

**立法會**  
**Legislative Council**

LC Paper No. CB(2)2712/02-03  
(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of meeting**  
**held on Monday, 9 June 2003 at 8:30 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  
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

**Members Absent** : Hon CHAN Yuen-han, JP  
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP

**Public Officers Attending** : All Items  
Mr Thomas YIU, JP  
Deputy Secretary for Health, Welfare and Food (Health)  
Miss Eleanor JIM  
Assistant Secretary for Health, Welfare and Food (Health) 7

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Item IV

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

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

Dr M Y CHENG  
Deputy Director (Professional Services and Facilities Management)  
Hospital Authority

Mr Donald LI  
Executive Manager (Hospital Planning)  
Hospital Authority

Item V

Miss Angela LUK  
Principal Assistant Secretary for Health, Welfare and Food (Health) 1

Dr P Y LAM, JP  
Deputy Director of Health

Dr S L LEUNG  
Principal Medical and Health Officer (Family Health Service)  
Department of Health

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

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

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**I. Confirmation of minutes**  
(LC Paper No. CB(2)2332/02-03)

The minutes of meeting held on 14 May 2003 were confirmed.

**II. Information paper issued since the last meeting**  
(LC Paper No. CB(2)2333/02-03(01))

2. Members noted the above paper entitled "Control and Use of Factor VIII (Antihaemophilic Factor) Products in Hong Kong" provided by the Administration. The Chairman said that if members so requested, this item could be discussed at the next regular meeting scheduled for 14 July 2003. At the request of Ms Cyd HO, Deputy Secretary for Health, Welfare and Food (DSHWF) undertook to provide information on the number of applications for the AIDS Trust Fund and the amount of money granted by the Fund to date. The AIDS Trust Fund was set up in April 1993 with a sum of \$350 million to provide assistance to HIV-infected haemophiliacs and generally to strengthen medical and support services and public education on AIDS.

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**III. Items for discussion at the next meeting**  
(LC Paper Nos. CB(2)2333/02-03(02) and (03))

3. Members agreed to discuss the following items at the next regular scheduled for 14 July 2003 -

- (a) Cervical cancer screening programme; and
- (b) Control and prevention of infectious diseases.

**IV. Redevelopment of Caritas Medical Centre, Phase 2**  
(LC Paper No. CB(2)2333/02-03(04))

4. At the invitation of the Chairman, Director (Professional Services & Public Affairs), Hospital Authority (Director, HA) took members' through the Administration's paper detailing the phase 2 redevelopment of the Caritas Medical Centre (CMC).

5. Ms LI Fung-ying noted from paragraph 7 of the Administration's paper that in line with the international trend to provide surgical services on ambulatory rather than inpatient basis, an expanded day surgery centre with a pre-admission clinic and three designated operating theatres were proposed to be set up in CMC.

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In the light of this, Ms LI expressed concern whether there would be adequate community support to enable patients to convalesce at home. This was particularly important, having regard to the fact that CMC was in the Kowloon West (KW) cluster which had the second highest percentage of elderly population aged 65 or above (13.5%) amongst all clusters in the territory.

6. Director, HA clarified that inpatient services at CMC would not be compromised as a result of the expansion of its day surgery centre. Director, HA assured members that HA would carefully assess the patient's health condition and family circumstances to ascertain whether he/she was able to convalesce at home after surgery, before deciding whether he/she was suitable for day surgery.

7. Mr Andrew CHENG said that in view of the fact that the elderly was a high-risk group for infectious diseases and given the tight fiscal condition, the scope of phase 2 redevelopment of CMC should be reviewed in tandem with the formulation of short, medium and long-term measures to combat infectious diseases. Ms LI Fung-ying echoed similar view.

8. Director, HA responded that HA had no intention to designate CMC as a primary hospital to receive patients suffering from infectious diseases, as this role was and would be continued to be played by the Princess Margaret Hospital (PMH) in the KW cluster. Nevertheless, CMC had infection control facilities to take care of patients suffering from infectious diseases. For instance, under phase 1 redevelopment of CMC, some acute wards in Wai Shun Block had isolation rooms with negative pressure facilities. Provision of similar facilities would be considered under phase 2 redevelopment of CMC. Director, HA further said that phase 2 redevelopment of CMC was a separate issue from the Administration's work to formulate short, medium and long-term measures to combat infectious diseases, as the planning of the former had been in the pipeline for a long time and would take five to six years to complete. DSHWF supplemented that the Administration fully supported the project to improve the service provision of CMC, and funding had been set aside for the purpose.

9. The Chairman said that in view of the fact that some Severe Acute Respiratory Syndrome (SARS) patients did not display any SARS symptoms at the onset of the disease, experts from the World Health Organization, members of the public and himself all considered it necessary for hospitals to put suspected patients in isolated surrounding first. They should only be transferred to general hospital wards if they were confirmed SARS-free. In the light of this, the Chairman asked whether consideration would be given to setting aside, say, 5% of the 1 267 inpatient beds in phase 2 redevelopment of CMC for observation purpose. Director, HA responded that HA would discuss with the Expert Committee on SARS about the provision of isolation facilities in hospitals before deciding on the way forward.

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10. Mr Michael MAK declared that he worked for a HA hospital in the KW cluster. Mr MAK queried the justification for such a wide range of services to be provided by CMC, in view of CMC's close proximity to PMH. Moreover, this was not conducive to promoting interface between public and private health care providers. Noting that the estimated cost of the main works of the redevelopment project was in the region of \$1,200 million, Mr MAK asked how such cost compared with similar hospital redevelopment projects undertaken by HA. Mr MAK further asked about the impact of the implementation of phase 2 redevelopment of CMC on existing patient services and the environment.

11. Director, HA responded that there was no question of overlapping of services between PMH and CMC. For instance, unlike CMC which was designated to service the Sham Shui Po district, PMH was an acute hospital serving not only the KW but also the New Territories South regions. With the opening of the Hong Kong International Airport in July 1998, PMH was also receiving patients who required hospitalisation from the airport, and was one of the major receiving hospitals for victims of airport disasters as well as providing multi-disciplinary emergency care for victims at the Major Trauma Centre. Moreover, unlike CMC which mainly provided primary and secondary medical care, PMH also provided tertiary medical care in addition to primary and secondary health care. Patients of CMC who needed medical care for, say, renal transplant and brain surgery, would be transferred to PMH for treatment. Director, HA further said that apart from expanding its day care service, though at a limited scope, the number of inpatient beds would remain largely the same after redevelopment. However, the operational efficiency of the entire hospital would be enhanced through service realignment and improved connections amongst hospital buildings.

12. On promoting interface between public and private sectors, Director, HA said that HA attached great importance to the matter. Despite efforts made by the Chief Executive of CMC to achieve better interface with private health care providers, such as the Precious Blood Hospital, in the Sham Shui Po district, very little progress had been made. This was understandable, in view of the fact that the Sham Shui Po district was an old area where most residents were older persons with low income.

13. As regards the impact of the implementation of phase 2 redevelopment of CMC on existing patient services and the environment, Director, HA said that HA would ensure that disruption to existing patient services would be kept minimal under the construction period. Every effort would also be made to reduce the adverse impact of the construction work on the environment.

14. On the question of how the redevelopment cost of CMC compared with

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similar projects undertaken by HA, Executive Manager (Hospital Planning), HA said the redevelopment cost of Pok Oi Hospital (POH) was in the region of \$2,000 million. He, however, pointed out that unlike CMC, the number of inpatient beds at POH would be increased from 300-odd to over 600 after redevelopment.

15. Ms Cyd HO asked the following questions -

- (a) Whether the existing planning standards for public hospitals adopted in Hong Kong were on a par with that adopted internationally; if not, how far were Hong Kong's planning standards for public hospitals behind the international planning standards for public hospitals;
- (b) Whether the established planning standards governing the public hospitals in Hong Kong needed to be revised to cope with patients suffering from infectious diseases; and
- (c) Who decided the detailed design of public hospitals.

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16. Director, HA responded that there were a set of established planning standards for public hospitals, and he would be happy to provide them to members if they so wished. Director, HA, however, pointed out that these standards were not static and were constantly evolving to meet changing circumstances. As to how far Hong Kong's planning standards for public hospitals were behind the international planning standards for public hospitals; Director, HA said that he did not have the answer as there were no uniformed planning standards for public hospitals adopted internationally. Nevertheless, he would strive to provide information on the planning standards for public hospitals adopted in some developed economies after the meeting.

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17. As to Ms HO's last question, Director, HA said that HA relied heavily on the input of hospital staff as to how a hospital should be designed as they, being the users, were the ones who had the best understanding of the needs of patients and health care workers. In addition, reference was made to overseas experience. Director, HA, however, pointed out that this did not mean that HA had to engage experts from overseas in every case, so long as local experts had the requisite knowledge. In line with established practice, a steering committee comprising representatives from both the Administration and HA would be formed to oversee a HA's capital work project. Any changes to the design of the project involving significant resources would need to be vetted and approved by the steering committee.

18. Ms HO further asked whether the phase 2 redevelopment of CMC would include the provision of Chinese medicine service. In response, Director, HA said that HA would consider to introduce Chinese medicine outpatient service

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under phase 2 redevelopment of CMC. Ms HO hoped that HA would also introduce the use of Chinese medicine in hospital services, as practised in the Mainland and Singapore.

19. The Chairman said that the Precious Blood Hospital was providing to a certain extent Chinese medicine hospital services. He considered that this could be an area for promoting interface between public and private sectors.

20. Dr LAW Chi-kwong expressed support for the project, and hoped that it could be implemented as soon as possible.

21. Dr TANG Siu-tong said that the project was worthy of support, but hoped that it would have adequate isolation facilities, having regard to the frequent contacts between people in Hong Kong and the Mainland. Dr TANG also hoped that more local firms would submit tender for the project, as they had better understanding of local needs and constraints, such as land. Noting that subject to the approval of the Finance Committee, the preparatory works would commence in late 2003 and complete in mid-2006, Dr TANG asked whether this could be sped up.

22. Director, HA agreed with Dr TANG's views in paragraph 21 above. On the time required to carry out the preparatory works, Executive Manager (Hospital Planning), HA said that this was necessary because apart from detailed design, other activities, such as submissions to the Buildings Department, tender documentation and tendering procedure, were also required to be completed.

**V. Parenting programme in the Family Health Service, Department of Health**

(LC Paper No. CB(2)2333/02-03(05))

23. Deputy Director of Health (DDH) gave a power point presentation on the latest developments of the parenting programme conducted by the Family Health Service of the Department of Health (DH), details of which were set out in the Administration's paper.

24. Ms Cyd HO said that the parenting programme was worthy of support, but expressed concern about its low attendance. For instance, hitherto, only 207 workshops had been organised and 2 184 parents or caregivers from 1 600 families had participated in the universal Childcare and Parenting Programme (the universal programme). Ms HO further said that more fathers and fathers-to-be should be encouraged to participate in the programme. As the success of the parenting programme would reduce social costs in various areas, such as the cost of rehabilitating juvenile delinquents, Ms HO asked about the cost of the parenting

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programme. Ms HO further asked whether consideration could be given to enlisting past participants of the parenting programme to serve as peer counsellors for parents of children under six and expectant parents attending Maternal and Child Health Centres (MCHCs).

25. DDH explained that the attendance of the parenting programme was not high at the moment because the programme was not yet implemented in all MCHCs. This should change after the programme was rolled out to all MCHCs by mid-2004, having regard to the fact that the coverage of the network of MCHCs was over 90% of the child population in Hong Kong. DDH further said that DH would shortly launch a campaign to promote the parenting programme, including encouraging the participation of fathers and expectant fathers. As many parents nowadays left the care of their young children to domestic helpers, the programme would also cater for these helpers. On the suggestion of enlisting past participants of the parenting programme to serve as peer counsellors, DDH said that DH was planning a pilot programme for parent support group. As to the cost of the parenting programme, DDH said that it would be met by savings identified from within DH. Recurrent expenditure was estimated to be several millions a year.

26. Mr Albert HO said that in addition to enlisting past participants of the parenting programme to serve as peer counsellors, consideration should also be given to encouraging these participants to form a parents support group to help one another. Mr HO then asked whether the universal programme could be extended to cover children beyond three years old. Mr HO further asked about the assistance and support which would be given to participants of the intensive Positive Parenting Programme (Triple P programme) who needed further guidance on managing the behaviour of their children over five years old.

27. Ms LI Fung-ying requested the Administration to provide a breakdown of the persons, say, by parents, grandparents, caregivers, etc, who brought the children to MCHCs. Ms LI welcomed the provision of parenting programme to expectant parents, but considered it better if such a programme could be provided earlier to couples who had registered to be married.

28. DDH clarified that the universal programme was designed for children under six years of age, although its focus was on children from 0-3 years. DDH further said that DH already had in place a mechanism to refer families with problems to the Social Welfare Department (SWD) or non-governmental organisations (NGOs) for further management. Where necessary, families in crisis would be referred to the Police for follow-up. In addition, children with established behaviour problems or those parents who had complicated family issues, such as maternal depression and marital conflict, would be referred to specialists for further management. On the information requested by Ms LI in

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paragraph 27 above, DDH said that DH did not compile such information. DDH agreed that it would be useful to also provide the training on how to be good parents earlier to couples who had registered to be married. To this end, DH had provided funding to the Family Planning Association and DH's Family Planning Service had been providing pre-marital counselling and advice.

29. Responding to Mr HO's further enquiry on whether the parenting programme would cater for the ethnic minority groups, DDH said that DH planned to publish information pamphlets on the programme in various foreign languages such as Hindi, Thai, Napalese and Indonesian.

30. Mr Andrew CHENG expressed support for the parenting programme, and hoped that similar parenting programme could be provided to families who had adolescent children with behaviour problems.

31. DDH responded that DH's Student Health Service provided a comprehensive range of promotive and preventive services for primary school and secondary school students according to their needs at various stages of development. It aimed at promoting and maintaining the physical and mental health of students. DH would enlist the assistance from SWD and the Education and Manpower Bureau (EMB) if problems encountered by the families of the youngsters were complicated. DDH further said that both SWD and EMB provided assistance/programme to help parents cope with school-going children with behaviour problems. Dr LAW Chi-kwong pointed out that parenting programme for families with adolescent children was also provided at over 200 youth centres and Integrated Children and Youth Services Centres. Dr LAW further said that consideration could be given to requiring NGOs providing counselling service to primary schools to also extend its counselling service to parents of the students.

32. Dr LAW Chi-kwong expressed concern that only parents who attached great importance to being good parents would participate in the parenting programme. In the light of this, Dr LAW suggested that HA should be invited to help identify expectant parents-at-risk so that these couples could be persuaded to enroll in the parenting programme.

33. DDH pointed out that couples attending the antenatal clinic service at the MCHCs would be helped to reflect on the role of being a parent. Furthermore, well-trained DH staff at the MCHCs would be able to detect parents with problems when the latter brought their children in for medical checks and immunisations. DDH further said that not only well-adjusted parents would enroll in the MCHC's programme. To his knowledge, about 10% of the parents who had enrolled in the parenting programme had encountered some problems in raising their children. Despite the aforesaid, DDH said that DH would strive to

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see that parents who needed help in raising their children would get help.

34. There being no other business, the meeting ended at 10:08 am.

Council Business Division 2  
Legislative Council Secretariat  
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