立法會
Legislative Council

LC Paper No. CB(2)3182/03-04
(These minutes have been
seen by the Administration)

Ref : CB2/PS/1/03

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, 15 December 2003 at 8:30 am
in Conference Room B of the Legislative Council Building

Members present	:	Hon Cyd HO Sau-lan (Chairman) Hon CHAN Yuen-han, JP Hon Andrew CHENG Kar-foo Dr Hon LAW Chi-kwong, JP Hon LI Fung-ying, JP Dr Hon LO Wing-lok, JP
Members absent	:	Dr Hon David CHU Yu-lin, JP Hon Michael MAK Kwok-fung
Public Officers attending	:	All items Mr Thomas YIU, JP Deputy Secretary for Health, Welfare and Food Dr Regina CHING Acting Deputy Director of Health

Action

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

Miss Noel TSANG
Assistant Secretary for Health, Welfare and Food

Item II

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

Miss Joanna CHOI
Assistant Director, Home Affairs Department

Mr Tony CHAN
Assistant Secretary for Health, Welfare and Food

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

Staff in attendance : Ms Amy LEE
Senior Assistant Secretary (2) 8

I. Review of existing legislation for the control of infectious diseases
(LC Paper No. CB(2)669/03-04(01))

At the invitation of the Chairman, Principal Assistant Secretary for Health, Welfare and Food took members through the above Administration's paper which set out the progress made in the review of the Quarantine and Prevention of Disease Ordinance (Cap.141) (QPDO) for the control of infectious diseases.

2. The Chairman urged the Administration to expeditiously revamp the QPDO, having regard to the operational experience in combating the recent Severe Acute Respiratory Syndrome (SARS) epidemic and the changing patterns of international trade and people movement.

3. Deputy Secretary for Health, Welfare and Food (DSHWF) responded that

apart from the fact that the International Health Regulations (IHR), the principles of which the enactment of QPDO were based, would take up to 2005 to complete, a revamp of the QPDO would also need to take into account the establishment of the Centre for Health Protection (CHP). This was because for the new CHP to effectively discharge its functions, the statutory powers of the Director of Health as provided by the QPDO would need to be transferred to the Head of the CHP.

4. The Chairman disagreed with the explanation given by DSHWF in paragraph 3 above, as transfer of statutory powers from one public officer to another could be easily effected by way of subsidiary legislation as had been done in the implementation of the accountability system for principal officials.

5. Mr Andrew CHENG queried about the need to wait until the IHR revision was completed before conducting a comprehensive revamp of the QPDO, having regard to the inadequacy of the legal powers provided under the Ordinance to combat infectious diseases. For instance, persons arriving in Hong Kong by land transport currently were not required to provide information on their health to a health officer, but were dealt with administratively.

6. DSHWF clarified that although a comprehensive revamp of the QPDO would not be possible in the short term for the reasons already given, it was the Administration's plan to introduce amendments to the Ordinance to effect the changes set out in paragraphs 7 to 10 of the Administration's paper in 2004. Acting Deputy Director of Health (Atg DDH) supplemented that although persons arriving in Hong Kong by land transport were currently not required by law to declare their health, they were generally very co-operative in completing the health declaration forms.

7. Mr Andrew CHENG asked the following questions -

(a) When in 2004 the Administration would introduce amendments to the QPDO to effect the changes set out in paragraphs 7 to 10 of its paper;

(b) What was the reason for spelling out the relevant powers for implementing home confinement of close contacts in the Prevention of the Spread of Infectious Disease Regulation (PSIDR); and

(c) How much would the penalties for non-compliance with reporting of infectious diseases, handling of sick persons, contacts and carriers, exposure or transport of sick persons and disposal of infected bodies and objects, as stipulated under regulations 7 and 29 of the PSIDR, be increased.

Action

8. DSHWF responded that the Administration hoped to introduce legislative amendments to the QPDO to address the more imminent inadequacies in the existing legislation in the early half of 2004. The Panel on Health Services would be consulted before finalising the legislative proposals.

9. Regarding Mr CHENG's second question, Atg DDH explained that the reason for spelling out the relevant powers for implementing home confinement of close contacts in the PSIDR was to enable a health officer to require direct contacts of infectious disease to stay at home under observation for a defined period. Under the existing regulations 10 to 12 of the PSIDR, a health officer could direct the same for the purpose of subjecting the person concerned to undergo medical examination or treatment and not merely for observation. As to Mr CHENG's third question, Atg DDH said that no decision had yet been made on how much the penalties stipulated under regulations 7 and 29 of the PSIDR should be increased.

10. Referring to the proposal to extend the scope of regulations 10 to 12 of the PSIDR to cover persons whom a health officer suspected them to be sick so as to remove them to hospitals or such other place as a health officer might appoint, Dr LAW Chi-kwong opined that this might fall short of providing the necessary legal backing for removing persons merely exposed to the causative agent of the disease as had been done to removing residents of Block E of Amoy Gardens to holiday camps during the last SARS outbreak. To combat new disease threats more effectively, Dr LAW was of the view that the scope of the QPDO should be expanded to cover significant syndromes of sudden upsurge of any infectious diseases of unknown nature or of public health significance. Dr LAW was also of the view that merely expanding the coverage of "port" in the QPDO to also cover control points apart from sea-ports, river-ports and airports and to limit entry into Hong Kong to all types of conveyances might not be exhaustive enough. In response, DSHWF said that the Administration would take into account Dr LAW's views in its review of the QPDO.

11. The Chairman reiterated her view that the Administration should expeditiously conduct a comprehensive revamp of the QPDO, having regard to the fact that not only were many provisions therein outdated, some others were even ultra vires. In particular, the Administration should introduce legislative amendments to the QPDO to effect the changes set out in paragraphs 7 to 10 of the Administration's paper within the current legislative session. Dr LAW Chi-kwong and Mr Andrew CHENG concurred. The Chairman further said that in so doing, due regard should be given to upholding the rights of individuals. The Chairman then requested the Administration to provide a timetable to introduce legislative amendments to the QPDO in the short, medium and long terms after the meeting.

Action

Admin

12. DSHWF agreed to provide the information requested by the Chairman in paragraph 11 above, after consulting the Department of Justice. DSHWF however pointed out that ensuring that the authorised officers were provided with the necessary statutory powers for the control of infectious diseases and deleting or amending the outdated provisions could be dealt with first. Whereas a comprehensive revamp of the QPDO could be dealt with later after the IHR revision had been completed and the new CHP had come into operation.

13. Mr Andrew CHENG said that he did not understand why the Administration could not give an undertaking that it would introduce legislative amended to effect the changes set out in paragraphs 7 to 10 of the Administration's paper within the current legislative session. Mr CHENG pointed out that swift changes were made to the PSIDR by the Administration during the last SARS outbreak to combat the disease. DSHWF explained that this was because those changes were made by way of regulation, which was subsidiary legislation. However, it was envisaged that the implementation of most of the proposed changes would involve changes to the principal ordinance by way of an amendment bill.

14. In summing up, the Chairman urged the Administration to provide a written response to the requested information mentioned in paragraph 11 above as soon as practicable.

II. Engaging the community in times of outbreak
(LC Paper No. CB(2)669/03-04(02))

15. Atg DDH introduced the above Administration's paper detailing the work of the Government and the Hospital Authority (HA) in engaging the community to prepare for the resurgence of SARS and the progress of the Team Clean initiatives.

16. Dr LAW Chi-kwong said that it was regrettable that HA could not utilise the assistance offered by private practitioners to help out in public hospitals during the last SARS outbreak because of its failure to reach an agreement with the private practitioners on compensating their employers to relieve them to work for HA to combat the disease. To avoid this situation from recurring, Dr LAW asked whether HA had worked out with the private sector on the compensation arrangements for relieving the latter's staff to work for HA in future outbreaks.

17. Director HA responded that in most instances HA had been able to meet the demands from the private practitioners who offered to work for HA during the last outbreak either with pay or on a voluntary basis, due to the flexibility provided

under its human resources policy on employing temporary staff. A flexible approach would continue to be adopted by HA on employing temporary staff in future outbreaks. Director HA further said that HA generally encountered no major problem in recruiting temporary healthcare professionals during the last SARS outbreak, with the exception of recruiting staff with intensive care unit (ICU) expertise. At a certain stage of the last outbreak, recruitment of experienced ICU professionals had to be made from overseas.

18. Dr LAW Chi-kwong said that he was not convinced that a flexible approach had been adopted by HA on compensating the employers of the healthcare practitioners who offered to work for HA during the last SARS outbreak. Dr LAW cited a case whereby HA failed to employ an experienced ICU nurse from the private hospital because HA was only prepared to compensate her employer with her starting salary but her employer required a mid-point salary in order to find another staff to fill her place. Dr LAW however pointed out that adopting a flexible approach to compensate the employers of the healthcare practitioners who offered to work for HA in times of outbreak was far from ideal, and urged HA to formulate a clear policy in this regard.

19. Director HA responded that it was HA's policy to engage all the outside help it needed to meet its manpower requirement in times of outbreak. Although HA could not accede to all the demands of the private practitioners who offered assistance, HA would strive to satisfy these demands as far as practicable within its human resources policy. Director HA further said that HA did not see the need to formulate a policy on compensating the employers of the healthcare practitioners who offered to work for HA in times of outbreak, having regard to the varying circumstances. HA considered it more important and effective to enhance communication with private organisations, such as private hospitals and healthcare professional groups, so that better collaboration in terms of providing services to one another, amongst others, could be effected during times of outbreaks. To this end, a point-to-point communication mechanism had been established between the senior officers of HA and these private organisations.

20. Dr LAW Chi-kwong remarked that if enhancing communication with senior staff members of private hospitals was effective in involving private hospitals in providing services during times of outbreaks, the proposal of transferring non-SARS patients and patients in stable condition from HA to private hospitals during the last SARS outbreak would not be aborted.

21. Director HA responded that during the last SARS outbreak, HA had provided the contact numbers of private hospitals to SARS patients and patients in stable condition in the hope that they would choose to seek treatment in private hospitals. Director, HA however pointed out that it would not be a prudent use of

Action

public funds to finance private hospitals to perform operations on non-urgent cases, as to do so would be at variance with HA's policy of targeting subsidy to areas most in need. Hence, HA had financed private hospitals to perform urgent operations during the last SARS outbreak, though not on a wide scale. Director, HA further said that although HA did not consider it appropriate to buy hospital beds from private hospitals for its non-SARS patients during the last SARS outbreak, it did purchase short-term places from private institutions for its long term care patients and rehabilitation patients.

22. Dr LO Wing-lok asked what the targeted number of private medical practitioners under the Community Geriatric Assessment Team (CGAT)/Visiting Medical Officers (VMOs) Collaborative Scheme was, and the number of private practitioners which had been recruited so far to participate in the scheme. Dr LO further asked whether the scheme, presently planned for one year, would be made a permanent one. In his view, the VMO scheme should best be carried out by the private sector as to promote better public/private interface. Dr LO also said that it was not a prudent use of public funds for HA to foot the bill for the VMO scheme. According to the feedback from the participants of the CGAT/VMO project implemented during the SARS outbreak, over 40% of operators of the residential care homes for the elderly (RCHEs) indicated that they were willing to purchase service from VMOs if there was sufficient backup by CGATs.

23. Mr Andrew CHENG asked about the support provided by DH in preventing staff of RCHEs from contracting infectious diseases at work.

24. The Chairman was of the view that the Administration should appoint a quasi-governmental body to coordinate resources from the community to combat infectious diseases and to formulate policy for providing compensation to those volunteers who had contracted the infectious disease in the course of helping to contain the outbreak.

Admin

25. Due to time constraint, the Administration agreed to provide a written response to the questions/suggestions raised by members in paragraphs 22 to 24 above after the meeting. In the meantime, a preliminary response to the aforesaid questions given by the Administration was as follows -

(a) the Administration and HA would carefully consider various issues regarding the CGAT/VMO Collaborative Scheme, including whether RCHEs should be required to pay a fee for the service and if so at what level and how the participation of the private sector could be optimised under the scheme;

(b) apart from providing RCHE staff with basic and ongoing training on

infection control by the 18 Visiting Health Teams (VHTs) of DH, four briefing sessions and 15 one-day training workshops had been conducted between September and November 2003 to strengthen the capacity of RCHE staff in the prevention of infectious disease outbreaks. All RCHEs were also required by the Social Welfare Department to designate an Infection Control Officer (ICO) by 1 November 2003, who would be responsible for dealing with matters related to infection control and prevention of spread of infectious disease in the RCHE. Starting from mid-December 2003, special on-site training would also be provided by VHTs of DH and CGATs of HA as intensive support; and

(c) a high level inter-departmental committee formed under the Government to coordinate resources from the community in times of outbreak might be a better option, as it was questionable whether a single government or quasi-governmental body could do the job effectively given the wide scope of resources in the community. By setting up an inter-departmental committee, effective coordination of resources from the community could be better ensured by harnessing member departments' well-established connections with the trades concerned.

26. Mr Andrew CHENG was of the view that in order to better prevent staff and residents of RCHEs from contracting infectious disease, the Administration should provide assistance to RCHEs for the setting up of isolation facilities. Dr LO Wing-lok suggested that DH should consider enlisting the assistance of the private medical practitioners under the VMO scheme to provide infection control training and advice to RHCE staff.

27. Following Dr LO's suggestion in paragraph 26 above, Director, HA said that HA was seeking the views of private medical practitioners, through the Hong Kong Medical Association, as to whether they were willing to provide services to HA in times of outbreak either on a voluntary basis or with pay. After collecting their views, HA would work out with the Association on the remuneration package for those private medical practitioners who chose to provide services with pay.

III. Any other business

28. Dr LO Wing-lok suggested and members agreed to pay a visit to HA's isolation facilities on a Saturday afternoon, preferably after Christmas and before Chinese New Year.

Action

IV. Date of next meeting

29. In consideration that most of the recommendations of the SARS Expert Committee had already been covered, the Chairman suggested that regular meetings of the Subcommittee could be changed from biweekly to monthly. Members agreed. The clerk would liaise with members and the Administration to fix the date of the next meeting.

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

Council Business Division 2
Legislative Council Secretariat
30 July 2004