立法會
Legislative Council

LC Paper No. CB(2)3072/03-04
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 17 May 2004 at 8:30 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) Dr Hon David CHU Yu-lin, JP Hon Cyd HO Sau-lan Hon CHAN Kwok-keung, JP Hon CHAN Yuen-han, JP Hon Jasper TSANG Yok-sing, GBS, 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 absent	:	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)

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Miss Daisy LO
Assistant Secretary for Health, Welfare and Food (Health) 7

Item IV

Mrs Ingrid YEUNG
Principal Assistant Secretary for Health, Welfare and Food (Health) 2

Items IV and V

Dr W M KO, JP
Director (Professional Services & Human Resources), Hospital Authority

Item V

Miss Ophelia CHAN
Assistant Director of Social Welfare (Rehabilitation and Medical Social Services)

Ms Margaret TAY
Executive Manager (Professional Services), Hospital Authority

Items V and VI

Mr Jeff LEUNG
Principal Assistant Secretary for Health, Welfare and Food (Health) 1

Dr T H LEUNG
Deputy Director of Health

Item VI

Dr Amy CHIU
Principal Medical and Health Officer, Department of Health

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

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

I. Confirmation of minutes
(LC Paper No. CB(2)2367/03-04)

The minutes of the meeting held on 19 April 2004 were confirmed.

II. Information papers issued since the last meeting
(LC Paper Nos. CB(2)2182/03-04(01), CB(2)2341/03-04(01), CB(2)2368/03-04(01) and CB(2)2373/03-04(01))

2. Members noted the above information papers issued since the last meeting and did not raise any questions.

III. Items for discussion at the next meeting
(LC Paper Nos. CB(2)2365/03-04(01) and (02))

3. Members agreed to discuss the following items at the next regular meeting in June 2004 -

(a) Studies on long term health care financing;

(b) Utilisation of the Training and Welfare Fund for the Hospital Authority; and

(c) Current status and way forward for Prince of Wales Hospital.

IV. Financial situation of the Hospital Authority
(LC Paper No. CB(2)1956/03-04(04))

4. Dr LO Wing-lok sought confirmation on whether the Hospital Authority (HA) planned to contract out its general out-patient (GOP) clinics to the private sector. If that was the case, Dr LO asked how much savings could be achieved and what measures would be taken to ensure service quality.

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5. Deputy Secretary for Health, Welfare & Food (Health) (DSHWF) responded that the proposal of contracting out HA's GOP clinics to the private sector was still at a very preliminary stage, and further studies needed to be conducted before deciding on the way forward. Two possible modes of operation were contracting out the entire clinics to the private sector or employing private practitioners to work in the clinics. Director (Professional Services & Human Resources), HA (Director, HA) supplemented that the contracting out of GOP clinics to the private sector, if implemented, was not for saving money as it was envisaged that the amount of savings to be achieved would not be significant, but to promote better public/private interface.

6. Dr TANG Siu-tong said that as a result of the Department of Health's plan to rationalise the provision of Maternal and Child Health (MCH) services, Tai O, Peng Chau and Lamma Island MCH Centres would shortly be closed down. In the light of this, Dr TANG asked whether consideration could be given to arranging HA's GOP clinics located in Tai O, Peng Chau and Lamma Island to provide antenatal and child immunisation services to residents living thereat. DSHWF agreed to look into the feasibility of Dr TANG's suggestion.

7. Mr Andrew CHENG noted from paragraph 11 of the Administration's paper that HA would continue to exercise central control in the human resources area as one of the means to achieve savings, given that personal emolument accounted for over 80% of HA's expenditure. Mr CHENG urged that in so doing, HA would refrain from preserving the high salaries of senior executives at the expense of cutting back the salaries of new recruits and junior staff. A case in point was to do away the year-end bonuses for HA's senior executives.

8. Director, HA explained that the reason why the reduced remuneration package of new recruits could not be applied to existing staff was because HA had to honour contractual obligation. Director, HA agreed that the situation of staff getting different pay for the same work because of different time they joined HA was undesirable. Hence, the HA had begun to identify a most appropriate solution to suit the circumstances. One possible way was to link pay with work performance. Director, HA further clarified that the year-end bonuses were not bonuses as such. They were performance incentive awards in that a portion of the monthly salary of the Chief Executive of HA, Cluster Chief Executives and Hospital Chief Executives was withheld by HA to be disbursed to them at year-end based on their performance in the past year. DSHWF supplemented that the phenomenon of the remuneration package of new recruits in HA being less favourable than their counterparts who had joined HA earlier was not unique, and had occurred in the civil service and other organisations during the past several years.

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9. Dr LAW Chi-kwong asked whether HA had any concrete plan to transfer rehabilitation patients and patients in stable condition from hospitals to receive ambulatory care service, which was more cost-effective. Director, HA replied in the positive but added that this would involve a process of development of a community-focused and patient-centred health care service, which was a new mode of service delivery involving the participation of the community.

10. Responding to Dr LAW Chi-kwong's suggestion of the Administration putting in more resources to enhance community-based rehabilitation service, DSHWF said that he would convey such to the Secretary for Health, Welfare and Food for consideration.

11. Dr LO Wing-lok raised the following questions -

(a) Whether the phenomenon of a handful of HA doctors practising part-time private medicine would become a common practice in HA; if so, what mechanism would be put in place to ensure against conflict of interest;

(b) Whether it was true that HA was contemplating allowing patients willing to pay more to have their choice of doctors and having shorter waiting time for treatment; and

(c) What measures would be taken to ensure that advertisements inside the premises of HA would not be incongruous to the hospital environment.

12. Responding to Dr LO's first question, Director, HA said that HA had no plan to allow its doctors to practise part-time medicine on a large scale. The main reason for doing so was to find out whether public hospital doctors could bring their private patients with them when they left HA, so as to improve the present uneven distribution of workload between the public and private sectors. Director, HA however pointed out that there were stringent guidelines to prevent HA doctors from placing the interests of their private patients over those of the public patients. For instance, HA doctors could not arrange surgery for their private patients ahead of public patients waiting in line.

13. Regarding Dr LO's second question, Director, HA said that allowing patients to choose their own public hospitals referred to a private medical insurance scheme being studied by HA. Under such a scheme, which would be financed by contributions from HA and members of the public, scheme participants would have the choice of choosing private health care providers and private medical service provided by HA. DSHWF stressed that notwithstanding

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the aforesaid, the Government would not deviate from its long-established principle that every citizen should have equal access to the public health care system and that no one would be denied adequate medical care due to lack of means.

14. As to Dr LO's last question, Director, HA assured members that HA would examine the appropriateness of each advertisement for putting up inside the premises of HA to see that it would not tarnish the image of HA and/or disrupt the hospital environment.

15. Dr LO Wing-lok hoped that HA would refrain from introducing piecemeal measures to address its budget deficit. Not only were they not effective, they would also cause unnecessary concern to its staff and the public. In his view, the Administration and HA should re-position the roles and functions of public and private health care providers, re-prioritise public health care services in light of the budgetary constraints and come up with a financing arrangement that would be sustainable in the long-term and equitable and accessible to all members of the community. In response, Director, HA said that this was also the direction which HA was striving at. Nevertheless, he disagreed that the measures being undertaken by HA to address its budget deficit were piecemeal. Instead, they were part and parcel of the overall strategy to address the issue of financial sustainability of Hong Kong's health care system.

16. In summing up, the Chairman urged HA, in its effort to address its budget deficit, its service quality and the interests of its staff would not be undermined.

V. Services and facilities for rehabilitation of discharged mentally ill patients

(LC Paper No. CB(2)2365/03-04(03))

17. DSHWF highlighted the salient points of the above Administration's paper which gave an account of the services and facilities provided to discharged mentally ill patients and the improvements in progress.

18. Dr LAW Chi-kwong said that the Administration's paper failed to provide information on the types of rehabilitation services provided to discharged mentally ill patients, the time they needed to wait to receive such services and how many of them had to re-admit to hospitals for treatment each year from 2000-01 to 2002-03, and requested that be provided. DSHWF undertook to provide the requested information after the meeting.

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19. Ms LI Fung-ying requested the Administration to provide the following

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information -

(a) the amount of resources which had been put in towards the provision of community-based mental care, and where these resources were allocated; and

(b) the average waiting time for receiving treatment at HA's psychiatric specialist out-patient clinics and psychiatric day hospitals, having regard to the fact that the total attendances at the former had increased from 471 228 in 2000-01 to 549 133 in 2002-03 and at the latter from 161 433 in 2000-01 to 183 329 in 2002-03.

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20. DSHWF undertook to provide the information requested by Ms LI in paragraph 19(a) above. Director, HA supplemented that in the past four to five years, additional resources had been allocated to HA to purchase new psychiatric drugs and to launch various initiatives to enhance the provision of community-based psychiatric services. These initiatives included the setting up of multi-disciplinary community psychiatric teams for providing a comprehensive range of mental health services in the community setting for discharged mentally ill patients to facilitate rehabilitation and reintegration into society, and implementing a pilot project on early detection and treatment of young people with psychotic illness and the Extended-care patients Intensive Treatment, Early diversion and Rehabilitation Stepping-stone (EXITERS) Project to divert a group of "extended care" patients, who would otherwise be placed in large residential facilities, to home-like facilities for intensive rehabilitation and treatment. Director, HA further said that the increased attendance rate at HA's psychiatric specialist out-patient clinics and psychiatric day hospitals demonstrated that the effect of greater resources being put in to improve community-based mental care.

21. As regards waiting time for receiving treatment at HA's psychiatric specialist out-patient clinics and psychiatric day hospitals, Director, HA said that similar to the arrangements adopted for other specialties, priority treatment was accorded to patients in urgent need of psychiatric care. Moreover, a triage mechanism for new cases was implemented in all the specialist out-patient clinics to ensure that patients with urgent needs were attended to within a reasonable timeframe. A system was also in place to trace defaulters who failed to attend scheduled appointments.

22. Ms LI Fung-ying remarked that the fact that there had been greater resources put in towards the provision of community-based mental care did not necessarily mean that waiting time for HA's psychiatric specialist out-patient service and psychiatric day care service had been shortened. In this regard, Ms LI hoped that HA could provide the information mentioned in paragraph 19(b)

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above after the meeting. Referring to the comments made by Director, HA in paragraph 20 above that additional money had been spent by HA to purchase new psychiatric drug, Ms LI said that this was far from being the truth according to what she heard from the media and patients.

23. Director, HA responded that HA presently spent a total of some $80 million each year on purchasing new psychiatric drugs, which was a very significant increase from around $10 to 20 million several years ago. To ensure finite resources were used on patients most in need, it was HA's policy that patients would first be administered with "old" drugs. Only when "old" drugs were found not effective would newer drugs be used on patients. This had been and would continue to be made understood by patients. Director, HA however pointed out that not all new psychiatric drugs were equally expensive and more costly than other new psychiatric drugs. To enable more patients to try new psychiatric drugs, a list setting out the cost of each new psychiatric drug was drawn up for reference by HA doctors.

24. Dr LO Wing-lok said that despite the claim made by the Administration and HA that greater resources had been allocated for the provision of psychiatric services in both the institutional and community settings, it should be noted that shifting the care paradigm for managing patients with mental illness away from the traditional institutional care to that based in the community would not mean lesser cost. Moreover, given that the great majority of mentally ill patients were from the low-income groups, they invariably had to rely on the public health system for their treatment. In the light of this, Dr LO urged the Administration to review whether the resources presently allocated for the provision of psychiatric care was adequate.

25. Director, HA responded that the provision of psychiatric services took up about 7% to 8% of the overall annual budget of HA. Of the new Government funding to HA each year, the bulk of which was used on improving HA's psychiatric services. The initiatives mentioned in paragraph 20 above were cases in point.

26. On closing, the Chairman urged the Administration and HA to take into consideration the concerns expressed by members in the provision of psychiatric care for discharged mentally ill patients.

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VI. Way forward on the regulation of health care personnel not currently subject to statutory registration
(LC Paper No. CB(2)2365/03-04(04))

27. DSHWF took members through the above Administration's paper, which set out the Administration's position on the regulation of health care personnel whose practice was not subject to statutory regulation. Notably, given that excessive regulation could discourage competition and cause resources implications to the society at large, statutory regulation of health care professions should only be called for when there was evidence showing that the practice of a health care profession had demonstrated an unacceptable level of risk to the public. In this light, the Administration considered that there was no apparent or imminent need to introduce specific legislation to regulate the health care personnel who were currently not so subjected to. In the meantime, the Administration suggested that health care personnel should consider pursuing society-based registration and was prepared to assist in promulgating such registration systems as appropriate.

28. The Chairman invited members to refer to the written submission from the Hong Kong Psychological Society tabled at the meeting, and requested the Administration to provide a written response to the submission after the meeting.

Admin DSHWF agreed.

29. Ms LI Fung-ying disagreed with the Administration's stance that statutory regulation of health care professions should only be called for when there was evidence showing that the practice of a health care profession had demonstrated an unacceptable level of risk to the public. Ms LI wondered whether the Administration would only consider regulating a particular health care profession, say, after someone had died from the malpractice by a health care personnel concerned.

30. DSHWF responded that the reasons for not pursuing statute-based registration for those health care personnel whose practice was currently not subject to statutory regulation were already detailed in paragraphs 13 to 16 of the Administration's paper. DSHWF further said that statute-based registration aside, regulation of health care personnel could also be achieved through administrative means. One form of it was through society-based registration. DSHWF pointed out that similar to statute-based registration, society-based registration was also premised on professional self-regulation.

31. Ms LI Fung-ying enquired whether the Administration would meet with representatives from the 15 health care professions currently not subject to statutory regulation on the regulation of their professions. In response, DSHWF

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said that the Administration would be happy to do so.

32. Dr LAW Chi-kwong said that he did not believe that society-based registration would achieve the same effect of statute-based registration of promoting standard, having regard to the fact that society-based registration was a voluntary scheme. Dr LAW opined that if regulation of health care professions should only be called for when there was evidence showing that the practice of a health care profession had demonstrated an unacceptable level of risk to the public was established, it would be unfair to those statutorily regulated professions as this insinuated that they were prone to malpractice and as such should be regulated.

33. DSHWF responded that the fact that the Administration did not consider it necessary to regulate the various health care professions whose practice was currently not subject to statutory regulation did not mean any disregard on the protection of public health by the Administration. The Administration merely considered that there was no imminent need to regulate these professions for the reasons already given in its paper and that regulation of health care personnel could also be achieved through society-based registration. DSHWF further said that the Administration was prepared to help a professional association, under society-based registration, to promulgate its qualified members so as to enable the public to make informed decisions when seeking certain health care services. Nevertheless, DSHWF said that he would take into Dr LAW's views in mapping out the ways forward on the regulation of the health care professions currently not so subjected to.

34. The Chairman opined that unless the society in Hong Kong was highly developed in terms of information technology and literacy, it was doubtful whether the general public could make informed decisions when seeking health care services currently not subjected to statutory regulation.

35. Dr LO Wing-lok said that regulation of health care professions could take several forms. First, health care personnel regulated by their employers through the issue of practice guidelines, provision of on-the-job training and continuing training, etc. Health care personnel working for HA was a case in point. One of the major drawbacks of this system was that the interests of employers could override those of employees, and this in turn might undermine the interests of service users. For instance, in order to save cost, an employer might prohibit its health care staff to use the best yet expensive treatment on his patients. Second, health care personnel regulated by the Government through administrative means by vetting and issuing their practising licence. One of the major drawbacks of this arrangement was that the Government often lacked good understanding of the operation of the professions concerned. Third, regulation of a health care profession through the enactment of legislation. Regulation of doctors under the

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Medical Registration Ordinance (Cap. 161) was a case in point. It should however be pointed that although the third arrangement was premised on professional self-regulation, the Government also played an active role in that regard and this in turn entailed funding from the public coffer. This was particularly so when litigation was involved. Nevertheless, Dr LO was of the view that it was still worthwhile for taxpayers to fund professional self-regulation for the purpose of safeguarding public health.

36. Dr LAW Chi-kwong disagreed that taxpayers should bear the cost for professional self-regulation, as suggested by Dr LO Wing-lok in paragraph 35 above. Dr LO Wing-lok clarified that he was merely stating the facts and took no stance as to whether taxpayers should foot the bill for professional self-regulation.

37. Ms Cyd HO was of the view that the Administration should regulate the health care professions currently not so subjected to, in order to help the public to make informed decisions when seeking certain health care services, encourage competition and avoid unnecessary rivalries amongst different schools of thought within the profession.

38. Miss CHAN Yuen-han urged the Government to adopt an open mind in addressing the demands of the professions and the general public for statutory registration of the health care professions.

39. On closing, the Chairman said that members were generally in support of enacting a specific legislation to regulate the health care professions currently not so subjected to. The Chairman suggested and members agreed to hold a special meeting to invite deputations to give their views on the matter.

(*Post-meeting note :* A special meeting would be held on 30 June 2004 at 8:30 am to listen to the view of deputations on the way forward on the regulation of health care personnel not currently subject to statutory registration.)

40. There being no other business, the meeting ended at 10:36 am.

Council Business Division 2
Legislative Council Secretariat
13 July 2004