

立法會
Legislative Council

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Panel on Health Services

**Minutes of special meeting
held on Monday, 13 January 2003 at 8:00 am
in Conference Room A of the Legislative Council Building**

Members Present : Dr Hon LO Wing-lok (Chairman)
Hon Michael MAK Kwok-fung (Deputy Chairman)
Hon Cyd HO Sau-lan
Hon Albert HO Chun-yan
Hon CHAN Kwok-keung
Hon CHAN Yuen-han, JP
Dr Hon YEUNG Sum
Hon Andrew CHENG Kar-foo
Dr Hon LAW Chi-kwong, JP
Dr Hon TANG Siu-tong, JP
Hon LI Fung-ying, JP

Member Absent : Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP

Members Attending : Dr Hon David CHU Yu-lin, JP
Hon LEE Cheuk-yan
Hon Fred LI Wah-ming, JP
Hon Margaret NG
Hon SIN Chung-kai
Hon LAU Kong-wah
Hon Henry WU King-cheong, BBS, JP
Hon Tommy CHEUNG Yu-yan, JP

- Public Officers** : Dr E K YEOH, JP
Attending Secretary for Health, Welfare and Food
- Dr Margaret CHAN, JP
Director of Health
- Dr William HO, JP
Chief Executive, Hospital Authority
- Mr Thomas YIU, JP
Deputy Secretary for Health, Welfare and Food (Health)
- Clerk in** : Ms Doris CHAN
Attendance Chief Assistant Secretary (2) 4
- Staff in** : Miss Mary SO
Attendance Senior Assistant Secretary (2) 8
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Before inviting the Secretary for Health, Welfare and Food (SHWF) to brief Members on the policy objectives and initiatives relating to health services under the Chief Executive (CE)'s 2003 Policy Address, the Chairman sought members' views on the date to hold the regular meeting for January which had been cancelled to give way to the briefing. Members agreed to hold the meeting on 21 January 2003 at 2:30 pm. Issues for discussion would remain unchanged.

I. Briefing by the Secretary for Health, Welfare and Food on the Chief Executive's 2003 Policy Address

2. At the invitation of the Chairman, SHWF referred Members to the "Caring and Just Society" section of the Policy Agenda which set out a list of new and ongoing initiatives relating to health services. The list focussed on the major areas of work of the Administration on the provision of health services in the next 18 months. It was the Administration's intention to provide members with details of the initiatives in due course. SHWF further said that due to the short notice, the Administration was unable to accede to Members' request for a paper detailing the policy objectives and initiatives on health services for the meeting.

3. Dr YEUNG Sum asked whether public medical fees would be greatly increased, in the light of the deficit problem of the Hospital Authority (HA) and of Government's target to cut public spending by 10% to help eliminate fiscal deficit by 2006-07.

4. SHWF responded that, for next financial year, apart from the plan to slightly increase the fees and charges for hospital services other than accident and emergency (A&E) service on 1 April 2003, no plan had been made to further increase public medical fees. Although further increases in public medical fees could not be ruled out in the long run, public medical fees would continue to be heavily-subsidised. On the deficit problem of HA, SHWF said that with its various cost-saving measures being undertaken, such as the voluntary retirement scheme which had received positive response from staff, and natural wastage, it was envisaged that HA should be able to eliminate the problem in three years' time. SHWF further said that the Administration was presently examining ways to achieve the target of reducing public spending by 10% to help eliminate fiscal deficit by 2006-07. No decision had yet been made on how much the operating expenditure of each Government bureau/department and subvented organisation should be cut. SHWF assured Members that in so doing, due regard would be given to ensuring that services to the public would not be adversely affected.

5. Miss CHAN Yuen-han asked the following questions -

- (a) Whether the reason to cease the liver transplantation service in the Prince of Wales Hospital (PWH) and centralise the service in Queen Mary Hospital (QMH) was to save costs; and
- (b) Whether the plan to introduce Chinese medicine into the public health care system would proceed as planned despite the fiscal deficit.

6. Responding to Miss CHAN's first question, SHWF said that the reason for designating one hospital for performing all liver transplants in Hong Kong was to ensure that resources could be mobilised in a timely manner and would be conducive to assuring quality in a highly complex intervention which was performed infrequently. This coupled with the establishment of a central registry for liver transplantation would further ensure that the donated organs could go to the most deserved patients in a fair and equitable manner. Such an arrangement was not only in line with the recommendation of both local and overseas expert groups on the liver transplantation service in Hong Kong, and was also in line with practices in other jurisdictions.

7. Chief Executive, HA supplemented that the decision to centralise all liver transplants in QMH was made in the best interests of patients. He assured Members that funding for the liver transplantation service would not be reduced as a result of the centralisation of all liver transplants in QMH. On the contrary, funding for the service would likely be increased. At present, QMH and PWH altogether performed around a total of 75 liver transplants a year. This figure was expected to increase to about 80 under the new arrangement. Chief Executive, HA further said that the Deans of the Faculty of Medicine of the University of Hong Kong and The Chinese University of Hong Kong were both supportive of the centralisation of all liver transplants in QMH.

8. The Chairman advised Members that the issue of liver transplant arrangements of HA would be discussed at the regular meeting on 21 January 2003.

9. As regards Miss CHAN's second question, SHWF replied that the Administration would proceed with the introduction of Chinese medicine out-patient services into the public health care system as planned. The first such clinic would commence operation in 2003.

10. Dr LAW Chi-kwong asked why developing a strategy to sustain the public health care system in the long term was not in the Policy Agenda, and wondered whether this was due to the current economic downturn. Dr LAW urged the Administration not to delay work in this regard, in view of the increasing demand for public health services arising from the growing ageing population.

11. SHWF explained that the reason why developing a strategy to sustain the public health care system in the long term was not in the Policy Agenda was because work in this regard had been going on actively and was not a new focus in the next 18 months. However, this should not be construed that work in this regard had been and would be slowed down. For instance, the revamping of the fees structure of HA, which was part of the three-pronged strategy recommended in the Consultation Document on Health Care Reform (the Consultation Document) to ensure the long-term financial sustainability of the public health care system, had commenced. Notably, the introduction of A&E charge for A&E service had come into operation on 29 November 2002, and increases in fees and charges for other hospital services would next come into operation on 1 April 2003 after the current moratorium on public fees was lifted. Another example was that studies on the various aspects relating to the Health Protection Account scheme, a mandatory saving scheme to introduce a steady stream of supplementary funding source to complement health care financing from the Government recommended in the Consultation Document, were being conducted. The Administration

intended to complete these studies by the end of 2003 for further consultation with the public.

12. Dr LAW Chi-kwong further asked why, given the importance of protecting and promoting the health of the population, this was not listed as one of the initiatives in the Policy Agenda. Dr LAW considered that in view of the growing ageing population, the Department of Health (DH) should launch preventive programmes on diseases commonly afflicting older persons such as diabetes, high blood pressure and osteoporosis, and set targets to gauge the effectiveness of these programmes.

13. Director of Health (D of H) responded that the reason for not including protecting and promoting the health of the population in the Policy Agenda was because this was the core function of DH. On the suggestion of launching preventive programmes on diseases commonly afflicting older persons and setting targets to gauge the effectiveness of these programmes, D of H said that this was also the policy direction of the DH. For instance, apart from providing a wide range of preventive, health promotion, and health services programmes targeting at different age groups and from birth to old age, a Public Health Information System would be established to better help DH to assess the community's health status and needs. DH had and would continue to conduct periodic health surveys on specific health areas, such as that on oral health, and on a particular sector of the community, such as that on men's health, to assess the effectiveness of the preventive programmes concerned and make improvements as appropriate.

14. Miss Margaret NG expressed regret that details of the policy objectives and initiatives were not provided to Members to supplement the Policy Address as in the past. Not only would such an arrangement render it not possible for Members to make a meaningful response to this year's Policy Address, it would also make very difficult for Members to properly monitor the work of the Administration in the next 18 months. Moreover, it was against the principle of the accountability system. In the light of this, Miss NG asked the Administration what it intended to do to remedy the situation. Miss NG further asked about the duration of the transitional period for listed Chinese medicine practitioners (CMPs) to become registered CMPs, as concerns had been raised by many listed CMPs about the registration arrangements.

15. SHWE responded that having regard to Members' concerns, the Administration would review the arrangement for debating this year's Policy Address. The reason why the Policy Agenda only set out the major works of each policy bureau was to complement the macro approach of the Policy Address. Moreover, it was not possible to list all policy objectives and initiatives in one single booklet. SHWE reiterated that details of the initiatives would be provided

to Members later.

16. As to the registration of CMPs, SHWF pointed out that it was aimed at raising the quality of Chinese medicine practice. D of H said that, in line with past practice, a lengthy period would be allowed for listed CMPs to become registered CMPs. In the interim, listed CMPs could continue to practise Chinese medicine. Members would be consulted if a decision had been made on the deadline for listed CMPs to become registered CMPs. D of H further said that although the Chinese Medicine Council of Hong Kong was responsible for the registration of CMPs, DH would endeavour to help listed CMPs to become registered CMPs as far as possible under the Chinese Medicine Ordinance (the Ordinance). In the light of the comments made by some listed CMPs about the registration arrangements, a review of the relevant provisions of the Ordinance would be made.

17. Mr Andrew CHENG asked whether the Administration, in order to achieve the target of reducing public spending by 10% to help eliminate the fiscal deficit by 2006-07, would curtail certain health care services, such as closing down specialist hospitals, and merging DH with HA. To enable Members to have a meaningful debate on the Policy Address, Mr CHENG requested SHWF to provide a paper detailing the policy objectives and initiatives on health services before the three-day debate on the Policy Address scheduled for 15 to 17 January 2003.

18. Ms LI Fung-ying enquired whether the Administration planned to contract out HA's rehabilitation and geriatric services in an attempt to save costs; and if so, the timing for implementing it.

19. Mr LAU Kong-wah requested HA to hold off closing down the liver transplant centre in PWH, until outstanding issues, such as the arrangements for PWH patients presently waiting for liver transplants in PWH, were satisfactorily resolved.

20. SHWF responded that he would provide a paper detailing the policy objectives and initiatives on health services before the three-day debate on the Policy Address scheduled for 15 to 17 January 2003, if other Directors of Bureaux would do the same. SHWF further said that although funding to HA would be reduced, it did not necessarily mean that certain public health care services would be curtailed. For instance, through rationalisation of services and streamlining of work procedures, the same level and quality of services could still be maintained despite a reduction in funding. SHWF added that it was still too early to say how the fiscal deficit would impact on the provision of health care services, as no decision had yet been made on ways to achieve the target of reducing public

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spending by 10% in 2006-07. SHWF also said that there was no question of DH merging with HA, save the transfer of DH's general out-patient clinics to HA, as the roles and functions of these two organisation were distinctly different.

21. As to HA's rehabilitation and geriatric services, SHWF said that HA had no plan to contract out such services. HA, however, would step up collaboration with the welfare sector on enhancing the delivery of these services.

22. Chief Executive, HA clarified that the centralisation of liver transplants would be implemented by two stages. The first stage was to establish a central registry for liver transplants so as to ensure that the donated organs would go to the most deserved patients. Chief Executive, HA pointed out that patient organisations supported the centralised waiting list.

23. On closing, the Chairman urged SHWF to provide Members with a paper detailing the policy objectives and initiatives on health services before the three-day debate on the Policy Address.

(Post-meeting note : A paper detailing the policy objectives and initiatives on health services was provided by the Administration on 15 January 2003.)

24. There being no other business, the meeting ended at 9:15 am.

Council Business Division 2
Legislative Council Secretariat
29 January 2003