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Legislative Council

LC Paper No. CB(2)3033/03-04
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of special meeting
held on Friday, 16 January 2004 at 9:40 am
in Conference Room A of the Legislative Council Building

Members present	:	Hon Michael MAK Kwok-fung (Chairman) Dr Hon LO Wing-lok, JP (Deputy Chairman) Hon Cyd HO Sau-lan Hon Jasper TSANG Yok-sing, GBS, JP Hon Andrew CHENG Kar-foo Dr Hon TANG Siu-tong, JP Hon LI Fung-ying, JP
Members absent	:	Dr Hon David CHU Yu-lin, JP Hon CHAN Yuen-han, JP Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP Dr Hon YEUNG Sum Dr Hon LAW Chi-kwong, JP
Member attending	:	Hon Henry WU King-cheong, BBS, JP
Public Officers attending	:	Item I Dr E K YEOH, JP Secretary for Health, Welfare and Food

Mrs Carrie YAU, JP
Permanent Secretary for Health, Welfare and Food

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

Dr P Y LAM, JP
Director of Health

Dr William HO, JP
Chief Executive, Hospital Authority

Mr Tony CHAN
Assistant Secretary for Health, Welfare and Food (Health)

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

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

I. Policy initiatives of Health, Welfare and Food Bureau
(LC Paper No. CB(2)999/03-04(01))

At the invitation of the Chairman, Secretary for Health, Welfare and Food (SHWF) highlighted the following seven major initiatives relating to health services covered in the 2004 Policy Agenda, details of which were set out in paragraphs 14 to 24 of the above Administration's paper -

(a) Developing a major disease outbreak control plan;

(b) Keeping up collaborative efforts within the Pearl River Delta region;

(c) Building up hospital surge capacity for infectious disease control;

(d) Engaging the wider community in combating infectious diseases;

(e) Strengthening research and public health training to healthcare

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workers;

(f) Establishing a Centre for Health Protection (CHP); and

(g) Strengthening community mode of healthcare delivery.

2. Ms LI Fung-ying enquired about the measures to be taken by the Administration to prevent the recent Severe Acute Respiratory Syndrome (SARS) outbreak in the Guangdong Province and the recent avian influenza (AI) outbreaks in Asia from happening in Hong Kong.

3. SHWF responded that a series of preventive measures to guard against possible AI outbreak of avian flu had been put in place after Hong Kong had experienced four H5N1 AI outbreaks in poultry since 1997. These included providing vaccination free of charge for appropriate out-patients, imposing more stringent biosecurity measures at local chicken farms and introducing market rest days at the wholesale and retail levels to break the virus cycle and reduce the virus load there, if any.

4. Regarding the preventive measures against the resurgence of SARS in Hong Kong, SHWF said that a new surveillance system had been put in place since 6 January 2004 to monitor patients with pneumonia symptoms and a history of travel to Guangdong Province during the 10 days before the onset of symptoms. The Department of Health (DH) had notified public and private hospitals, general practitioners, Chinese medicine practitioners and healthcare professionals to remain vigilant and to pass information about any patients with pneumonia symptoms and with history of travel to Guangdong Province to DH to facilitate contact tracing and analysis. Simultaneously, infection control measures in public hospitals and clinics had been stepped up. These included that temperature checking was now mandatory for all patients arriving at the accident and emergency (A&E) departments and general out-patient clinics of the Hospital Authority (HA) and patients with fever would need to wait and attend consultations at designated areas at A&E departments and clinics.

5. Director of Health (D of H) supplemented that health declarations and temperature screening checks for all travellers were maintained and relevant health messages were broadcast at all border control points. DH would continue to maintain close contact with the Guangdong health authorities to ensure timely receipt of information and to respond accordingly. DH would also step up publicity work to remind the public to maintain good personal hygiene and pay attention to their health. In view of the forthcoming Lunar New Year Holidays, the Tourism Commission had been in close liaison with the travel trade to keep them updated on the latest developments and remind them of the need to remain

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vigilant and adhere to DH's guidelines.

6. Mr TSANG Yok-sing noted from paragraph 12 of the Administration's paper that Hong Kong must shift from "service provision" approach to the "social investment" concept and approach in the provision of social programmes. Mr TSANG enquired whether, and if so, how this would affect the provision of public health services. In response, SHWF said that such paradigm shift, if achieved, would certainly have an effect on all public services, including health services.

7. Dr TANG Siu-tong asked the following questions -

(a) Whether consideration would be given to sending local healthcare professionals to receive overseas training on public health and public hospital infection control;

(b) Whether the HA's Visiting Medical Officer (VMO) programme would also cover all private residential care homes for the elderly (RCHEs);

(c) Whether the introduction of the Voluntary Early Retirement Scheme in HA was a testament that HA had over expanded in the past; and

(d) What measures would be taken by HA to ensure that the centralisation of its procurement functions was cost-effective.

8. SHWF responded that general and specialist training on public health and public health infection control had been and would continue to be provided to all healthcare workers. SHWF however pointed out that sending staff to receive specialist training on public health and public health infection control overseas was limited in scale, in order not to disrupt service delivery. Plan was therefore in hand to invite overseas experts, say, from the US Centre for Disease Control and Prevention, to bring their training programmes to Hong Kong so that more healthcare workers could benefit. SHWF further said that DH also planned to recruit specialists to provide training in the field of epidemiology and virology.

9. Regarding Dr TANG's second question, SHWF said that the VMO scheme was intended to cover all RCHEs. To date, over 90% of RCHEs were covered by the scheme.

10. As to Dr TANG's third question, Chief Executive, HA (CE/HA) said that the implementation of the Voluntary Early Retirement Scheme was one of the means adopted by HA to improve its efficiency and cost-effectiveness. CE/HA

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however pointed out that such efficiency saving measures would not preclude HA from recruiting additional staff where necessary. For instance, in view of the recommendations of the SARS Expert Committee and the Report of the HA Review Panel on the SARS Outbreak, various aspects of human resources management would be improved, including communication with staff, co-ordination and deployment of human resources during an outbreak and staff training.

11. On the procurement of supplies and services, CE/HA said that apart from striving to achieve cost-effectiveness, a right balance needed to be struck to meet the varied requirements of individual hospitals.

12. Dr TANG Siu-tong pointed out that at present many private RCHEs also engaged private part-time doctors year to manage residents with chronic stable diseases and their subacute episodic illnesses so as to reduce their incidences of hospital admission. As the VMO programme also covered private RCHEs, Dr TANG asked how the role of doctors engaged by private home operators differed from that of the doctors engaged under the VMO programme.

13. CE/HA responded that the reason for implementing the VMO programme was to provide better support to doctors engaged by RCHE operators. CE/HA pointed out that although all RCHEs engaged private doctors to take care of the medical needs of their residents, services provided by these private practitioners varied greatly from one home to another. For instance, some private practitioners only provided weekly visit to the homes for on-site management of episodic illnesses of residents, whilst others only provided the same on a bi-weekly basis. There were also the cases where some private home operators arranged the visiting doctors to conduct annual medical check-up for residents.

14. Mr Henry WU noted from paragraph 32 of the Chief Executive's 2004 Policy Address that Hong Kong's medical and healthcare services could be developed into industries to serve people in the Mainland and elsewhere in Asia. Mr WU queried whether such an initiative would undermine the interest of the private sector.

15. SHWF clarified that the Administration's intention was to help attract people from the Mainland and elsewhere in Asia to come to Hong Kong to use healthcare services provided by the private sector. Discussion was being held with various medical groups on how to take this forward.

16. Ms Cyd HO urged the Administration to expeditiously come up with a sustainable long-term funding arrangement for HA for public consultation.

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17. SHWF responded that a study group involving experts from the local universities, DH and HA had been formed to examine in greater depth the merits of the Health Protection Account (HPA) scheme recommended in the Consultation Document on Healthcare Reform. In addition, overseas academics from renowned universities had contributed to the process as external advisers. The group had conducted a number of interrelated studies covering healthcare services utilisation, saving behaviour of the general public, public attitudes and preferences on the HPA scheme, as well as relevant actuarial and econometric modelling research. Findings of these studies were being reviewed by the overseas advisers. The Administration intended to discuss with the Panel in six months' time on how Hong Kong should proceed with the longer-term financing proposals in the light of these studies.

18. Ms Cyd HO opined that one way to strengthen the long-term sustainability of the public health care system was to charge HA patients fees at full cost if they were covered by insurance. SHWF pointed out that this might not be workable, as insurance premium would undoubtedly shoot up so high that most people would simply end up not buying any medical insurance. Ms HO disagreed, as insurance companies would not know in advance whether their prospective clients would use public healthcare services. To facilitate discussion with the insurance industry, the Administration should find out how many HA patients, say, in the past three years, had medical insurance coverage and the subsidy involved.

19. CE/HA advised that HA did not have the information mentioned by Ms HO in paragraph 18 above, as it was not HA's practice to ask its patients whether they had medical insurance coverage. It was also questionable whether patients would be forthcoming in providing an answer, if asked. CE/HA however said that the requested information could be obtained indirectly through a survey to find out how many people in Hong Kong had medical insurance and how many of them were users of public healthcare services.

20. Ms Cyd HO further said that if each person took more personal responsibility of his/her health, burden on the public healthcare system could be ameliorated. In this connection, DH, being a health advocate, should provide more information to the public on the health effects of health food products instead of enacting legislation to regulate these products.

21. D of H responded that DH would step up efforts to educate the public on the health claims of orally consumed products. As regards the proposed regulation of health claims, D of H said that the objective of which was to protect consumers from misleading information and exaggerated health claims. It was not the Administration's intention to inhibit investment and thus dampen the development of the health food industry. After extensive consultation with the

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trade, the Administration had reviewed 13 groups of claims and recommended that only nine claims which carried higher public health risk should be regulated.

22. Mr Andrew CHENG noted that in 2002-03, HA awarded $12.6 million year-end bonuses to its senior executives. Mr CHENG said that it was inappropriate for HA to do so, having regard to HA's budgetary situation and public criticisms over HA's handling of the last SARS outbreak.

23. SHWF clarified that the year-end bonuses referred to by Mr CHENG in paragraph 21 above were not bonuses as such. They were in fact part of the agreed remuneration package, and were granted as annual performance incentive awards. Such an award was a part of the terms and conditions of CE/HA, Cluster Chief Executives (CCEs) and Hospital Chief Executives (HCEs), which was intended to provide a management tool for continuous improvements in hospital services. Granting of the award in each year was subject to an annual performance assessment by an assessment panel. In the case of CE/HA, his assessment was based on five areas, namely, achievement of the HA Annual Plan; support to the HA Board and Committees; organisation reform and management of senior executives; management of staff and staff unions; and relations with the Government, the legislature and the community at large. SHWF further said that over the past decade, the award had established to be a valuable management tool for encouraging continuous improvements in hospital management. The annual assessment exercise had also improved the transparency of the assessment process and provided an effective mechanism for monitoring the performance of CE/HA, CCEs and HCEs.

24. CE/HA supplemented that if other HA staff wished to incorporate an annual performance incentive award in their remuneration package, HA would consider. CE/HA further advised that the remuneration packages of all other HA staff, including CCEs and HCEs, were under regular reviews by HA. Changes to the remuneration packages would be made, where necessary, taking into account various factors, including modern human resource management practices and overall consideration of renumeration packages in the organisation.

25. Mr Andrew CHENG remained of the view that HA should cease awarding year-end bonuses to its senior executives, who were already very well compensated. Mr CHENG suggested that the year-end bonuses should be shared with all frontline HA staff who had helped to fight against SARS last year.

26. SHWF reiterated that the annual performance incentive award was not a bonus in that a portion of the monthly salary of CE/HA, CCEs and HCEs was withheld by HA to be disbursed to them at year-end based on their performance in the past year. To his understanding, senior executives of HA were contented to

do away with such a reward. In view of the general misunderstanding of the annual performance incentive award, when HA renewed its contract with CE/HA in September 2002, CE/HA voluntarily lowered the ceiling of his annual performance incentive award from 30% of his basic salary and cash allowance to 24%. The CCEs and HCEs also took the initiative in October 2002 to voluntarily reduce the ceiling of their annual performance incentive award from 15% of the total basic salary and cash allowance to 10% on a permanent basis. The lowering of the award ceiling by CE/HA, CCEs and HCEs was on top of two reductions in basic salary, i.e. a 4.42% cut in October 2002 and a further reduction with effect from 1 January 2004 in line with the civil service pay reduction. Despite the aforesaid, SHWF said that he would relay members' comments to the HA Board for consideration.

27. Dr LO Wing-lok said that at present, not all doctors who completed the "3+3" years for basic and specialist training with HA (an extra contract year might be provided by HA depending on the examination frequency and varying passing rate amongst the specialties) would be retained by HA. Dr LO considered such an arrangement not satisfactory, as this would not only give rise to succession problem and was also a waste of public fund. In the light of this, Dr LO asked whether consideration would be given to formulating a set of long-term policies on the employment of doctors, having regard to the manpower requirement of public hospitals and HA's responsibilities to train specialists.

28. SHWF responded that the number of doctors, including specialists, to be employed by HA after they had completed their training with HA varied from time to time and would depend on the prevailing service needs and staff turnover. The current arrangement for specialist training had functioned well to fulfil its specialist commitments as well as to allow flexibility for adjusting the number of specialists in consideration of these factors. Nevertheless, HA was keeping the arrangement under regular review to ensure that the needs of the community and the organisation's requirements in terms of the number of specialists were well met.

29. Dr LO further asked about the number of specialist trainees to be retained by HA upon the expiry of their contract on 30 June 2004. In response, CE/HA said that HA was planning to renew the contract of about 50% of the specialist trainees, apart from the Family Medicine trainees, after they had completed their specialist training and attained Specialist qualification, as Resident Specialists.

30. The Chairman noted from paragraph 22 of the Administration's paper that additional manpower support, building facilities and information technology sitemaps were required for the CHP, and enquired about the funding arrangement for such.

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31. SHWF responded that as the CHP workforce would mainly comprise DH staff, the recurrent costs of CHP were expected to be largely funded by redeployment of resources from DH. The Hong Kong Jockey Club (HKJC) had pledged a contribution of $500 million for the establishment of the CHP. Support would be sought from HKJC to deploy part of the money to fund the costs for the new CHP facilities and the recurrent costs for the new additional staff for CHP where appropriate. In the light of a review of the CHP's operation to be conducted in 2005, the Administration would further assess if there was a need to seek additional funding resources.

32. Responding to the Chairman's enquiry on when the Administration would introduce a bill into the Legislative Council to further strengthen the tobacco control framework in Hong Kong, SHWF said that this would be done as soon as practicable.

33. There being no other business, the meeting ended at 11:10 am.

Council Business Division 2
Legislative Council Secretariat
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