

立法會
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(These minutes have been
seen by the Administration)

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Panel on Health Services

**Subcommittee to monitor the implementation of the recommendations
of the SARS Expert Committee and
the Hospital Authority Review Panel on the SARS Outbreak**

**Minutes of meeting
held on Monday, 3 November 2003 at 8:30 am
in Conference Room B of the Legislative Council Building**

Members present : Hon Cyd HO Sau-lan (Chairman)
Dr Hon David CHU Yu-lin, JP
Hon CHAN Yuen-han, JP
Dr Hon LAW Chi-kwong, JP
Hon Michael MAK Kwok-fung
Dr Hon LO Wing-lok, JP

Members absent : Hon Andrew CHENG Kar-foo
Hon LI Fung-ying, JP

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

Dr P Y LAM, JP
Director of Health

Dr William HO, JP
Chief Executive, Hospital Authority

Mr Thomas YIU, JP
Deputy Secretary for Health, Welfare and Food

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

Dr Regina CHING
Acting Deputy Director of Health

Dr S H LIU
Senior Executive Manager (Professional Services), Hospital Authority

Miss Noel TSANG
Assistant Secretary for Health, Welfare and Food

Clerk in attendance : Miss Mary SO
Chief Assistant Secretary (2) 4

I. Confirmation of minutes
(LC Paper No. CB(2)190/03-04)

The minutes of meeting held on 17 October 2003 were confirmed.

II. Meeting with the Administration
(LC Paper No. CB(2)212/03-04(01))

2. At the invitation of the Chairman, Deputy Secretary for Health, Welfare and Food (DSHWF) took members through the progress on the implementation of the recommendations of the SARS Expert Committee and the Hospital Authority Review Panel on the SARS Outbreak, details of which in the above Administration's paper.

3. Dr David CHU said that although the recommendations of the SARS Expert Committee were worthy of support, very little however was made on the training of health care workers to better equip them to cope with any possible outbreak of infectious disease. Dr CHU suggested that each public hospital should train a team of health care workers on infection control and designate them to fight infectious diseases in times of outbreak. In return for their efforts, the

Hospital Authority (HA) should compensate them with subsidies and ensure that they would be adequately protected in carrying out their duties, such as adequate supply of high standard personal protective equipment (PPE) and reasonable working hours.

4. Chief Executive, HA responded that with experience gained from the last SARS outbreak, HA had stepped up work on infection control training and strengthening supply of intensive care unit expertise. A \$150 million Training and Welfare Fund was available for HA for such purposes. HA had also formulated a set of staff deployment policy to be applicable across HA in the event of an outbreak to minimise inconsistency and to ensure equity. Namely, each cluster had in place a plan for deployment of staff whereby the staff concerned would know their responsibilities and leave and relief pattern in times of outbreak. Chief Executive, HA pointed out that such a policy was part of HA's contingency plan to deal with infectious disease outbreaks, which comprised a three-tier response framework and corresponded with the Government's three-level response system for SARS to ensure expeditious and effective interventions for various SARS emergencies. Chief Executive, HA considered that with the aforesaid measures being taken, coupled with the enhancement in isolation facilities and maintaining a stock of PPE equivalent to three times the peak monthly consumption during the last SARS outbreak for all PPE supplies, public hospital staff should be well prepared for possible resurgence of SARS and other infectious diseases.

5. The Chairman asked whether consideration could be given to providing accommodation for those public hospital staff who had to care for infectious disease patients during major outbreaks. In response, Chief Executive, HA said this was included in HA's contingency plan.

6. Dr LAW Chi-kwong was of the view that the Administration should adopt a project management approach in implementing the 46 recommendations of the SARS Expert Committee, having regard to the varying timing for implementing these recommendations which were inter-related. Secretary for Health, Welfare and Food (SHWF) responded that this was being done. Notably, a Task Force, chaired by himself, had been set up to coordinate the implementation of these recommendations. For instance, Chief Executive, HA would be responsible to follow up on those recommendations which fell within his purview and submit a report on the progress made to the Task Force periodically. SHWF assured members that the Task Force would see to it that there would be no conflict in the implementation of these recommendations. For instance, the setting up of the proposed Centre for Health Protection (CHP) within the Department of Health would give due regard to the eventual re-organisation of the departments under the Health, Welfare and Food Bureau. Moreover, progress made on the

implementation of these recommendations would be overseen by a monitoring committee comprising outside experts, including Dr LO Wing-lok.

7. Dr LAW Chi-kwong was of the view that the Administration should best engage an outside management consultant to coordinate the implementation of the 46 recommendations of the SARS Expert Committee. In response, SHWF said that there was no need for such as the Administration had ample experience in coordinating the implementation of large-scale and long-term project. Moreover, both DH and HA had adequate expertise to deal with the implementation of these recommendations.

8. Miss CHAN Yuen-han said that if what was said by SHWF in paragraph 7 above was true, the lack of coordination between HA and HA during the last SARS outbreak should not occur.

9. SHWF responded that the coordination problems occurred during the last SARS outbreak were due to the fact that SARS was a new disease. The world had little knowledge about SARS when the syndrome complex was first named by the World Health Organization on 15 March 2003. This was aggravated by the lack of isolation and ward facilities to deal with an outbreak of such magnitude as the last SARS epidemic.

10. Miss CHAN Yuen-han said that setting aside that SARS was a new disease, the outbreak nevertheless exposed many shortcomings in the communication between HA and DH as identified by the SARS Expert Committee in its Report.

11. SHWF explained that the lack of communication between HA and DH largely occurred during the early stage of the outbreak when nothing or very little was known about the nature of SARS. This situation was much improved following the development of the e-SARS system providing real-time information exchange between HA and DH about newly admitted patients, thus facilitating DH in tracing and tracking contacts. As recommended by the SARS Expert Committee, the Administration would enhance the e-SARS system and make it a permanent part of the public health infrastructure to support the control of communicable diseases. Action would also be made to extend the enhanced data management system to link up with other sectors, including private sector and community clinics. To step up surveillance of infectious diseases, more specialists in field epidemiology and virology would be recruited to support the work of the proposed CHP under DH.

12. Director of Health (D of H) supplemented that an Advisory Committee was being set up to advise on the various aspects relating to the setting up of the CHP. The membership of the Committee would include academics, medical

professionals and relevant officials. Members would be consulted on the proposed framework of the CHP in due course. D of H further said that a recruitment exercise had been launched by DH to recruit specialists in epidemiology and virology locally and overseas. Deadline for applications was mid-November 2003. The specialists in epidemiology would be responsible to provide training in field epidemiology and to undertake research on epidemiology. 10 doctors would be selected to undergo training in field epidemiology. Resources permitting, up to 20 doctors would be selected. As regards the specialists in virology, they would be required to plan, support and coordinate the laboratory works of the virology specialty and liaise with local and overseas bodies/departments. These specialist posts were all supernumerary posts. The number of specialists to be appointed would depend on the response from potential candidates and resources available.

13. Dr LO Wing-lok urged HA to ensure that it had adequate experienced staff to cope with any possible infectious disease outbreak, having regard to its launching of the Voluntary Early Retirement Scheme. Mr Michael MAK echoed similar view. Dr LO requested HA to provide information on the number of specialists in epidemiology, intensive care, microbiology, communicable disease and respiratory care in its employ. Noting that each cluster would have a staff deployment plan to cope with infectious disease outbreak, Dr LO asked how staff would be selected and whether, if so, what sort of rewards would be given to these staff.

14. Chief Executive, HA responded that the Voluntary Early Retirement Scheme was launched prior to the last SARS outbreak. The timetable for staff who opted to join the Scheme to leave HA was postponed until the outbreak was brought under control. Chief Executive, HA further said that although the reason for launching the Scheme was to save money, it nevertheless would allow HA to take in fresh graduates who needed the requisite training to become full-fledged professionals and would create more promotion opportunities for junior staff members. The latter should by and large compensate the loss of staff from the Scheme. There was also no cause for concern that the capability of HA staff to cope with infectious disease would be undermined by the loss of experienced staff from the Scheme, having regard to the enhanced infection control training provided. As to the statistics requested by Dr LO in paragraph 12 above, Chief Executive, HA undertook to provide them after the meeting.

HA

15. Regarding the staff deployment plan to deal with a major infectious disease outbreak, Chief Executive, HA said that this would generally be on a voluntary basis. HA however envisaged no great difficulty in meeting the number of staff required for the plan, as the number of patients which each hospital would be required to admit was generally 50 and up to 100 at the maximum under the

hospital mobilisation plan. Moreover, with better contingency planning and improvement in facilities and PPE, etc., coupled with the comradeship built up during the last SARS outbreak, more staff would be willing to care for infectious disease patients. Chief Executive, HA further said that HA planned to use the same team of staff if an outbreak was envisaged to come under control within six weeks' time. If it was envisaged that the outbreak would drag on for a longer period of time, staff would be rotated every four weeks. Having consulted with staff members, HA would adopt the practice used during the last SARS outbreak whereby staff who worked in SARS wards would be given one extra rest day for every two weeks' work. Dr LO Wing-lok said that HA should put the aforesaid in detail in writing to allay public concern. Dr LO also suggested that the Administration should provide some form of commendation for those HA staff who volunteered to care for SARS patients.

16. The Chairman asked whether sufficient funds would be allocated to HA and DH to enable them to effectively combat SARS and other infectious diseases of high infectivity.

17. SHWF responded that despite budgetary constraints, he would take up with the Financial Secretary on the need to allocate additional resources to HA and DH to enable them to carry out improvement works to fight and prevent infectious diseases.

18. On closing, members agreed to discuss the contingency mechanism to deal with possible resurgence of SARS and manpower requirement for combatting SARS at the next meeting scheduled for 17 November 2003.

19. There being no other business, the meeting ended at 10:35 am.