicine in Hong Kong for less than ten years immediately preceding 3 January 2000 and held acceptable academic qualification. Given the importance of the assessment registration, Mr CHENG enquired about the criteria used by the Practitioners Board in this regard.

21. On the first question raised by Mr CHENG, DDH explained that the other general registration requirements included whether the applicants had previous records of conviction and professional misconduct and paid the prescribed registration fees.

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As regards Mr CHENG's second question, DDH said that the purpose of the registration assessment was to test the applicants on their knowledge in the general practice of Chinese medicine and in any streams they had specialized through mainly clinical oral examination. Chinese medicine experts from within as well as outside Hong Kong would be invited to set the questions for the clinical oral examination. DDH pointed out that such an arrangement had been thoroughly discussed and supported by the Preparatory Committee on Chinese Medicine and the CMC. DDH further said that registration assessment was only a transitional arrangement for listed CMPs. Other people who wished to register as registered CMP after 3 January 2000 must first satisfy the Practitioners Board that they had satisfactorily completed an undergraduate degree course of training in Chinese medicine practice or equivalent. Only those who had passed the Licensing Examination would be allowed to register as registered CMP. He added that the Licensing Examination was different from assessment registration in that it would comprise both clinical and written examinations.

22. Noting that the out-patient Chinese medicine clinics of Tung Wah Hospital, Kwong Wah Hospital were currently subsidized by DH, Dr TANG Siu-tong enquired whether such an arrangement would continue after the introduction of Chinese medicine in the public health care system. Dr TANG further enquired whether there were plans for integrating the use of Chinese and western medicines in the hospital services after the introduction of Chinese medicine in the public health care system.

23. DDH reiterated that Government subvention to the out-patient Chinese medicine clinics of Tung Wah Hospital and Kwong Wah Hospital was a historical one and that the Administration had made no commitment to subsidize them on a permanent basis. DDH further said that the Administration was now considering the funding method for the existing out-patient Chinese medicine clinics operated by NGOs and Tung Wah Hospital, Kwong Wah Hospital, Pok Oi Hospital and Yan Chai Hospital and no decision in this regard had been reached. On the second question raised by Dr TANG, DDH said that the Administration only intended to provide Chinese medicine services in the out-patient clinics of the public hospitals for the time being. There was presently no plan to provide Chinese medicine in the hospital service nor to integrate the use of Chinese and western medicines in the out-patient clinics of the public hospitals.

24. Miss Cyd HO was of the view that if Chinese medicine was not provided in the hospital service but confined to out-patient service, the development of Chinese medicine in the public health care system would be limited. Miss HO also opined that if Chinese medicine was only provided in the out-patient clinics of public hospitals, students of Chinese medicine graduating from local universities in 2003 would not be able to have their internship in local hospitals. They also would have no opportunity to apply all they had learnt in universities and through training at hospitals in Guangzhou after graduation, which was most unsatisfactory. Miss HO further hoped

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that the Administration would include the progress of the development of Chinese medicine in its papers on public health care policy to the Panel in future. Noting that the growth rate of HA's recurrent budget for the next three years was estimated to be in the region of 2.3%, Miss HO queried whether such an increase would be adequate to provide Chinese medicine in the public hospitals and not at the expense of cutting back funding on existing public health care services.

25. DDH responded that it was the ultimate goal of the Administration to provide Chinese medicine in the hospital service. As the introduction of Chinese medicine in the public health care system was a new policy, it was necessary to take such introduction forward in a cautious manner. To this end, the Administration intended to provide out-patient Chinese medicine services in the public sector as a start. DSHW also said that the Administration intended to report to the Panel the progress of the development Chinese medicine in the public health care system as and where necessary.

V. Progress report on the development of a Public Health Information System

(LC Paper No. CB(2)200/00-01(04))

26. Consultant (Community Medicine), Department of Health (C(CM)) briefed members on the Administration's paper which detailed the progress of developing a computer-based Public Health Information System (PHIS) in DH.

27. Miss Cyd HO noted that the estimated total non-recurrent cost for implementing the PHIS was around $86 million and the estimated annual recurrent expenditure for maintaining and supporting the PHIS was around $36 million upon full implementation. According to a cost-benefit analysis, the proposed system would break even in 2009/10, six years after full implementation in 2003. Miss HO enquired whether the aforesaid break even would be due to cost saving through automating the keeping and maintenance of patients' medical records currently done manually. Miss HO urged that this should not be done, as putting medical records of the patients into the PHIS would seriously infringe personal privacy.

28. C(CM) responded that no medical records of patients and other personal records would be stored in the PHIS. She pointed out that as the purpose of the PHIS was to provide a comprehensive public health database to assist the Administration in assessing the community's health status and needs, preventing and controling diseases and evaluating health services, only general information such as population statistics, household demographic statistics, birth statistics and mortality statistics would be collected. C(CM) further said that the saving estimated to be realized in 2009/10 referred to the money which would be saved if similar type of public health database was to be implemented manually. DDH supplemented that at present each public hospital and DH all compiled some form of public health database which could not be

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shared amongst each other. The PHIS was therefore intended to provide as a central repository of Hong Kong public health data by linking up all relevant data sources to the system through internet or intranet technology.

29. Miss HO further enquired whether there would be transfer of patient clinical data from the HA's Clinical Management System (CMS) to the PHIS, and whether the Administration had any plan to store medical records of individuals in the smart Hong Kong identity cards (ID card).

30. DDH responded that personal clinical information from the CMS would not be transferred to the PHIS. However, the PHIS would be able to communicate with the CMS to obtain relevant data for analytical purpose. For example, the PHIS would collect data on the number of cases of cholera occurred in Hong Kong in a particular year but not the identities of persons who had caught the disease. As regards the question of storing medical records of individuals in the smart ID card, DDH said that he could not give an answer to this question as the PHIS did not intend to store medical records of individuals.

31. Mr Michael MAK enquired about the need for seeking funding for the implementation of the PHIS if savings could be achieved through replacing the existing arrangements of each public hospital and DH keeping and maintaining its own public health database manually.

32. DDH responded that as the PHIS was a new system to be implemented by DH, funding for implementing and maintaining it was therefore required. He further said that the primary aim of the PHIS was not to save money, but to provide valuable and reliable resources for the formulation of evidence-based public health policy and to facilitate data sharing amongst parties concerned. In respect of the latter, users could obtain the required information through on-line query tools quickly, and process and analyze the data for specific tasks or unexpected events immediately. DDH pointed out that if the PHIS was implemented manually, the cost incurred would be much higher and the quality of data would not be as good as by computer means.

33. Responding to Mr MAK's further enquiry on the operational arrangements of the PHIS, DDH said that DH would discuss with the parties concerned on the sort of data they wished to include in the PHIS, the timetable and ways of transmitting data to the PHIS. DH would have a team of dedicated staff to ensure the quality of data such as by standardizing the format of the data and removing any overlapping of data. Regular reports would be generated by the PHIS on subjects such as disease trends and patterns. Automated alert system would also be built in to enable auto-generation of prompt reports when early unusual patterns were detected, such as changes in prevalence rate of vaccine-preventable diseases, in service utilization patterns, etc. DDH further said that the PHIS would be implemented in three phases. Phase I covered the establishment of a data warehouse and construction of communication

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network at the DH Headquarters. Phase II covered networking with selected DH services/units and major non-DH users (including HA, Census and Statistics Department (C&SD) and Immigration Department). Phase III covered networking with all other PHIS users and the provision of access of PHID web-site to the general public.

34. Dr LO Wing-lok and Mr LAW Chi-kwong expressed support for the implementation of the PHIS. Mr LAW further said that the PHIS should also provide information on the types of life style which would promote health and lifelong wellness and on health care for the elderly living at home. As the five-yearly household survey conducted by C&SD also provided up-to-date benchmark information on the demographic and socio-economic characteristics of the population, consideration could be given to also using statistics compiled from the survey for the formulation of public health policy and health service provision. DDH agreed to consider Mr LAW's views. He further said that the data to be collected for the PHIS as set out in paragraph 4 of the Administration's paper were not exhaustive, and the Administration planned to conduct opinion survey from time to time to see what other information should be provided by the PHIS. Dr YEUNG Sum said that in view of the growing aging population, the PHIS should also provide health care information in this regard.

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VI. Funding arrangements for the Hospital Authority
(LC Paper No. CB(2)200/00-01(05))

35. Deputy Director (Hospital Planning and Development) (DD(HPD) introduced the Administration's paper which detailed the proposal to replace the existing funding formulae for HA by a new mechanism based on population changes.

36. Noting HA's intention to focus on the development of ambulatory and community care programmes, Miss LI Fung-ying expressed concern that the existing problem of patients being asked to leave the hospitals well before they fully recovered from their illnesses would aggravate. Miss LI pointed out that discharging patients from hospitals prematurely would not only undermine the health conditions of the patients, but would also waste resources as many of them would invariably have to be re-admitted to the hospitals within a short period and treated by another team of medical staff afresh.

37. DD(HPD) responded that the reason for focussing on the development of ambulatory and community care programmes was to ensure that resources would be mobilized to better meet the needs of the patients. With the advance of technology, many treatments could now be carried out in day hospitals and patients no longer required hospitalization after treatment. Moreover, it was no longer considered necessary nor desirable to require people suffering from chronic illnesses to be

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hospitalized. A better approach would be to provide the chronically-ill people with adequate ambulatory and community care in the home and community setting which would help to maximize their quality of life. The new funding mechanism based on population needs instead of beds and facilities would therefore enable hospitals to devote more resources to ambulatory and community services and be less reliant on inpatient hospital service. Under the existing funding mechanism, there was no incentive for hospitals to re-deploy resources for community care service to suit the changing environments and patient needs. DD(HPD) further said that the new funding mechanism should help to ameliorate the problem of asking patients in less critical condition to leave the hospitals in order to admit patients in more critical condition, as in future only people with genuine need for hospital services would be admitted while others would be referred to out-patient and community care services as far as possible.

38. Miss Cyd HO expressed support for the new funding mechanism based on population needs as it would allow HA more flexibility to deploy its resources. She nevertheless had concern as to whether the new funding mechanism would result in a cut in HA's annual recurrent budget. Referring to paragraph 3 of the Administration's paper which stated that the new funding arrangement could encourage the mobilization of resources from institutions to community settings to support the provision of community-focused health care delivery, Miss HO expressed concern that such mobilization, if conducted on a large scale, would result in many patients having to convalesce at home. This was most undesirable as the living environment of the majority of Hong Kong's households was not conducive to convalescing from illnesses.

39. DD(HPD) responded that placing increasing emphasis on community approach in the provision of health care services would be carried out in a cautious and paced manner, so as to ensure that patient needs would not be undermined. He reiterated that the reason for developing ambulatory and community care was to ensure that resources would be used in the most effective manner. This was in line with the international trend which was not only to put emphasis on hospital treatment, but also to develop ambulatory and community care. He pointed out that some hospitals were currently providing community care to people with chronic respiratory problems, which had been proven to better suit patient needs as they no longer needed repeated admissions into hospitals for treatment. DD(HPD) assured members no patients would be asked to leave the hospitals if they were not considered well enough to convalesce at home and that there was adequate community medical services to provide them with continued care after discharge from hospitals. He further said that at present 20% of the surgeries conducted by HA were conducted on a day basis. This figure was considered low compared with that in developed countries such as the United Kingdom and Australia. However, HA had not set any objective on the number of surgeries which could be carried out as day surgery, as this would very much depend on whether the patient's home was suitable for convalescing and other relevant

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factors. In reply to Miss HO's further enquiry about the number of patients who were required to be hospitalized after given day surgery. DD(HPD) said that to his knowledge, the number of such patients should be very small, if any.

40. Miss Cyd HO and Mr Michael MAK enquired whether new funding mechanism based on population needs would result in the reduction of HA's recurrent budget. Mr MAK further expressed concern about the co-ordination between HA and DH if the provision of ambulatory and community care by HA was enhanced, having regard to the fact that at present there were already many complaints about HA and DH competing with one another over the provision of primary medical care.

41. DD(HPD) responded that funding for HA would be increased under the new funding mechanism. He pointed out that if the existing funding mechanism continued, increase in new funding for HA would be very small, having regard to the fact that room for increasing the number of hospital beds in the next 10 years was very little and provisions for new hospital beds currently accounted for a significant share of the new funding. He further said that the reason why hospitals tended to maintain the existing level of bed provision was because under the existing facility-based funding mechanism, funding would be decreased if the number of hospital beds was reduced. On the question of coordination between HA and DH, DD(HPD) said that HA attached great importance to ensuring that its services would be complementary to that provided by DH as well as by the Social Welfare Department (SWD) and medical practitioners in private practice. For example, the outreach service provided by HA would endeavour to complement the elderly services provided by SWD.

42. Mr LAW Chi-kwong enquired whether the new population-based funding mechanism would take into account of the resources required for the provision of manpower. DSHW responded that it had been much debated in the community that the adequacy of funding for HA was largely based on whether it could cope with the heath care needs of the aging population, the technology advancement in the delivery of the health care services and the growing high public expectations for health care services. DSHW pointed out that the new funding mechanism was primarily targeted at coping with the growing aging population, whereas additional resources for new initiatives and technology advancement would continue to be bid by HA under the annual Resource Allocation Exercise (RAE). He further said that arising from the implementation of the Enhanced Productivity Programme and with the funding certainty under the new funding mechanism, HA hospitals could achieve more efficiency gains through re-organizing their priorities in the delivery of health care services. This in turn should help to alleviate staff workload and hence the need to increase manpower.

43. Mr LAW Chi-kwong commented that it was not clear whether resources for additional manpower could be bid under RAE, as it was mentioned in paragraph 4 of the Administration's paper that HA could continue to bid under RAE for new

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initiatives and technology advance for improvement of services. DD(HPD) explained that new initiatives and technology advance for improvement of services did not only mean facilities such as medical equipment and would also cover the provision of expertise associated with the implementation of the new initiatives and use of advance technology.

44. Mr Andrew CHENG shared Miss LI Fung-ying's concern in paragraph 36 above that the re-deployment of resources on the development of ambulatory and community care would result in shortening patients' stay in the hospitals for recuperation or turning people away from hospitalization. This would particularly affect the needy and the elderly. In this connection, he urged HA not to make significant mobilization of resources from institutions to community settings to support the provision of community-focused health care delivery following the implementation of the population-based funding mechanism in 2001/02. In his view, HA should carry out such mobilization of resources in phases and with due regard given to striking a right balance between provision of hospital services and ambulatory and community services so as to meet the needs of the community.

45. DD(HPD) responded that the objective of the new funding mechanism was to encourage HA to re-deploy resources to the most-effective services instead of being tied down to focussing on hospital services under the existing facility-based funding mechanism. He assured members that the new population-based funding mechanism would not necessarily mean that resources on institutional care would be reduced. Instead, in view of the growing aging population, it was envisaged that the number of hospital beds would be increased in the long run. DD(HPD) concurred with Mr CHENG that it was necessary to strike a right balance between provision of hospital services and ambulatory and community services so as to meet the needs of the community. To this end, HA would closely monitor the effect of focussing more on the provision of ambulatory and community services, including seeking the views of the District Councils concerned on its annual plan on the provision of inpatient and community care services.

46. Dr LO Wing-lok expressed support for the new funding mechanism based on population needs and for HA to place more emphasis on the development of ambulatory and community care. Dr LO further said that under the new funding mechanism, hospitals whose cost per hospital bed was low would have a looser budget than those whose cost per hospital bed was high. He therefore wished to know whether the latter would turn away people whose treatment cost would be high and whether the fund for developing high technology medical treatment such as organ transplant would be slashed. DD(HPD) reiterated that the funding mechanism had no direct relationship to the types of health care services which HA would provide. He further said that HA had not yet come to a view on how to proceed with the development of ambulatory and community services as the matter was still under discussion by HA.

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47. Dr TANG Siu-tong was of the view that HA should strengthen its rehabilitation service if it decided to place less emphasis on hospital care. He further enquried whether the new finding mechanism would also apply to DH.

48. Responding to the first point made by Dr TANG, DD(HPD) said that HA would provide health care services in response to changing environments and patient needs. Where necessary, consideration would be given to strengthening the rehabilitation service. DD(HPD) further said that the new funding mechanism would not apply to DH.

49. Mr Andrew CHENG was of the view that the Administration should brief the Panel on how it planned to proceed with placing more emphasis on ambulatory and community services before reaching an agreement with HA on the new funding arrangement. DSHW reiterated that the funding mechanism and the provision of health care services by HA had no direct relationship. He assured members that the new funding arrangement would not result in less funding for HA nor a freeze on the increase in hospital beds. According to calculations based on population growth and aging, not taking into account other factors for the time being, HA's recurrent budget for the next three years might increase in the region of 2.3% per annum and also that about 400 new hospital beds had been planned for commissioning in the next financial year. DSHW further said that as the development of ambulatory and community care was a long-term process, he suggested to provide a blueprint on the development of such in the forthcoming health care reform and to report to the Panel HA's next year plan on the provision of services.

50. In summing up, the Chairman requested the Administration to brief the Panel on HA's plan on the provision of services for next year after it had reached an agreement with HA on the new funding arrangement. DSHW agreed.

Adm

VII. Public Health (Animals and Birds) (Agricultural and Veterinary Chemical Residues) Regulation

(LC Paper No. CB(2)200/00-01(06))

51. Assistant Director of Agriculture, Fisheries and Conservation (Agriculture, Quarantine & Inspection) (ADAFC) briefed members on the Administration's paper which detailed the proposed legislative control on the feeding of drugs and chemicals to food animals.

52. Mr WONG Yung-kan was of the view that the Administration should teach farmers on using the right kind of feed to feed their food animals, instead of solely relying on the animal feed suppliers to do the job. ADAFC responded that the Administration intended to prepare a guide book and to organize seminars to assist

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farmers on the use of suitable chemicals and drugs to feed their food animals. Apart from these, the veterinary laboratory would speed up its diagnostic work in food animals so that farmers could use the most appropriate drug in a proper manner.

53. Dr TANG Siu-tong enquired whether farmers would still be in breach of the law if they possessed the prohibited chemicals but did not use them to feed their food animals; and whether the requirement for certification by the competent veterinary authority of the exporting countries/places to ensure that the imported food animals did not contain prohibited chemicals or residues of other drugs and chemicals in excess of "Maximum Residue Limits" would also apply to poultry. ADAFC replied in the positive to the two questions raised.

54. Mr LAW Chi-kwong welcomed the tighter control over the use of drugs and chemicals in feeding food animals. He however was of the view that the existing piecemeal approach of introducing separate legislation to address different safety problems of the food chain was unsatisfactory. In this connection, he suggested that the Administration should consider introducing one single legislation to address all the food safety problems which might arise from the whole spectrum of the food chain. Deputy Secretary for the Environment and Food (DSEF) responded that the Administration was currently considering the possibility of introducing one single legislation along the lines suggested by Mr LAW. However, before this could be implemented, it was necessary to continue a piecemeal approach to plug the loopholes in the existing legislation.

VIII. Review of ex-gratia allowance for fishermen and mariculturists
(LC Paper No. CB(2)200/00-01(07))

55. DSEF introduced the Administration's paper which detailed the new proposals regarding ex-gratia allowances (EGA) for fishermen and mariculturists affected by marine works projects in Hong Kong waters.

56. Dr YEUNG Sum welcomed the new proposals on EGA for fishermen and mariculturists affected by marine works projects in Hong Kong waters as it was an improvement over the previous proposals submitted to the Finance Committee (FC) for consideration on 23 June 2000. Dr YEUNG however expressed disappointment that the Administration openly denied that the sand dredging had led to the decline in fish catch in the surrounding waters. Mr WONG Yung-kan echoed Dr YEUNG's disappointment. Noting that fishing vessels not longer than 15 metres would receive a higher EGA than those longer than 15 metres, Dr YEUNG hoped that the Administration would dispense with such a criterion as to his knowledge some 200 to 300 fishing vessels exceeding 15 metres in length habitually fished within Hong Kong waters. Dr YEUNG further said that fishermen with fishing vessels exceeding 15 metres in length should be paid the same amount of EGA accorded to the fishermen

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with fishing vessels not exceeding 15 metres in length if they could prove that they habitually fished within Hong Kong waters.

57. Assistant Director of Agriculture, Fisheries and Conservation (Fisheries) responded that as public money was involved, it was necessary to have an objective means to identify fishermen being affected by marine works projects. He further said that action would be taken to empower the appeal board to handle cases involving fishing vessels which marginally exceeded 15 metres in length but habitually fished within Hong Kong waters.

58. Mr WONG Yung-kan enquired whether consideration would be given to further increasing the EGA for fishermen affected by marine works projects causing permanent loss of fishing grounds. DSEF responded that the room for further increase was very little, as the proposed increase was already a 100% increase over the current level, i.e. the EGA would be calculated on a notional value of six years' fish catch instead of the existing three years. Nevertheless, he agreed to give Mr WONG's suggestion further consideration.

Adm

59. The Chairman said that as the new proposals regarding EGA for fishermen and mariculturists affected by marine works projects in Hong Kong waters would be put forward to FC for approval, members could further discuss the proposals then.

IX. Any other business
(LC Paper No. CB(2)200/00-01(08))

60. Members did not raise any queries on the proposed terms of reference of the Panel as set out in the above paper.

61. There being no other business, the meeting ended at 10:50 am.

Legislative Council Secretariat
9 December 2000