

**立法會**  
**Legislative Council**

LC Paper No. CB(2)1519/04-05  
(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of special meeting  
held on Thursday, 20 January 2005 at 10:40 am  
in the Chamber of the Legislative Council Building**

- Members present** : Hon Andrew CHENG Kar-foo (Chairman)  
Dr Hon KWOK Ka-ki (Deputy Chairman)  
Hon Albert HO Chun-yan  
Hon Mrs Selina CHOW LIANG Shuk-ye, GBS, JP  
Hon CHAN Yuen-han, JP  
Hon Bernard CHAN, JP  
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP  
Dr Hon YEUNG Sum  
Hon LI Fung-ying, BBS, JP  
Hon Vincent FANG Kang, JP  
Hon LI Kwok-ying, MH  
Dr Hon Joseph LEE Kok-long  
Hon Albert Jinghan CHENG
- Members attending** : Hon Tommy CHEUNG Yu-yan, JP  
Hon WONG Kwok-hing, MH
- Public Officers attending** : Dr York CHOW, SBS, JP  
Secretary for Health, Welfare and Food
- Mrs Carrie YAU, JP  
Permanent Secretary for Health, Welfare & Food
- Miss Susie HO, JP  
Deputy Secretary for Health, Welfare & Food (Health)

Dr P Y LAM, JP  
Director of Health

Dr William HO, JP  
Chief Executive, Hospital Authority

**Clerk in attendance** : Ms Doris CHAN  
Chief Council Secretary (2) 4

**Staff in attendance** : Ms Joanne MAK  
Senior Council Secretary (2) 2

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**I. Policy initiatives of Health, Welfare and Food Bureau**

(LC Paper Nos. CB(2)661/04-05(01), CB(2)706/04-05(01) and CB(2)719/04-05(01))

The Chairman welcomed the Secretary for Health, Welfare and Food (SHWF), Chief Executive of HA (CE/HA), and other representatives of the Administration to the meeting. At the Chairman's invitation, SHWF briefed members on the salient points of the Administration's paper provided for the meeting.

Smoke-free indoor workplaces and other public places

2. Mr Tommy CHEUNG pointed out that in the United States, smoke-free workplace laws had been introduced only in a few states and that was the case in Canada also. He said that in Italy, it seemed that smoking ban was imposed only on indoor restaurants which had no air-conditioning. He requested detailed information on the scope of regulatory control imposed on indoor workplaces/public places in overseas jurisdictions under their respective smoke-free laws, including information on the transitional arrangements allowed.

3. SHWF responded that the Administration would take into full consideration the experience of overseas jurisdictions, including relevant transitional arrangements and exemptions allowed under their laws and problems encountered by them. He undertook that the Administration would provide such information for reference of the bills committee to be set up to scrutinise the bill. He also said that the Administration would also fully consult the catering industry in the

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course of introducing the relevant legislative amendments. He added that with the assistance of Mr Tommy CHEUNG, he and his colleagues would be meeting representatives of the catering industry the following day to discuss the proposal to impose a total smoking ban in workplaces, restaurants and other indoor public areas.

- Admin 4. At the request of Mr Tommy CHEUNG, SHWF agreed to provide information on the smokefree workplace laws of overseas jurisdictions to this Panel as soon as possible.

Health care services development and health care financing

5. Dr KWOK Ka-ki expressed disappointment that there was not much detail on health care financing in the 2005 Policy Address. In view of the large deficit and expenditure reduction faced by HA, Dr KWOK expressed concern about how the public health care system could be enhanced and whether the system was financially sustainable in the long term.

6. SHWF responded that the Administration was re-forming the Health and Medical Development Advisory Committee (HMDAC) to facilitate the tendering of advice on long-term health care policies and financial viability, and he himself would be the Chairman of the reconstituted HMDAC. He said that the Committee was expected to submit its report on health care financing options by the end of 2005, which would provide a basis for public consultation to build a consensus on long-term health care financing arrangements.

7. As regards deficits of HA, SHWF said that the Health, Welfare and Food Bureau (HWFB) had requested HA to work out a plan on its long-term financial arrangements. The Bureau would take it up with the Financial Secretary. He added that the previous practice of merely relying on non-recurrent allocations to meet deficits of HA should be reviewed.

8. CE/HA said that the HA Board had recently discussed HA's financial problems with SHWF. CE/HA pointed out that HA would continue to implement initiatives to achieve savings and make its operations more efficient and effective. In addition, it would explore in the direction of the targeted subsidy principle raised by SHWF earlier. He pointed out that a large proportion of HA's operating costs actually went to staff emoluments. He said that if a balance could be struck between the public and private health care sectors resulting in a higher staff turnover in HA, more new graduates could be employed by HA and its financial burden could be relieved as well. He also noted that SHWF was planning to look at the financial arrangements for HA and explore whether fee adjustments should be introduced.

9. Mr Albert HO considered that it should not be always emphasised that HA had a deficit. He said that HA's real financial problem was how much the Government was prepared to subsidise it and the Government should increase allocations on medical and health care should such allocations prove to be inadequate. He further said that the Administration should not introduce new medical fees on a gradual basis before the Administration had completed its review of health care financing and had worked out possible options. Miss CHAN Yuen-han requested the Administration to provide more details on its work plan on its examination of health care financing options.

10. SHWF responded that in the last decade or so, the Government had published a series of consultation documents which had advanced various options for health care financing, and extensive consultation had been conducted in connection with the publication of these documents. He said that, however, no financing model that was widely accepted by the community had yet emerged. He considered that to facilitate the Administration and the community in examining health care financing options, it was important to give the public an idea on what service model they could expect, and to improve the interface between the public and private health care sectors and service delivery mode. In addition, the Administration would promote the role of family doctor as the health guardian of the community providing treatment diseases and referrals. He stressed that before the introduction of any new financing system, extensive consultations to carefully gauge the views of the community would be necessary. He added that although it was set out in the 2005 Policy Address that the Administration would undertake studies within the following two and a half years to help lay the foundation for the formulation of long-term financing strategies, HMDAC would work out some initial health care financing options by the end of 2005 for public consultation. Miss CHAN Yuen-han suggested that within the next two years or so, the Administration should release details of long-term financing strategies for public consultation.

11. As regards HA's financial problems, SHWF said that the ways to address these problems included redressing the imbalance between the private and public sectors and increasing HA's income. He stressed that the Administration would have due regard to fundamental principles in introducing any new medical fees. These principles included that the healthcare systems should be of quality, equitable, efficient, cost-effective and accessible, and the safety net mechanism would be upheld to ensure that even middle class with critical illness would be adequately taken care of.

12. Mr Albert HO further asked whether the Government would let HA go bankrupt if it was unable to source new income to resolve its deficit problem. SHWF said that HA's deficit was directly related to the overall structural deficit of the Government and therefore, each service unit in the public sector, including HA,

had its duty to achieve savings and to make its operation more efficient and effective. He added that in the past few years, the Government had also made non-recurrent allocations to meet deficits of HA.

13. Referring to paragraph 18 of the paper, Ms LI Fung-ying asked for more details of the Administration's plan to improve the interface between the public and private health care sectors. SHWF responded that in order for the public health care sector to have a sustainable development, it was important to have a positioning of public health care services. He said that the introduction of a Standard HA Drug Formulary in the public hospital system was an example of initiatives to ensure rational use of public resources and deliver a scope of service that best served the interest of the public. In response to Ms LI's further comments, SHWF expressed concurrence that private hospitals should enhance the transparency of its fee charging schemes in order to facilitate use of its services by the public. He added that private hospitals had also agreed to enhance the transparency of their fee charging schemes.

14. Mr Vincent FANG declared that he was a member of the HA Board. He pointed out that there was no more room for HA to cut its expenditures. He suggested that apart from increasing funding allocations to HA, the Administration should explore the following options in order to resolve HA's financial problems -

- (a) charging those patients who were covered by accident insurance and admitted to hospitals due to injuries sustained during traffic accidents on a full-cost recovery basis; and
- (b) raising medical fees and charges of public health care services.

15. Mr Albert CHENG also suggested that HA hospitals should charge patients covered by medical and accident insurance on a cost recovery basis. Besides, he suggested that the Government should allow serving and retired civil servants to opt for medical plans not provided by HA in order to ease the burden on the public system.

16. SHWF pointed out that it had been the Government's commitment that HA would continue to provide free medical services to serving and retired civil servants and their immediate family members when HA was set up. As regards the other suggestions made by Mr Vincent FANG and Mr Albert CHENG, SHWF said that the Administration -

- (a) intended to review and, where appropriate, increase medical fees and charges of public health care services in order to target government subsidy to needy patients and to reduce the imbalance between the private and public systems; and

- (b) would explore the suggestion of charging patients who were covered by medical and accident insurance on a full-cost recovery basis. However, HA would also need to work out details of its cost price structure.

17. Mr Vincent FANG, however, expressed concern whether there would still be a large gap between public and private health care sectors in terms of their fees and charges, if the private sector followed the public sector to increase fees and charges.

18. The Chairman said that since members were concerned about health care financing, he suggested that the Panel should arrange a meeting to further discuss the subject as early as possible.

#### Training for health care personnel

19. Dr KWOK Ka-ki expressed concern about the problem of inadequate training provided for health care personnel, especially junior doctors. He asked how the Administration and HA would address the current situation of insufficient training posts.

20. SHWF said that he had discussed the matter with private hospitals requesting them to provide specialist training for doctors. He pointed out that the Administration also maintained close liaison with the medical faculties of the local universities on the employment situation of their graduates. He added that he would be discussing specialist training with the Hong Kong Academy of Medicine soon to ensure that sufficient training posts would be available in the public or private health care sector for trainees.

21. Dr Joseph LEE suggested that HMDAC should devise a long-term plan on the provision of training for health care personnel to meet service needs. SHWF agreed that it was necessary to review the manpower situation and training needs in respect of health care personnel. He informed members that he had recently discussed with private hospitals which had expressed interest in training more enrolled nurses and he would follow up this. Dr Joseph LEE, however, pointed out that the nursing sector was of the view that there was actually a shortage of registered nurses in Hong Kong. He urged the Administration and HMDAC to address the problem. SHWF said that the Administration would draw up long-term manpower plans taking into account the needs and service modes of different types of public hospitals. He added that it would always be ensured that health care service providers were sufficiently trained to be able to meet the required service standards.

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Prevention of diseases

22. Referring to paragraphs 13 to 15 of the Administration's paper, Dr Joseph LEE considered that emphasis should also be put on disease prevention in the integrated community-based health care model being developed. He asked whether HA would strengthen measures in disease prevention.

23. SHWF responded that the Administration was planning to enhance intersectoral collaboration to develop community-based health care services. HA, the Department of Health, the Social Welfare Department and the Education and Manpower Bureau were expected to align their services so that there would be improvements in the interfacing between healthcare, welfare and education services at the district level. The Administration would designate one area framework for each of the 18 districts to centralise the work of health and welfare, and step up cooperation with non-governmental organisations (NGOs) and private health care institutions in order to enhance the integration of services in various districts. SHWF said that details of the plan had yet to be worked out. However, he initially considered that the plan should achieve several aims which included disease prevention and treatment, strengthening primary health care (e.g. involving community-based HA specialists to provide consultation service in some of the General Outpatient Clinics in an effort to reduce case referrals and hospital admissions), and improving primary care for the elderly in the community. He added that the development of Chinese Medicine (CM) service in the public medical system would also be promoted to meet community demands.

Regulating CM and introducing CM into the public health care system

24. Referring to paragraph 12 of the Administration's paper, Miss CHAN Yuen-han pointed out that the plan to set up no fewer than six CM clinics in 2005-06 fell far short of the target of setting up 18 CM clinics by the end of 2005 as stated in the 2001 Policy Address.

25. SHWF responded that in December 2003, HA had established the first three CM clinics in three HA hospitals, with the aim of promoting the development of evidence-based CM service, establishing the benchmark for CM practice and enhancing a systematic handling of CM data. He said that in the light of the operational experience and effectiveness of the three CM clinics, the Administration had decided to increase the number of CM clinics from three to at least six in 2005-06. He further said that recipients on the Comprehensive Social Security Assistance Scheme were entitled to fee exemption when they sought treatment at these clinics, and the Administration would continue to adopt the collaborative approach with NGOs and charitable organisations. He added that these clinics would continue to link up with HA's information technology network for a systematic handling of CM clinical data, as well as to provide training

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Admin opportunities for local CM graduates. Miss CHAN Yuen-han said that she hoped that the Administration could provide more detailed information on the development of CM service to this Panel.

26. Ms LI Fung-ying asked for information on the Administration's long-term plan of introducing CM into the public health care system. She asked whether the Administration had considered the adoption of CM not only for treatment but also for aiding recuperation and whether it had a plan to provide opportunities of clinical practice in hospitals for CM graduates. Mr LI Kwok-ying was also concerned about the Administration's plan to promote the development of CM in Hong Kong and whether it had set a timetable in this regard. He pointed out that the number of CM graduates employed to work at the existing CM clinics constituted only 2% of the CM graduates.

27. SHWF responded that as he had said during the motion debate on the overall development of CM practitioners at the Council Meeting on 2 December 2004, the Administration had planned to expedite the development of CM out-patient clinics first. He further said that the Administration's long-term goal was to establish a treatment mode in which CM practitioners and Western medical practitioners could work together in a complementary manner to treat in-patients of hospitals. In this connection, HA had planned to conduct pilot schemes in hospitals where treatments were primarily provided by Western medical practitioners, to be supplemented by consultation of CM practitioners for cases where appropriate. SHWF said that the Administration would maintain communication with the CM industry and the universities on the professional development of CM practitioners in Hong Kong. He pointed out that as the regulatory regime of CM had commenced only a few years ago, the long-term development of CM had to be planned in the light of its proven efficacy.

Protection from Undesirable Health Claims

Admin 28. As a member of the Bills Committee on Undesirable Medical Advertisements (Amendment) (No.2) Bill 2004, Mr Vincent FANG said that many problems had been found with the Bill which involved many complicated issues. He suggested that the Bureau should reconsider the proposals.

29. There being no other business, the meeting ended at 11:40 am.