

立法會
Legislative Council

LC Paper No. CB(2)2212/01-02
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

LegCo Panel on Health Services

Minutes of meeting
held on Monday, 13 May 2002 at 8:30 am
in Conference Room A of the Legislative Council Building

Members Present : Dr Hon LO Wing-lok (Deputy Chairman)
Hon CHAN Kwok-keung
Hon CHAN Yuen-han, JP
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 Mrs Sophie LEUNG LAU Yau-fun, SBS, JP (Chairman)
Hon Cyd HO Sau-lan
Dr Hon YEUNG Sum

Public Officers Attending : All items
Mr Thomas YIU
Deputy Secretary for Health and Welfare

Mr Peter KWOK
Assistant Secretary for Health and Welfare

Item IV

Dr P Y LAM, JP
Deputy Director of Health

Dr Amy CHIU
Assistant Director (Health Administration & Planning)
Department of Health (Acting)

Miss Angela LUK
Principal Assistant Secretary for Health and Welfare

Item V

Dr W M KO
Director (Professional Services & Public Affairs)
Hospital Authority

Mr Donald LI
Executive Manager (Hospital Planning), Hospital Authority

Miss Joanna CHOI
Principal Assistant Secretary for Health and Welfare

Item VI

Dr W M KO
Director (Professional Services & Public Affairs)
Hospital Authority

Mr Donald LI
Executive Manager (Hospital Planning), Hospital Authority

Miss Joanna CHOI
Principal Assistant Secretary for Health and Welfare

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

Staff in Attendance : Ms Janet SHUM
Senior Assistant Secretary (2) 9

I. Confirmation of minutes of meeting held on 8 April 2002
(LC Paper No. CB(2)1818/01-02)

The minutes were confirmed.

II. Date of next meeting and items for discussion
(LC Paper Nos. CB(2)1819/01-02(01) and (02))

2. Members proposed to discuss the following items on the list of issues to be considered within the current legislative session -

- (a) General Out-patient Clinic Transfer - Progress Report;
- (b) Amendments to Smoking (Public Health) Ordinance;
- (c) Proposed Regulatory System for unregulated Health Care Personnel;
and
- (d) Regulation of Health Claims, including claims relating to beauty products.

3. Deputy Secretary for Health and Welfare (DSHW) said that the timing of the discussion of the issues depended on the work progress of the items. DSHW said that the Administration would be in a position to forward the general out-patient clinic transfer progress report for members' information and also provide an information paper reporting on the progress of the amendments to Smoking (Public Health) Ordinance before the end of the current legislative session. Regarding the regulation of health claims, DSHW said that the Administration would not be ready to discuss the issue until the next legislative session. As regards the regulation of beauty products and services provided by beauticians, DSHW said that he understood that it was being followed up by the Panel on Economic Services.

Adm

III. Information paper issued since the last meeting

(LC Paper No. CB(2)1819/01-02(03))

4. Members noted that the above information paper entitled "Supplementary information on the Working Hours of Public Hospital Doctors" was provided by the Administration for their reference in response to their request made at the Panel meeting on 14 January 2002.

IV. Construction of a public mortuary in Kwai Chung

(LC Paper No. CB(2)1819/01-02(04))

5. At the invitation of the Deputy Chairman, Deputy Director of Health (DDH) took members through the Administration's paper which detailed the construction of a public mortuary in Kwai Chung.

6. Mr Michael MAK asked the following questions -

- (a) Why the recent consultation with the Kwai Tsing District Council was conducted by circulation only.
- (b) Whether the proposed site for the construction of the public mortuary was close to any residential area.
- (c) Whether the site for the proposed mortuary was easily accessible to the public.
- (d) Whether the Administration would consider setting up a centralized data base in the proposed public mortuary which could provide information on autopsy cases for teaching purposes.

7. In response to Mr MAK's first question, DDH said that the Administration had discussed the matter with the District Officer concerned before consulting the Planning and Environmental Protection Committee of Kwai Tsing District Council by circulation from 26 March to 11 April 2002. As regards the second question, DDH responded that the proposed mortuary was situated away from residential areas. He pointed out that as the site was close to a crematorium and a cemetery, it was unlikely that the public would raise objection.

8. In response to Mr MAK's third question, DDH said that the Administration had considered two options for the construction of the new mortuary but had opted for the site in Kwai Chung instead of the one in Tuen Mun because the former was considered more accessible to the public. Regarding Mr MAK's fourth question,

DDH said that data collected from cases reviewed by the coroner would be managed by the Coroner's Office whereas the Births and Deaths General Register Office of the Immigration Department would centralize information related to death cases. With the establishment of the Public Health Information System which set out the community's health status and disease patterns, the government's information base would be further enhanced.

Adm 9. In response to Mr MAK's further comment that more consultation with the Kwai Tsing District Council was needed to ensure that residents of the district had no objection to the project, DDH said that he would seek the views of the Kwai Tsing District Officer regarding the need for further consultation on the matter.

10. Mr CHAN Kwok-keung enquired about the number of staff currently required for the three existing mortuaries and the staffing implications of the additional public mortuary in Kwai Chung. As many elderly people would not like the dead bodies to undergo autopsy and needed time to apply for exemption, Mr CHAN further enquired whether there was any time limit for body storage in the mortuary.

11. DDH responded that the two existing mortuaries in Hong Kong and Kowloon had a total of about 40 staff whereas the mortuary in the New Territories had about 18 staff. An addition of 18 staff would be required to facilitate the operation of the fourth mortuary to be built in Kwai Tsing. As regards the length of time for body storage in the mortuary, DDH said that it varied from a few days to about two weeks, as it might take some time for family members to arrange for cremation or burial. DDH explained that the coroner would decide whether a body needed to undergo autopsy. Normally, autopsy would be required if the death was considered sudden or suspicious, whereas if the death was related to a chronic disease or certified by a medical practitioner, autopsy could mostly be exempted.

12. Dr TANG Siu-tong enquired whether the need for an additional mortuary was assessed according to population distribution. DDH explained that currently no formula was available to assess the need for additional mortuary. The reason for the construction of the fourth public mortuary was that there would be a corresponding increase in the number of deaths with the continuous growth in population, and hence the need for more cold chamber storage spaces for dead bodies. In addition, there was a need to increase storage capacity to cater for emergency need in case of major incidents, such as plane crashes, natural disasters and fires. The new mortuary would also provide for separate storage of decayed bodies and bodies of persons who died from highly infectious diseases.

13. The Deputy Chairman enquired how the Administration solved the problem of the exceedingly high occupancy rate of the existing mortuaries after long

holidays and during winter. In response, DDH said that temporary structures had to be erected to provide additional chambers as a stop gap measure to meet the growing demand for storage capacity. For example, the storage capacity of Victoria Public Mortuary in Kennedy Town built in the 1970's had been increased from 30 to 60 with the provision of additional chambers.

14. In summing up the discussion, the Deputy Chairman said that members were supportive of the construction of a public mortuary in Kwai Chung but suggested that the Administration should consider further consulting the Kwai Tsing District Council to ensure that the community had no objection to the project.

V. Establishment of a Radiotherapy Centre and redevelopment of the Accident and Emergency Department at Princess Margaret Hospital
(LC Paper No. CB(2)1819/01-02(05))

15. At the invitation of the Deputy Chairman, Director (Professional Services & Public Affairs) (Director, HA) briefed members on the Administration's paper which detailed the establishment of a radiotherapy centre and redevelopment of the Accident and Emergency (A&E) Department at the Princess Margaret Hospital (PMH).

16. Mr Michael MAK asked the following questions -

- (a) As paragraph 3 of the Administration's paper mentioned that a two-week interval to plan and start curative radiotherapy treatment was considered reasonable by international standard, whether the longer waiting time of two and a half to three weeks for radiotherapy treatment in the HA hospitals would have any adverse effect on patients.
- (b) In view of the fact that the Polytechnic University of Hong Kong (PolyU) might discontinue its courses on radiography, how would the Administration ensure adequate supply of therapeutic radiographers to meet the increasing demand for radiotherapy in future.
- (c) Why was the redevelopment of the A & E Department at PMH necessary as provision of A&E services was also available in other hospitals nearby such as the Caritas Medical Centre (CMC) and Yan Chai Hospital (YCH).

- (d) Whether the Administration's plan for building a new hospital in Tung Chung would be affected by the expansion of A&E facilities in PMH. In this connection, Mr MAK considered that a hospital should be built in Tung Chung as soon as possible.

17. In response to Mr MAK's first question, Director, HA said that following diagnosis of cancer, time was required to plan the radiotherapy treatment based on the size and location of the tumour. He explained that the two-week interval considered reasonable by international standard was not absolute but agreed that medically the tumour would grow with time. The current territory-wide waiting time for radiotherapy treatment was from two and a half to three weeks. However, in the case of Queen Elizabeth Hospital (QEH) which treated about two-thirds of the cancer patients in the New Territories South (NTS) cluster, the waiting time was three weeks or more.

Adm

18. As regards Mr MAK's second question, DSHW responded that the information paper detailing the manpower situation of ancillary health care personnel issued to members on 2 April 2002 had stated the manpower situation of radiographers. DSHW said that there had been on-going discussions with PolyU regarding the provision of training for radiographers in future. PolyU had agreed to continue such courses this triennium and the Administration would further review the situation to decide on the future direction. As to the manpower situation within HA, Director, HA pointed out that all the radiographer posts in HA were filled and the need for additional radiographers depended on the staff wastage rate. He added that at present only a few radiographers could be recruited each year due to the low wastage rate.

19. In reply to Mr MAK's third question, Director, HA clarified that the proposed redevelopment project was aimed at upgrading the facilities of the A&E Department of PMH, which had been in operation for almost thirty years, to meet the prevailing standards and demand for services re-engineering. In light of the rationalization and enhancement of service delivery, hospital services of the NTS cluster, such as obstetric services previously provided in both CMC and PMH had been combined, and paediatric services of YCH had merged with that of PMH. As a matter of fact, the A&E Departments of the PMH and YCH were now put under the same management. Director, HA said that there was a general need for the maintenance of A&E services at the district level to serve the need of the public, however, HA would further explore to see how services of the A&E Departments of the three hospitals in NTS could be further rationalised.

20. As to the fourth question, Director, HA said that there was no question that the redevelopment of PMH would affect the plan for building a hospital in Tung Chung as the Tung Chung hospital project was on a separate agenda.

21. Ms LI Fung-ying expressed support for the establishment of a radiotherapy centre in NTS to facilitate timely treatment for cancer patients. However, Ms LI enquired whether HA would provide a detailed breakdown of the \$580 million estimated cost for the funding of the project.

22. Executive Manager (Hospital Planning), Hospital Authority (Executive Manager, HA) replied that HA would provide a detailed breakdown of the estimated cost of \$580 million when seeking the funding approval of the Finance Committee (FC). In brief, the project required about \$180 and \$160 million respectively for building and building services installation, and about \$150 million for furniture and equipment.

23. Miss CHAN Yuen-han shared Ms LI's view that HA should further provide a detailed breakdown of the \$580 estimated cost for members' information to ensure that the funding was appropriate and justified. In addition, Miss CHAN sought clarification as to whether the estimation by HA that the waiting time for radiotherapy treatment would be lengthened to 3.3 weeks by 2003 and 6.5 weeks by 2006 had taken into consideration Hong Kong's ageing population. Miss CHAN also said that as cancer treatment was time critical, the Administration should make all effort to facilitate PolyU to sustain courses for the training of radiographers.

Adm

24. DSHW said that the Administration would provide further information regarding the detailed breakdown of the estimated cost of \$580 million for members' information. Regarding the estimation of the waiting time, DSHW confirmed that the Administration had taken into consideration the future increase in the number of old people when estimating the aforesaid waiting time required for radiotherapy treatment in 2006. DSHW reiterated that he had taken note of members' view regarding the need for continued training of radiographers and assured members that the Administration would follow up the matter with PolyU.

25. In view of the fact that HA planned to seek the approval of FC in July 2002, Mr Tommy CHEUNG said that HA should brief members in advance regarding the breakdown of the estimated cost of \$580 million for the project and seek members' comments prior to submitting the proposal to FC for approval. In view of the criticism of the Director of Audit (D of A) in his Report No.37 on the management of medical equipment by HA, Mr CHEUNG expressed concern that the HA might encounter problems in seeking funding approval from FC.

26. Having regard to the fact that the Public Works Subcommittee (PWSC) would examine and make recommendations to FC on the Government's expenditure proposals for building projects carried out by or on behalf of

subvented organizations, and the D of A would report on the accounts of the Government and comment on the results of value for money audits, Mr LAW Chi-kwong was of the view that the Panel should focus on policy issues and discuss whether it should support the project in principle, instead of discussing details in three separate committee.

Adm

27. DSHW said that the Administration had been consistently following normal practices in submitting papers to the Panel and FC. DSHW reiterated that, in response to members' request, the Administration would in future provide members with more detailed information on the cost breakdown as far as possible and where needed.

28. The Deputy Chairman said that as the Administration had agreed to provide members with further information regarding the cost breakdown of the PMH project, members could raise further questions on the matter in the coming meeting of the PWSC.

29. Dr TANG Siu-tong enquired whether radiotherapy treatment would be provided in the hospital to be built in Tung Chung in the future. He questioned the need to expand the A&E Department of PMH as there should be no increase in demand for such services in the cluster in view of the stable population growth in Tsuen Wan and Kwai Chung.

30. Director, HA explained that radiotherapy treatment was under the category of specialist tertiary service in health planning. Currently, HA delivered the service on a territory-wide basis through the operation of five radiotherapy centres. As the provision of radiotherapy service would be maintained on a tertiary level, the distribution of radiotherapy centres would be cluster-based and hence such facility would not be available in small scale hospitals. In response to Dr TANG's second question, Director, HA clarified that the redevelopment of A&E Department at the PMH was not an expansion of services but was a rationalisation and improvement of service provision.

31. Mr LAW Chi-kwong indicated his support for the establishment of a radiotherapy centre and the redevelopment of the A&E Department of PMH as detailed in the Administration's paper. Mr LAW noted that the estimated six weeks waiting time in 2006 for cancer patients awaiting radiotherapy treatment was estimated on the basis of the service capacity of the five existing radiotherapy centres. Mr LAW pointed out that as the length of the waiting time had induced some patients to turn to the private sector, the shortened queuing time when the sixth radiotherapy centre in PMH was put in place might have a disincentive effect on patients in turning to private hospitals for treatments.

32. DSHW explained that the reason why HA proposed to set up a radiotherapy centre at PMH was because of the need to enhance the accessibility of oncology service to the 1.2 million population in the NTS cluster. At present, about two-thirds of the cancer patients in the NTS cluster were treated at QEH, while the remainder had to receive treatment in the public hospitals far away from the NTS cluster such as Tuen Mun Hospital (TMH), Prince of Wales Hospital or Queen Mary Hospital. The provision of a sixth radiotherapy centre in Hong Kong was to ensure that cancer patients could receive timely treatment for enhanced prospects of cure and to relieve the patient load of the radiotherapy centre at QEH, where a quarter of its patients came from NTS.

33. The Deputy Chairman declared that he had worked in to PMH whilst under training many years ago and expressed support for the redevelopment of the A&E Department of PMH. In response to the Deputy Chairman's question regarding the purpose of setting up offices for patient and bereavement counselling in the A&E Department, Director, HA explained that with the enhancement of the A&E Department as a trauma centre in the NTS cluster, there was a need to allocate more space and improve the office environment in order to facilitate the provision of bereavement counselling to the family members of the patients in traumatic crises. Counselling were usually conducted by doctors and nursing staff, but in cases of serious traumatic crisis, social workers and psychologists would also offer assistance to family members.

VI. Redevelopment and expansion of Pok Oi Hospital (LC Paper No. CB(2)1819/01-02(06))

34. Director, HA briefed members on the redevelopment and expansion of Pok Oi Hospital (POH) as detailed in the Administration's paper. He said that a breakdown of the estimated cost of about \$1,670 million for the construction of the main works could be provided for members' information.

Adm

35. Mr Michael MAK enquired why additional funding was needed for redeveloping POH as FC had already approved a total of about \$400 million in June 2000 and June 2001. Mr MAK also sought information on the utilisation of the 24-hour out-patient clinic set up in POH, the functions of A&E Observation and the POH Board's contribution arrangements for the project.

36. DSHW responded that as explained in the Administration's paper, the previous funding amounts of \$96.37 million and \$314.4 million were for conducting the preparatory works and the site formation and foundation works for the redevelopment respectively which had started in February 2002 and would be completed by February 2003. The estimated cost of about \$1,670 million now

being sought was for funding the main works of the project which would commence in early 2003 with a view to completion in 2006. Director, HA explained that the purpose of the Administration paper was to report to members on the progress of the redevelopment and expansion project of POH. Normally, for large scale project as such, funding approval had to be sought by phases. Funding in the first phase was for conducting preparatory works such as commencing design work for the project which had just been completed. The estimated cost of about \$167 million was funding for the second phase. The funding was needed for subsequent construction work of a new hospital building which would accommodate 622 in-patient beds, expanded ambulatory care services and other supporting services.

37. In response to Mr MAK's question on the utilisation of the 24-hour out-patient clinic. Director, HA said that it appeared that patients were able to assess whether their cases were urgent. The non-urgent patients who had been visiting the A&E Department now visited the 24-hour out-patient clinic while patients in need of emergency treatment usually went straight to the A&E Department of TMH. Upon completion of the redevelopment and expansion project, POH would expand its in-patient care services to cover a comprehensive range of clinical specialties as well as A&E Observation to complement services of the A&E Department. A&E Observation would enable doctors to further examine the health condition of the patients attending the A&E Department and to observe whether the patients should receive institutionalised care or be discharged. HA would ensure that such provision was included in all A&E Departments in the future as in the long run, it would help to reduce the number of in-patients and the over-emphasis on institutionalised care. As regards the funding of POH Board contribution, Director, HA explained that the undertaking of POH Board to make contribution to the capital cost of the project was obligatory and in accordance with an agreement made between the Administration and the Board.

38. Miss CHAN Yuen-han enquired about the cost breakdown of the \$1,690 million funding and requested the Administration to submit more detailed breakdown of the estimated cost in future. Executive Manager, HA responded that the total estimated cost of \$1,690 million included costs for building and building services installation and furniture and equipment which amounted to about \$650 million, \$500 million and \$300 million respectively, with the rest being costs for other miscellaneous items. DSHW said that the Administration would take note of members' views and provide members with more detailed information in future.

39. In response to Mr MAK's further enquiry whether HA would extend the 24-hour out-patient service to other districts, Director, HA said that the such service in POH was set up in view of the temporary suspension of the A&E Department at

POH during the redevelopment period. Although he supported the idea of setting up 24-hour out-patient clinic to complement A&E services, it was not HA's policy to provide 24-hour out-patient services in the long run, as such service was available in the private sector.

40. Dr TANG Siu-tong was of the view that HA should consider continuing to provide 24-hour out-patient service in POH as a large number of its A&E Department attendances were semi-urgent or non-urgent. In addition, Dr TANG expressed concern whether POH could immediately be put into operation when its new hospital building was completed in 2006. Dr TANG suggested that HA could speed up the redevelopment process by transferring the in-patients of the Central and North Wings of POH to the vacant Pok Oi Hospital Tin Ka Ping Centre which had 120 beds, so that demolition of the old blocks and the entire redevelopment process could be speeded up. Dr TANG further enquired whether the HA had any plan to build new hospitals in the area of Tuen Mun and Yuen Long area.

41. Director, HA said that the main works of the redevelopment of POH were expected to complete in 2006. Existing patient services currently provided in the Central Wing and North Wing of POH would not be disrupted during the entire construction period. Decanting of existing patient services would only be effected upon the completion of the new hospital building, following which the Central Wing and North Wing would be demolished. Director, HA said that consideration would be made shortly regarding the future use of Pok Oi Hospital Tin Ka Ping Centre. As for the provision of hospital services in the New Territories North cluster, HA had started discussion with the Planning Department concerning land allocation for construction of hospital facilities in the cluster.

42. Referring to paragraph 4 of the Administration's paper, the Deputy Chairman asked whether the North District Hospital (NDH) could help to relieve the additional work load of TMH. Director, HA responded that NDH belonged to NTE cluster but some assistance could still be provided. An example was that the ophthalmology services of the two hospitals were combined and patients of TMH could also attend NDH for ophthalmic treatment.

43. In summing up the discussion, the Deputy Chairman said that as many members expressed concerns regarding the future provision of hospital services in different regional clusters, the Administration should brief members on its long term planning for the provision of hospital facilities on a territory-wide basis.

Action

44. There being no other business, the meeting ended at 10:20 am.

Council Business Division 2
Legislative Council Secretariat
7 June 2002