

立法會
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LegCo Panel on Health Services

Minutes of meeting
held on Tuesday, 17 October 2000 at 10:15 am
in the Chamber 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 CHAN Yuen-han
Hon WONG Yung-kan
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 Fred LI Wah-ming, JP
Hon Bernard CHAN
Dr Hon YEUNG Sum

Member Attending : Hon Henry WU King-cheong, BBS

Public Officers Attending : Dr E K YEOH, JP
Secretary for Health and Welfare

Mr Gregory LEUNG, JP
Deputy Secretary for Health and Welfare 1

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Dr Margaret CHAN, JP
Director of Health

Dr William HO, JP
Chief Executive, Hospital Authority

Miss Kinnie WONG
Assistant Secretary for Health and Welfare (Medical) 7

Mrs Lily YAM, JP
Secretary for the Environment and Food

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

Mrs Rita LAU, JP
Director of Food and Environmental Hygiene

Dr P Y LEUNG
Deputy Director of Food and Environmental Hygiene
(Food and Public Health)

Mrs Lessie WEI, JP
Director of Agriculture, Fisheries and Conservation

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

Staff in Attendance : Mrs Justina LAM
Assistant Secretary General 2

Miss Mary SO
Senior Assistant Secretary (2) 8

I. Briefing by the Secretary for Health and Welfare on the Chief Executive's Policy Address 2000

At the invitation of the Chairman, Secretary for Health and Welfare (SHW)

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briefed members on the plans and programmes for health services in the coming year. A copy of SHW's speaking note is in the **Appendix**.

2. Noting that legislative changes were mentioned in the Policy Objective booklet on health services, Miss Cyd HO enquired whether they were related to health care financing. In view of the significant impact of any changes to the health care financing system on the public, Miss HO urged the Administration not to come to a final decision on the matter without first conducting public consultation.

3. SHW clarified that the proposed initiatives were only related to the provision of medical and health services, such as improving the existing services provided by hospitals and clinics, and the setting up of statutory framework to regulate the practice, trading and manufacture of Chinese medicine, etc. He assured members that the public would be widely consulted on the various proposals to reform the health care system, and that the Administration would take into account community views in drawing up any plans and programmes. The Administration planned to release a report setting out its future directions for health care for public consultation before the end of 2000. Given the complexity and far-reaching impact of various proposals, it was envisaged that some of the proposals were likely to be implemented shortly while others would be carried out in phases over the next 10 years. He added that it was highly unlikely that a new financing framework would be in place by next year.

4. Referring to the series of initiatives which would be pursued by the Hospital Authority (HA) as set out on pages 14 to 17 of the English version of the Policy Objective booklet on health services, Miss Cyd HO asked whether HA would take on the role of a provider of preventive health and community care, in addition to being a hospital services provider. Miss HO further asked how this change would impact on the allocation of resources.

5. SHW responded that the new funding formula for HA based on population and demographic profile was mentioned by the Financial Secretary in his 2000/01 budget speech delivered on 8 March 2000 with the aim of making the subvention to HA more cost-effective. SHW pointed out that in view of the technological advance in medical science, many treatments nowadays did not require the patients to be hospitalized after receiving the treatments. Moreover, due to advances in information technology, a lot of medical information could be accessed through the Internet. As such, basing resources on population and demographic profile was considered more suited to the present day circumstances and was more conducive to the promotion of preventive health and community care. SHW further said that providing preventive health and community care was not new to HA. For example, HA had all along been operating geriatric and psychiatric day hospitals providing multi-disciplinary assessment, continued care and rehabilitation to geriatric and psychiatric patients after they had been discharged from hospitals and rehabilitation centres.

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6. Chief Executive, HA supplemented that although HA would increase its emphasis on preventive health and community care, it would not deviate from its role of being a major provider of secondary and tertiary care. Secondary care referred to the more specialized and complex medical care which could be provided in a hospital or ambulatory care setting; and tertiary care catered for a small proportion of patients requiring highly complex and specialized care. He further said that while HA was a major provider of inpatient care that total over 1 million per year, the number of ambulatory patients in the form of specialist out-patient and Accident and Emergency attendances were over 7 million and 2 million respectively.

7. Mr LAW Chi-kwong noted that in order to strengthen the out-patient and outreach support for discharged mental patients, the Administration intended to increase the number of community psychiatric teams from five to eight, and to provide 2 500 additional patients with new psychiatric drugs to improve the quality of life of the mentally ill. Mr LAW enquired to what extent the increase in the number of community psychiatric teams from five to eight could meet the actual need. As the number of mental patients discharged from the hospitals each year averaged about 12 000, Mr LAW questioned the adequacy of providing only an additional 2 500 patients with new psychiatric drugs which had less side effects.

8. Chief Executive, HA responded that although new psychiatric drugs had less side effects, it did not necessarily mean that existing drugs were less effective. For example, aspirin, an old and inexpensive drug, had remained to date very effective in treating patients suffering from stroke. He further said that the new psychiatric drugs were not intended to replace all existing drugs, and would primarily be used on suitable patients not reacting well to existing drugs. Medical practitioners would be guided by clinical guidelines in deciding which patients were the best candidates to be put on the new drugs. On the question of the adequacy of increasing the number of community psychiatric teams from five to eight, Chief Executive, HA informed that, at the moment, not all districts were covered by the outreach services for discharged mental patients. The increase to eight teams would complete territory wide coverage. He believed this was a positive step in helping more patients to reintegrate into the community.

9. Mr LAW further said that although it was mentioned in the Policy Objective booklet that women health service had now been offered to all women below the age of 65 since January 2000, nowhere was it mentioned that women health service would be introduced to the existing 50 maternal and child health centres. Director of Health (D of H) replied that the Administration planned to introduce women health service to all maternal and child health centres by phases. Subject to resources, the plan was to introduce women health service to five maternal and child health centres in the first phase in 2001.

10. Mr Michael MAK welcomed the Administration's plans to put more resources

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on the provision of primary health care. He nevertheless expressed concern as to whether there was adequate manpower resources to pursue the numerous initiatives set out in the policy objectives. He pointed out that the Enhanced Productivity Programme had already undermined staff morale and increased work pressure on the medical staff, particularly nurses. Noting that the Administration intended to develop a programme for men's health, Mr MAK enquired about the details in this regard.

11. SHW responded that a substantial sum would be allocated to HA in the next two years to employ additional personal care and ward supporting staff to assist doctors, nurses and other health care professionals in patient care. He pointed out that apart from increasing manpower, staff productivity could be further enhanced through staff deployment and training. As regards the programme for men's health, it was still at an early planning stage and the Department of Health (DH) was currently exploring the scope of the programme.

12. Mr MAK disagreed with SHW that employing supporting staff could alleviate the workload of professional staff such as nurses and other health care professionals, as the latter's work required specialized training. SHW responded that nursing training was provided by HA and three local universities. In the coming years, many nurses would be coming on stream after completing their training in HA, and about 200 registered nurses would be produced by the local universities each year.

13. Dr LO Wing-lok noted that to promote the development of family medicine practice, HA planned to increase the number of family medicine trainees from the current 210 to 316 by 2001/02, and implement a pilot scheme of operating five general out-patient clinics based on family medicine practice. In this connection, Dr LO enquired whether HA could give a guarantee that there would be adequate resources to produce 316 family medicine doctors in the end, and whether introducing family medicine practice in five general out-patient clinics indicated that HA was gradually taking over the role of DH in providing primary health care.

14. SHW responded that adequate resources had been set aside for training 316 family medicine doctors. He however could not give a guarantee that all 316 of them could qualify as family medicine doctors as this would depend on whether they could complete their studies and pass the examinations. SHW explained that the introduction of family medicine practice in five general out-patient clinics did not mean that HA would be taking over the role of DH in out-patient service. As DH would continue to retain its out-patient service, patients with chronic illness such as diabetes would be referred to DH's out-patient clinics for continuation of care.

15. Mr Andrew CHENG said that at present the medical complaints mechanism in Hong Kong was far from satisfactory, as the process usually took very long and in the end very few medical practitioners were disciplined. In the light of this, Mr CHENG enquired about the measures to be taken to improve this situation.

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16. SHW agreed that there was room for improvement in the medical complaints mechanism. To ensure the handling of public complaints in a fair, just and equitable manner, options on how to improve the existing medical complaints mechanism would be included in the health care reform proposals. SHW added that although it was important to have a fair and transparent public complaints mechanism, it was more important to ensure the quality of health care services.

17. Mr CHENG further enquired whether consideration would be given to the establishment of an independent public complaints mechanism to deal with medical complaints, having regard to the fact it was supported by the public and a motion on the subject had been passed by the Legislative Council. SHW replied that the Administration would carefully consider the establishment of such a mechanism in the health care reform.

18. Miss CHAN Yuen-han said that it had come to her knowledge that HA, in an attempt to cut costs, had been switching to the use of less expensive drugs which were less effective. She enquired whether this was true.

19. Chief Executive, HA responded that the prescription of drugs to patients would be according to the needs of the patients concerned. Moreover, the effectiveness of drugs would very much depend on whether the patients took the drugs as required by doctors. He reiterated that less expensive drugs were not necessarily less effective. Chief Executive, HA further said that the situation described by Miss CHAN was not true as HA had often been regarded as prescribing even better drugs than the private market. In fact, money spent by HA on drugs was on the rise every year. SHW supplemented that both HA and DH had designated staff to monitor the application of new drugs to patients. When a new drug was introduced, it would be used on selected patients to monitor the effectiveness of the drug in curing certain illnesses, and its reaction with other drugs taken by the patients. Once all the effects of the new drug were known, such drug, if found suitable, would be prescribed on a wider scale.

20. Miss CHAN welcomed the job opportunities to be created by the increased expenditure of \$243 million per year in the first two years to enable HA to employ additional personal staff in personal care, outreaching services and ward services. She enquired whether the new staff would be employed on contract terms or they would take up the existing substantive posts which were currently frozen.

21. Chief Executive, HA responded that whether the additional supporting staff would be employed on contract terms or otherwise would depend on the staffing and service needs. He further said that as a result of adopting the new funding method based on population and demographic changes, it was envisaged that economic changes would have much lesser impact on the future funding to HA.

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22. Mr LAW Chi-kwong enquired whether out-patient service in public hospitals would in future include Chinese medicine; and if so, what the fees and charges would be. Mr LAW further enquired when the Administration would introduce legislative changes to tighten up the ban on smoking in public places. SHW responded that the Administration would examine what was the best way for providing Chinese out-patient medicine services in the public sector. Some pilot services in this regard would be introduced in 2001/02. As to anti-smoking measures, SHW said that the Administration would set up a Tobacco Control Office in DH in 2001 to launch a package of publicity and education programmes to discourage smoking. As regards amending the existing legislation to tighten up the banning of smoking in public places, SHW said that no timetable had been set down in this regard.

23. Mr Michael MAK hoped that the health care reform would not only focus on curative service, but also on the preventive service. SHW responded that the health care reform would strive to strike a right balance between preventive and curative services, so that lifelong holistic care as well as specialized hospital services could be provided to each citizen in an equitable manner.

(The Secretary for the Environment and Food and her colleagues joined the meeting at this juncture.)

II. Briefing by the Secretary for the Environment and Food on the Chief Executive's Policy Address 2000

24. At the invitation of the Chairman, Secretary for the Environment and Food (SEF) briefed members on the food safety initiatives which would be undertaken by the Environment and Food Bureau (EFB) in the coming year as set out on pages 20-21 of the Policy Objective booklet on clean environment and safe food (English version). In particular, SEF said that a framework for the labelling of genetically modified food would be formulated. The Administration intended to brief this Panel on the Administration's thinking in this regard in the coming two to three months. Apart from this, legislative amendments in respect of labelling of food additives and allergens in food ingredients would be introduced in 2001, and a framework for mandatory food recall would be set up. SEF further said that in view of public concern on the recent clenbuterol food poisoning incidents, the Administration had stepped up enforcement actions against illegal import of pork and pig offal, increased inspections of local pig farms and strengthened food surveillance on chemical contaminants in pork and pig offal. To rectify the existing deficiency of no legal control on the feeding of drugs and chemicals to food animals, a new regulation under the Public Health (Animals and Birds) Ordinance would be presented shortly to the Legislative Council.

25. Miss CHAN Yuen-han said that merely increasing the number of tests to be performed per year was not adequate to strengthen food surveillance on chemical

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contaminants, biotoxins and viruses in food. In her view, a more comprehensive mechanism on food surveillance should be formulated. Miss CHAN further enquired whether the review of the construction and management of public markets could be completed more expeditiously and not wait until 2001, as there was a strong voice in the District Councils for improvement works, such as retro-fitting of air-conditioning, to be carried out to the existing markets to raise the environmental hygiene standards.

26. Responding to the first question raised by Miss CHAN, Deputy Director of Food and Environmental Hygiene (Food and Public Health) said that the aim of the initiative to increase the number of tests to be performed per year in 2001/02, i.e. from the current 2 000 to 6 000, was to focus on certain high-risk food items which were likely to contain contaminants, biotoxins and viruses. Miss CHAN Yuen-han commented that this initiative would not enable the Administration to react quickly on those imported food items which had caused food incidents in their places of origin.

27. Director of Food and Environmental Hygiene responded that the Food and Environmental Hygiene Department (FEHD) adopted a three-pronged approach in managing imported food items which were the cause of food incidents. They were as follows -

- firstly, all imported food items were subject to different levels of inspection and random sampling at points of import depending on their potential risk. Products which did not comply with local safety standards would be rejected;
- secondly, the department had formed multi-disciplinary team of professionals to closely monitor the occurrence of food incidents overseas on the Internet or through direct information from overseas authorities, and where the food item concerned was exported to Hong Kong, would liaise with the local consulates and concerned government departments in the first instance to better understand the food incidents; and
- thirdly, the team would also conduct risk assessment and research on subjects of food incidents reported. Based on the risk assessment results and other information gathered, FEHD would come up with a decision on how to handle the imported food items which were the subjects of food incidents overseas in a swift and effective manner.

28. Regarding the long time taken to complete the review of the construction and management of public markets, SEF said that the scope of the review would not only cover environmental hygiene, but would also assess the demand for public markets. SEF further said that this issue came under the purview of the Panel on Environmental Affairs which she would be briefing immediately following this meeting.

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29. Mr WONG Yung-kan urged the Administration to step up monitoring of imported food. Mr Tommy CHEUNG echoed Mr WONG's views, and added that the Administration should impose more stringent requirements on the exporting countries. The Chairman said that the Administration should also make reference to countries which adopted a very stringent policy on importation of food, such as Japan.

30. SEF responded that the Administration would keep under review local safety standards to ensure the safety of imported food. At the laboratory test level, attention was being given to using different means to test different food items for bacteria and other harmful substances. Apart from these measures, the Administration would step up efforts to improve ties and communication with health/food authorities of the exporting countries to make sure that their food production was governed by sound safety standards. For example, she had visited the relevant authorities in Beijing and Guangdong in May to discuss food safety issues of concern to Hong Kong people. In this regard, a minute setting out further co-operation between relevant food authorities in the HKSAR and the state Administration for Entry-Exit Inspection and Quarantine in the Mainland had been signed several weeks ago. Efforts would also be stepped up to bring about more effective and efficient exchange of information as this would help to reduce the chance of food incidents and ensure effective management if such incidents arose.

III. Date of next meeting

31. The Chairman reminded members that the Panel would next meet on Monday, 13 November 2000 at 8:30 am in Conference Room A of the Legislative Council Building.

32. There being no other business, the meeting ended at 11:34 am.

Legislative Council Secretariat

22 November 2000