立法會
Legislative Council

LC Paper No. CB(2)1207/02-03
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Tuesday, 21 January 2003 at 2:30 pm
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 Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, 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 Attending	:	Hon LAU Kong-wah
Public Officers Attending	:	All items Mr Thomas YIU, JP Deputy Secretary for Health, Welfare and Food Mr Tony CHAN Assistant Secretary for Health, Welfare and Food (Health)

Action

Item IV

Miss Angela LUK
Principal Assistant Secretary for Health, Welfare and Food (Health)

Dr P Y LEUNG, JP
Deputy Director of Health

Dr Joseph CHAN
Consultant Paedodontist, Department of Health

Item V

Miss Joanna CHOI
Principal Assistant Secretary for Health, Welfare and Food (Health)

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

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

Item VI

Miss Joanna CHOI
Principal Assistant Secretary for Health, Welfare and Food (Health)

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

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

Staff in Attendance : Mr Stanley MA
Senior Assistant Secretary (2) 6

Action

I. Confirmation of minutes
(LC Paper No. CB(2)831/02-03)

The minutes of the meeting held on 9 December 2002 were confirmed.

II. Information papers issued since the last meeting
(LC Paper Nos. CB(2)719/02-03(01), CB(2)736/02-03(01) to (02) and CB(2)911/02-03(01))

2. The Chairman invited members to note the four information papers issued since the last meeting and informed the Clerk if they wished to discuss the subject at a future meeting.

III. Items for discussion at the next meeting
(LC Paper Nos. CB(2)832/02-03(01) and (02))

3. Members accepted the Administration's suggestion to discuss the following items at the next regular meeting scheduled for Monday, 10 February 2003 at 8:30 am -

(a) Chinese medicine outpatient services; and

(b) Development of standards of Chinese medicine.

4. The Chairman asked the Administration to propose an additional item for discussion at the meeting.

5. Referring to Dr TANG Siu-tong's paper (LC Paper No.CB(2)913/02-03(01)) tabled at the meeting, the Chairman sought the Administration and members' view on Dr TANG's proposal to invite the public and concern organisations to give views on charges for public health services and the fee waiver mechanism. After discussion, members agreed to hold a special meeting on 24 February 2003 at 8:30 am to discuss the subject.

IV. Report on the Oral Health Survey 2001
(LC Paper No. CB(2)832/02-03(04))

6. At the invitation of the Chairman, Consultant Paedodontist, Department of Health (CP(DH)) highlighted the key findings of the territory-wide oral health survey carried out by DH in 2001 with the aid of power-point presentation. A set

Action

of presentation materials was tabled at the meeting for members' reference (LC Paper No. CB(2)832/02-03(04)).

Discussion

7. Dr LAW Chi-kwong opined that although the overall oral health of the Hong Kong population was found to be in the same ranking as, if not better than, most developed countries, the Administration should step up its efforts to improve the less satisfactory oral health aspects as revealed in the survey results. Referring to the misconception held by many parents that it was not important to pay attention to the oral health of their young children as their milk teeth would eventually be replaced by permanent teeth at about the age of six, Dr LAW asked how the Department of Health (DH) would reinforce the provision of oral health services for young children at its Maternal and Child Health Centres.

8. In response, CP(DH) said that young children should be taught to take care of their teeth from their early ages. For such purpose, DH had implemented the "Brighter Smiles for the New Generation" Pre-school Oral Health Promotion Programme in kindergartens and child care centres for a decade to promote oral health care among young children below the age of five, and positive results had now been observed. In addition, DH was conducting a pilot scheme at Maternal and Child Health Centres to provide oral health care education to parents with emphasis on teeth cleanliness and oral health care services to young children for early diagnosis and treatment of dental disease. He added that tooth decay at early ages would spread fast and if left untreated, would result in serious decay conditions in a few months. DH anticipated that the scheme would prevent young children from suffering serious tooth decay at the age of five to six.

9. Dr LAW Chi-kwong considered that although there was no optimal number nor minimum acceptable number of teeth agreed by the dental profession, a person should have at least 20 teeth for minimum level of function. He noted that from the survey, around 50% of the 65 to 74-year old non-institutionalised older persons (NOPs) and 75% of the institutionalised older persons (IOPs) in the same age-group had less than 20 teeth left. He asked how the Administration would collaborate with voluntary agencies and private institutions to improve the oral health of NOPs and IOPs, and to reduce the percentage of NOPs and IOPs who had no teeth from 9% to 5%, which was the standard set down by the World Health Organisation in 2001.

10. DS(HWF) responded that a working group comprising public health dentists from DH, the Faculty of Dentistry of the University of Hong Kong, and the Hong Kong Dental Association, would be convened in the first half of 2003, to formulate the oral health goals for Hong Kong based on the epidemiological data

Action

obtained from the Oral Health Survey 2001. The working group would review and formulate long term oral health strategies and policies for the community in the light of findings of the survey.

11. Deputy Director of Health (DDH) supplemented that the working group would meet to discuss setting oral health goals for the community in the light of the recently revised framework established by the International Dental Federation. According to the revised framework, individual member states were encouraged to develop their own standards and measures to safeguard the health of their communities through various promotive and preventive services. He added that the 5% standard set by the World Health Organisation in 2001 was too high and could not even be achieved by the advanced countries.

12. Dr LAW Chi-kwong said that while he agreed that the Government should intensify its educational and promotional efforts to fulfil its policy on oral health care, he considered that the Government should allocate more resources for provision of adequate oral health care services to the lower income groups and needy NOPs and IOPs. He pointed out that the existing public oral health care policy emphasised promoting oral hygiene and oral health awareness. Under the existing policy, the lower income groups were unable to afford the essential dental services provided by the private dental practitioners at high fees.

13. DS(HWF) responded that as discussed at the Panel meeting held in June 2001, the Government's policy on oral health and dental care was to improve the oral health of the population by promoting oral hygiene and oral health awareness in the community and facilitating the proper use of oral care services. Given the resources constraint, public funds should be used in areas where the funds could achieve the best health outcome. In other words, the Administration considered that the public funds available should be primarily channelled to educational, preventive and promotional efforts. He added that every individual of the community had the ultimate responsibility of knowing what and how best to improve their health and oral health.

14. On provision of dental care services, DS(HWF) said that apart from providing emergency dental services at the designated clinics, the Administration encouraged non-governmental organisations (NGOs) to provide affordable dental care services to the public on a self-financing basis. For example, there were NGOs providing outreaching oral hygiene and oral health care services for IOPs. In addition, the Tung Wah Group of Hospitals had received a grant to operate a dental clinic in mid-2003 for the provision of free and subsidised dental care services to the older people. The amount of the grant would suffice for the setting up of the clinic and its operation for two years.

Action

15. DS(HWF) pointed out that Comprehensive Social Security Assistance (CSSA) recipients who were aged 60 or above were eligible for dental grants for meeting the cost of dental treatments such as dentures, crowns, bridges, fillings, scaling and root canal treatment. To apply for a dental grant, the applicant should approach one of the designated clinics run by NGOs for an assessment of the treatment required and an estimate of the cost for the treatment. The applicant could choose to receive treatment from the designated clinic or from a registered private dentist for the same service. The Social Welfare Department would pay him a special grant to meet the cost charged by the designated clinic or the private dentist, whichever was the less. However, out of some 160 000 CSSA recipients who were aged 60 or above, only about 1 600 applications for a dental grant were received in 2001. The Administration would reinforce publicity to promote awareness of the availability of dental grants to CSSA recipients.

16. Dr LAW Chi-kwong suggested that the Administration should consider setting up a central fund for providing dental grants to needy persons other than elderly CSSA recipients. He also asked whether DH would provide training to workers serving IOPs to teach IOPs on oral health issues and good oral hygiene habits. DDH responded that the visiting health teams of the Elderly Health services and dental specialists of DH were collaborating to work out guidelines on promotion of oral hygiene and oral health for the reference of these workers.

17. Ms LI Fung-ying noted that 60% of 12-year olds had calculus and asked for information on the Administration's efforts to prevent development of gum disease at such an early age.

18. CP(DH) responded that a decline in oral hygiene at the age of 12 was a common phenomena worldwide, as teenagers enjoyed a wider variety of activities and cleaning their teeth was often not a high priority in their life.

19. Referring to paragraph 5 of the Administration's paper, Ms LI Fung-ying asked why there was no comparison of the oral health of local IOPs with their overseas counterparts in the United States, United Kingdom, Australia or Singapore. CP(DH) explained that there were no corresponding statistics on the oral health of IOPs in these overseas countries for comparison with local IOPs.

20. Ms LI Fung-ying then asked whether comparison of the oral health of local IOPs and NOPs with their overseas counterparts could be made on a collective basis. CP(DH) pointed out that there was a significant difference between the ages of IOP group and NOP group. While around two-thirds of IOPs exceeded the age of 75, the majority of NOPs were young elders. He added that the fact that about 50% of NOPs had 20 teeth left was quite satisfactory when compared with the corresponding figure of NOPs in overseas countries. DDH

Action

supplemented that tooth loss was considered by many, especially the older persons, as a natural phenomenon in life. DH would strengthen education and publicity on the fact that tooth loss at old age could be avoided, and actions to achieve this must start as early as possible.

21. Mrs Sophie LEUNG asked why the oral health of NOPs was more favourable than those of IOPs. DDH responded that IOPs were in general older in age and less healthy in physical conditions.

22. Mr MAK Kwok-fung considered that early prevention was the key to good oral health which was essential to everyone's personal health and well-being. He questioned whether school textbooks had highlighted the adverse effects of snacking and smoking on dental health, and suggested that DH should collaborate with the Education and Manpower Bureau (EMB) to promote students' awareness of the necessary preventive measures against tooth decay and gum disease. He also suggested that the "Healthy Gums Strong Teeth Campaign" launched in December 2002 should continue for more than a year.

23. CP(DH) responded that DH and EMB were partners in promoting oral hygiene and oral health in school education. In fact, more than 80% of primary school students had joined the School Dental Care Service which provided basic and preventive dental care to primary school children. He pointed out that the "Healthy Gums Strong Teeth Campaign" was a reinforcement programme aiming at promoting self-reliance to improve students' oral health. DH would continue to work with EMB on various measures to improve students' awareness of the importance of oral hygiene and oral health on a continuous basis.

24. DDH supplemented that primary school textbooks had already covered the subject of dental hygiene and dental health. DH would reinforce oral health education in secondary schools through the school visits conducted by its out-reaching adolescent health teams. He stressed that young children at the age of six or below should be assisted by parents in tooth-brushing and development of the proper behaviour and attitudes towards oral health.

25. The Chairman remarked that the School Dental Care Service was a successful programme as evidenced by the high participation rate. He, however, pointed out that the Oral Health Survey 2001 revealed that while the mean number of teeth with a history of decay for 12-year old children was as low as 0.8, 59.5% of them were having calculus. In fact, the DMFT (the sum of decayed and left untreated teeth, missing teeth and filled teeth) index increased from 0.8 for 12-year old children to 7.4 for 35 to 44-year old adults, and to 17.6 for NOPs and 24.5 for IOPs. He considered that parents should play a more active role in the development of proper oral health concepts among children. He asked how the

Action

Administration would formulate its strategies and policies to improve the situation and encourage secondary school students to pay regular visits to dental practitioners for dental checkup.

26. CP(DH) responded that DH had invited parents to participate in the promotion of oral health in one of its school dental clinics on a voluntary and trial basis. Subject to satisfactory outcome, the arrangement would be extended to other school dental clinics. He reiterated that DH was collaborating with the Hong Kong Dental Association in implementing the "Secondary School Oral Health Maintenance Scheme" to encourage secondary school students to pay regular visits to dental practitioners. Participating students would be issued with a "passport" for visiting the participating dental practitioners.

V. Redevelopment of staff quarters for the establishment of a rehabilitation block at Tuen Mun Hospital

(LC Paper No. CB(2)832/02-03(03))

27. At the Chairman's invitation, DS(HWF) briefed members on the main points of the Administration's paper on the subject (LC Paper No. CB(2)832/02-03(03)).

28. Dr LAW Chi-kwong expressed support for improving the rehabilitation service at Tuen Mun Hospital. He, however, queried the high monthly operating cost of a convalescent/rehabilitation bed in HA (about $30,000) and asked whether the Administration had considered the provision of the additional 512 convalescent/rehabilitation beds by NGOs and private institutions at an monthly unit cost of about $18,000 and $12,000 respectively.

29. DS(HWF) explained that the additional convalescent/rehabilitation beds at Tuen Mun Hospital were intended for patients who needed more medical care and patients who required less medical care would be transferred to NGOs. He considered the existing arrangement conducive to the provision of appropriate medical care to needy patients. In response to Dr LAW Chi-kwon's further question, Director (Professional Services & Public Affairs), Hospital Authority (Director, HA) confirmed that the 512 convalescent/rehabilitation beds were essential for Tuen Mun Hospital to meet the needs of its patients.

30. Mr Albert HO noted that the Tuen Mun District Council had expressed support for the redevelopment proposal in May 2000. Given the increased demand for rehabilitation services, he considered it unacceptable that over two years had elapsed before the Administration submitted the proposal to the Panel for discussion. He then asked for information on the territory-wide policy on

Action

provision of general beds and whether the psychiatric beds in Castle Peak Hospital and Siu Lam Hospital were included in the calculation of general beds for the New Territories West (NTW) hospital cluster.

31. As regards the delay, DS(HWF) explained that there were always competing priorities in allocation of public resources and approval in principle for the redevelopment project to proceed had only been given in 2002. He pointed out that the territory-wide ratio of acute beds to convalescent/rehabilitation beds was around 3 to 1. At present, NTW cluster had only 266 convalescent/rehabilitation beds, the proposed provision of 512 such beds would bring the ratio in NTW cluster in line with the territory wide provision. He clarified that the calculation of general beds had not included the psychiatric beds in Castle Peak Hospital and Siu Lam Hospital.

32. Mr Albert HO expressed serious dissatisfaction with the delay of the redevelopment project and said that the Administration had ignored the interests of NTW residents in the provision of public health care services. He asked whether the Administration could expedite the construction programme so that the rehabilitation block in Tuen Mun Hospital could be completed at an earlier date.

33. DS(HWF) stressed that the Government attached great importance to the health of the population as a whole and would not ignore the right of the residents in individual districts of the territory to public health care services. Director, HA confirmed that the Administration had all along given support for the redevelopment proposal. Executive Manager, HA supplemented that the detailed design of the redevelopment project had just been completed. Subject to the approval of the Finance Committee on the allocation of funds, HA would proceed to invite tenders for the project. He envisaged that the construction works would commence in mid 2003 for completion in mid 2007. Due to the tight schedule for the project, there was not much room for bringing forward the completion date of the redevelopment project.

34. Mr MAK Kwok-fung said that the reconstruction works of Pok Oi Hospital had created adverse impact, such as noise and air pollution, on patients in the hospital. Although HA had taken a number of measures to improve the situation, patients were still affected. He asked how HA would supervise the demolition of the staff blocks and the construction of the rehabilitation block to ensure no disturbance would be caused to patients in Tuen Mun Hospital.

35. Executive Manager, HA acknowledged that due to site constraints, a certain degree of noise and air pollution in and around the site for reconstruction of Pok Oi Hospital appeared inevitable. Nevertheless, HA would continue to collaborate with the related technical staff and the appointed construction contractors to

Action

minimise the environmental nuisances on patients. In addition, HA had appointed environmental consultants to advise on possible measures to reduce the adverse environmental impacts which might arise in the course of the construction. Since the site for the proposed rehabilitation block was physically separated from the main hospital compound by Tsing Lun Road and the Light Rail Transit, any adverse environmental impact on staff and patients in the main hospital compound would not be serious. He assured members that HA would adopt all feasible measures to minimise the nuisance to patients and staff.

36. Dr YEUNG Sum indicated support for the provision of an additional 512 convalescent/rehabilitation beds at Tuen Mun Hospital. He expressed concern about the provision of general beds in the NTW hospital cluster to meet future demands in view of the projected increase of the population in NTW from 1 062 500 in 2002 to 1 216 800 in 2010.

37. DS(HWF) explained that the prevailing trend was to provide more community and day rehabilitation services to address the needs of patients suffering from chronic illnesses. As a result, the provision of general beds in public hospitals did not always follow the increase of population in a district.

38. Dr YEUNG Sum asked how a projected shortfall of around 700 general beds in NTW cluster would be resolved. DS(HWF) responded that the upgrading and expansion of Pok Oi Hospital would provide an additional 272 acute beds and the redevelopment project in Tuen Mun Hospital would provide an additional 512 convalescent/rehabilitation beds. The completion of the two projects would meet the balance of the projected shortfall in general beds in the NTW cluster by 2010. In response to Dr YEUNG's further enquiry, DS(HWF) clarified that general beds included acute beds and convalescent/rehabilitation beds. At the request of the Chairman, DS(HWF) undertook to provide the Panel with information on the types of beds in public sector hospitals.

Admin

39. The Chairman concluded the discussion by saying that the Panel supported the Administration's proposal on redevelopment of the staff quarters for the establishment of a rehabilitation block at Tuen Mun Hospital.

VI. Liver transplant arrangements of the Hospital Authority

(LC Paper Nos. CB(2)870/02-03(01), CB(2)887/02-03(01), CB(2)970/02-03(01) to (02) and CB(2)1002/02-03(03))

40. Members noted the complaint lodged by Professor Albert CHUI on the closure of the liver transplant centre at the Prince of Wales Hospital (PWH) which was referred to the Panel for follow-up (LC Paper No. CB(2)986/02-03(01)).

Action

Members also noted the two submissions from the Liver Living Association (LC Paper Nos. CB(2)870/02-03(01) and CB(2)887/02-03(01)).

41. At the Chairman's invitation, Director, HA briefed members on the background of the review of HA's liver transplant services and the acceptance of the review recommendations to establish a central registry for liver transplants and to merge the liver transplant centres in Queen Mary Hospital (QMH) and PWH as detailed in the Administration's paper (LC Paper No. CB(2)970/02-03(01)).

42. Mr Andrew CHENG was of the view that there should be a central registry for liver transplants and two liver transplant centres in Hong Kong. He considered that in deciding to merge the existing two liver transplant centres for enhancing the overall quality and cost-effectiveness of the liver transplant service, HA had not taken into account the interests of liver patients and the effects of the merger on patients waiting for a transplant operation at PWH. He pointed out that according to the information provided by Professor Albert CHUI, PWH had developed a liver transplant programme of international standard. In the last two years, the clinical outcome of liver transplantation in PWH was as least as good as, if not better than, that of the University of Pittsburg in the United States and that of the Kyoto University in Japan. He asked why HA had hastily decided to operate only one liver transplant centre for a population of around seven million with 10% of them being hepatitis B carriers and whether the merged centre would be capable of performing 80 liver transplant operations in a year.

43. DS(HWF) responded that the Government supported HA's proposal to centralise liver transplant operations in QMH on the premise that it would enhance the clinical outcome of liver transplant operations in Hong Kong and benefit the liver patients as a whole. He pointed out that according to the results of two independent reviews conducted by a panel of international experts and a local panel in December 2002, the provision of highly sophisticated services such as liver transplants should be concentrated in one designated centre so as to enhance the clinical outcome of relevant operations in Hong Kong. He stressed that the hospital management of QMH and PWH and the Faculty of Medicine of both the University of Hong Kong (HKU) and the Chinese University of Hong Kong (CUHK) were supportive of the proposed merger. In addition, HA had undertaken to ensure that adequate resources would be provided for the merged centre, the existing capacity to perform liver transplant operations would be maintained after the merger, and appropriate administrative and clinical arrangements would be in place to serve the best interests of patients.

44. DS(HWF) further said that the Administration also supported the establishment of a central registry to ensure that donated livers would go to patients most in need of the transplant. He stressed that the support was given on

Action

the condition that HA would make reference to international practices and draw up a set of fair and consistent criteria for entering patients into the waiting list for liver transplants and prioritising patients for receiving liver transplantation.

45. Director, HA stressed that both HA and HKU were confident that the merged centre would be able to perform 80 liver transplant operations or more after the merger. He explained the rationale of the recommendation of the panel of international panel and the local panel to centralise liver transplant operation in one centre. He also pointed out that liver transplantation was a highly specialised field in surgery which required substantial support from other multidisciplinary teams of specialists including physicians, surgeons, anaesthetists, clinical psychologists, intensivists and radiologists. Apart from the coordinated efforts of the specialists, a liver transplant would require clinical planning and arrangements in preparation for both the donor and the recipient to undergo an operation and receive appropriate treatment and intensive health care services after the operation. In general, the more number of operations performed by the teams of specialists in a transplant centre, the better the outcomes of the liver transplant operations. In fact, experts in the field generally agreed that to enhance clinical outcomes of transplant operations, a liver transplant programme should be activated 25 times or more a year.

46. Director, HA further said that the provision of liver transplant centre in a place would depend on various factors such as the area of the country or place and its population distribution. A country or place with a population of one to two million but a large area might need more than one liver transplant centre to meet the needs of inhabitants in some remote areas. He pointed out that the percentage of hepatitis B carriers in the population should continue to decline because newborn babies and young children up the age of five were now provided with free injections of hepatitis B vaccines at the Maternal and Child Health Centres of the Department of Health.

47. Mr Andrew CHENG remarked that given the complexity of a transplant operation and the coordinated efforts of teams of specialists required, it was apparently in the interest of liver patients to have two transplant centres in Hong Kong. He pointed out that in cities such as Rome and Barcelona, the average population covered by a liver transplant centre was less than one million. As regards the service quality of liver transplant operation at PWH, Mr CHENG pointed out that according to the information provided by Professor Albert CHUI, the overall patients survival rate of PWH's transplant operations in the past two years (2001-2002) was 91%, which was far more satisfactory than those of the University of Pittsburg in USA. He therefore considered it unreasonable to discontinue liver transplant operations in PWH.

Action

48. Director, HA responded that at present, QMH was the designated liver transplant centre in HA and was provided with additional resources for each liver transplant operation. He appreciated that PWH had been performing liver transplant operations on its own initiative, but pointed out that further increase in the number of liver transplantations in PWH would cause significant strain to the clinical staff and resources in other essential services which would inevitably affect the interests of patients in need of other organ transplant services. Director, HA also explained that in making the recommendation to merge the two liver transplant centres, the panel of international experts had taken into account that evidence worldwide revealed a positive relationship between the quality of outcomes achieved by surgical units in major surgeries such as liver transplantations and the volume of the concerned activity, and the number of liver transplants performed by QMH and PWH.

49. Referring to paragraph 9 of the Administration's paper, Dr LAW Chi-kwong asked whether "existing capacity to perform liver transplant operations" referred to the capacity of QMH alone or the combined capacity of QMH and PWH. He also asked whether the merged centre would be provided with the required teams of specialists to perform two liver transplant operations at the same time.

50. Director, HA responded that the merged centre should be able to perform the number of liver transplant operations currently handled by the two centres. In fact, the merged centre was expected to perform more operations in view of increasing demand for the service. He also confirmed that the merged centre would be provided with sufficient resources to perform two liver transplant operations simultaneously.

51. Mr Albert HO expressed support for the establishment of a central registry for liver transplants. He asked why HA had not consulted the staff and liver patients of PWH before deciding to merge the two liver transplant centres. He also sought clarifications as to whether the Panel of international experts had set out both the merits and demerits of designating one centre for liver transplant operations instead of having two centres. He also asked whether the provision of other organ transplantation services would follow the same centralisation policy.

52. Director, HA responded that in retrospect, he agreed that the process of communication could be improved and the Coordinating Committee on Surgery of HA should have consulted the affected staff of PWH on the merger of the two liver transplant centres. As regards the views of the panel of international expert, a very clear recommendation was made that there should be one centre for liver transplantation in Hong Kong in both the short term and within the foreseeable future, having regard to the small number of such transplantation and the

Action

anticipated slow growth in the near future. As to other organ transplant services, the number of designated centres would depend on the complexity of and demand for the service, e.g. as several hundred open-heart surgeries were performed each year, more than one centre was needed.

53. Mr Albert HO remarked that HA should learn a lesson and conduct more extensive consultation for proposing similar mergers in the future. He also considered that the Administration should brief the Panel on its plans for merger of other organ transplant centres. The Chairman agreed that the Administration should consult the Panel on any major policy changes.

54. DS(HWF) reiterated that the Administration would support HA's proposals for merger of transplant centres which were aimed at enhancing the clinical outcome of operation and serving the best overall interests of patients. The Hospital Authority was an independent statutory body which had the responsibility of managing public hospitals. The management of resources and facilities within the public hospital system was within the HA's operational responsibility. In response to Mr Albert HO, DS(HWF) said that the Administration had no problem to accede to the request to discuss with the Panel on future plans to implement a merger of organ transplant centres.

55. The Chairman asked whether the reports of the panel of international experts and the local panel of experts could be provided to members for their reference. Director, HA explained that the reports were completed by way of peer reviews which were not intended for public disclosure.

56. Ms Cyd HO asked how HA would safeguard the interest of the liver patients of PWH after the merger, particularly those on the top of PWH's priority list. She expressed concern as to whether there would be a longer waiting time for liver patients to undergo a transplant operation after the merger. She also asked how clinical observation and training on liver transplant operations would be arranged for medical students of CUHK after the merger.

57. Director, HA said that HA had explained to liver patients that HA would merge the two existing patient registries on the basis of a set of criteria drawn up with reference to international practices to ensure fairness and consistence. He assured members that HA would ensure that adequate resources would be provided for the merged centre, and the existing capacity to perform liver transplant operations would be maintained after the merger. To serve the best interests of patients, HA would also ensure that appropriate administrative and clinical arrangements were in place before the merger was implemented. He agreed that it was important to ensure that the merger would not affect the interest of medial students of CUHK. He added that HA was aware of the problems

Action

involved and would consult the two universities on the implementation of the merger in a careful manner.

58. Ms Cyd HO asked whether the chance of wasting a donated liver would increase after the merger. Director, HA responded that there should be a lower risk of wasting a donated liver after the merger. He cited the incident of being unable to harvest a donated liver on 15 June 2002 as an example to illustrate that a donated liver was wasted because of a lack of sufficient resources in PWH. Ms Cyd HO remarked that HA should consider providing PWH with adequate resources to perform more liver transplant operations instead of merging the two transplant centres. Director, HA reiterated that given the limited resources, it was more cost-effective to designate one centre for performing liver transplant operations.

59. Ms LI Fung-ying requested HA to elaborate on the arrangements for implementing the merger and the adverse effects of the merger on medical students of CUHK from a long term perspective. She also questioned whether the Faculty of Medicine of both HKU and CUHK were really in support of the merger as different stories were reported in the media. Ms LI considered it necessary that HA should clarify their stance and reasons for supporting or accepting the merger.

60. Miss CHAN Yuen-han expressed support for the establishment of a central registry for liver transplants, but said that she did not accept the reasons for merging the transplant centres of QMH and PWH. She suggested that the merger should be suspended until LegCo and the community as a whole had thoroughly discussed the issue. She further suggested that the Government should re-consider its funding policy with a view to providing PWH with sufficient resources for performing liver transplant operations. On the other hand, if the merger was to be implemented, HA should set out the redeployment arrangements for the teams of specialists in PWH and QMH engaged in liver transplant operation. Miss CHAN also suggested that HA should examine the profile of hepatitis B carriers in Hong Kong in order to predict the demand for liver transplant services in the long run.

61. Mr LAU Kong-wah said that it appeared premature for HA to announce the merger of the two liver transplant centres in the absence of a thorough consultation and detailed implementation plans and measures. He pointed out that the Administration and HA should set out the merits of the merger in detail and announce the decision after convincing the liver patients that the merger would serve the best overall interest of patients. He suggested that HA should consider announcing the suspension of the merger after the meeting.

Action

62. Dr YEUNG Sum expressed deep regret over the decision to merge the two liver transplant centres and the open debate on the service quality of the liver transplants in QMH and PWH as reported in the media. He stressed that the Administration should consult LegCo and the community before announcing a similar merger of medical services in the future. Dr YEUNG also stressed that HA should consider the interests of liver patients first and explain the pros and cons of the merger to them before deciding to merge the transplant centres.

63. Mr MAK Kwok-fung said that he was disappointed by the negative comments made by a professor of the Faculty of Medicine of HKU on cooperation with specialists from CUHK to perform liver transplant operations at QMH. He suggested that HA should reconsider disclosing the reports of the panel of international experts and the local panel of experts in the light of the wide community concerns about the issue.

64. Due to time constraint, the Chairman requested the Administration to provide a written response to the views and concerns of members expressed at the meeting. The Administration agreed

Admin

65. Mr Andrew CHENG proposed and Dr YEUNG Sum, Dr LAW Chi-kwong and Miss CHAN Yuen-han seconded the following motion tabled by Mr CHENG (LC Paper No. CB(2)1002/02-03(03)) -

> "As the Hospital Authority(HA) has not fully consulted the liver transplant unit of the Prince Wales Hospital (PWH) and the patients waiting for transplant at PWH, this Panel considers that HA should freeze the decision to close the liver transplant centre at PWH with immediate effect so as to alleviate the concerns of these patients, and in the light of the overall interests of liver patients, study the resources allocation and effective operation of the Hong Kong liver transplant centres, so as to implement the arrangement of "one registry, two transplant centres" as soon as practicable."

66. The Chairman ordered a vote to be taken on Mr Andrew CEHNG's motion by a show of hands. All members present voted in favour of the motion. The Chairman declared that the motion was carried. The Chairman suggested and members agreed that the Panel would consider whether the subject should be further discussed at a future meeting after the Administration's written response was received.

Action

VII. Any other business

67. There being no other business, the meeting ended at 4:45 pm.

Council Business Division 2
Legislative Council Secretariat
21 February 2003