

立法會
Legislative Council

LC Paper No. CB(2)2653/05-06
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 12 June 2006 at 8:30 am
in Conference Room A of the Legislative Council Building

Members present : Dr Hon KWOK Ka-ki (Chairman)
Hon Fred LI Wah-ming, JP
Hon Mrs Selina CHOW LIANG Shuk-ye, GBS, JP
Hon CHAN Yuen-han, JP
Hon Bernard CHAN, JP
Hon Andrew CHENG Kar-foo
Hon LI Fung-ying, BBS, JP
Hon LI Kwok-ying, MH

Members absent : Dr Hon Joseph LEE Kok-long (Deputy Chairman)
Hon Albert HO Chun-yan
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Dr Hon YEUNG Sum
Hon Vincent FANG Kang, JP

Public Officers attending : Items IV and V
Miss Susie HO, JP
Deputy Secretary for Health, Welfare and Food (Health) 1

Ms Ernestina WONG
Principal Assistant Secretary for Health, Welfare and Food
(Health) 2

Item IV

Dr FUNG Hong, JP
Hospital Chief Executive of Prince of Wales Hospital

Mr Donald LI
Executive Manager (Hospital Planning)
Hospital Authority

Mr Stephen TANG
Project Director 2
Architectural Services Department

Item V

Mr Shane SOLOMON
Chief Executive
Hospital Authority

Dr Allen W L CHEUNG
Director (Professional Services & Operations)
Hospital Authority

Member attending : Dr Hon Fernando CHEUNG Chiu-hung

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

Staff in attendance : Miss Mary SO
Senior Council Secretary (2) 8

Miss Maggie CHIU
Legislative Assistant (2) 4

I. Confirmation of minutes
(LC Paper No. CB(2)2261/05-06)

The minutes of meeting held on 8 May 2006 were confirmed.

II. Information paper(s) issued since the last meeting

2. There was no information paper issued since the last meeting.

III. Items for discussion at the next meeting

(LC Paper Nos. CB(2)2262/05-06(02) to (03) and CB(2)2293/05-06(01))

3. Members agreed to discuss the following items at the next regular meeting to be held on 10 July 2006 at 8:30 am -

- (a) Hospital Authority drug formulary; and
- (b) Regulation of health maintenance organisations.

4. Members further agreed to discuss the issue of prosecution under the Undesirable Medical Advertisements Ordinance (Cap. 231) raised by Mr LI Kwok-ying in his submission (LC Paper No. CB(2)2293/05-06(01)) at the next meeting, if members consider the Administration's paper on the matter failed to address their concern.

5. The Chairman asked the Administration when it would be ready to discuss healthcare financing, and to report to members on the regulation of medical devices, including the use of Hydrophilic Polyacrylamide Gel (PAAG) for breast augmentation and the progress made on storing a person's organ donation details through electronic means.

6. Deputy Secretary for Health, Welfare and Food (Health) (DSHWF(H)) responded that it was unlikely that the Administration would be in a position to report to members on the outcome of its study on healthcare financing in July 2006, as some more time was needed to finalise the relevant data. Regarding the regulation of medical devices, including the use of PAAG for breast augmentation, the Administration intended to revert in the form of a progress report to Members as a motion on the same subject was carried at the Council meeting on 24 May 2006. On storing a person's organ donation details through electronic means, Admin DSHWF(H) said that an information paper in this regard would be provided to members shortly.

7. The Chairman hoped that the Administration could brief members on the proposed legislative amendment to regulate the use of PAAG next month.

8. The Chairman advised that following the special meeting held on 15 May

2006 to discuss the handling of drugs in residential care homes for the elderly, he had received a letter from three pharmaceutical associations requesting the Panel to follow up the matter with the Administration. DSHWF(H) responded that it was the Administration's intention to respond to the issues raised at the special meeting in writing in due course. The Chairman said that he would raise the question on how the matter should be followed up at the joint meeting with the Panel on Welfare Services to be held immediately after the meeting, including setting up a subcommittee under the two Panels to discuss the wider issue of community support services for the elderly. The Chairman pointed out that the special meeting held on 15 May 2006 was originally intended to be a joint meeting between this Panel and the Panel on Welfare Services. Due to lack of a quorum, the joint meeting became a special meeting of the Panel.

IV. Prince of Wales Hospital - Extension Block

Supplementary information on the proposal to construct an extension block at the Prince of Wales Hospital
(LC Paper No. CB(2)2262/05-06(01))

9. The Chairman advised that due to heavy commitments of members, the decision made at the last meeting on 8 May 2006 for members to visit the Prince of Wales Hospital (PWH) to better understand the current conditions of the hospital could not be realised.

10. The Chairman referred members to a submission from Mr Vincent FANG setting out his response to the latest Administration's proposal on constructing an extension block at the PWH, which was tabled at the meeting.

11. At the invitation of the Chairman, Hospital Chief Executive, PWH (HCE/PWH) conducted a power point presentation on the proposal for constructing an extension block at the PWH. The relevant power point materials are given in the **Appendix**.

12. The Chairman said that to his understanding, similar to the PWH, the structural headroom of many other major acute hospitals, such as the Queen Mary Hospital (QMH), the Queen Elizabeth Hospital (QEH) and the Princess Margaret Hospital (PWH), also did not meet the modern standard of 4.5 m to allow for the installation of service trunkings to support the necessary engineering services, hospital operational systems and the information technology infrastructure. In the light of this, the Chairman asked about the justification for the proposal to construct a new block at the PWH.

13. Project Director 2, Architectural Services Department (PD2, Arch SD)

clarified that the main reason for constructing an extension block at the PWH was to address the present severe space constraint in the existing buildings. PD2, Arch SD further said that there was no headroom standard for a hospital per se. The fact that a hospital building did not have a floor height of 4.5 m did not necessarily mean that the building concerned was not suitable for providing medical services, as different types of services required different headroom. For instance, the floor height requirement of ambulatory care did not need to be as high as 4.5 m.

14. Mrs Selina CHOW said that the proposed project was much needed to meet the service demand in the New Territories East (NTE) region. However, to better enable Members to make an informed decision as to whether the proposed project should be supported, it was necessary for the Administration to provide Members with an overall plan on improving the PWH and the estimated cost involved. The Chairman expressed similar view.

15. HCE/PWH referred members to paragraph 5 of the Administration's paper which outlined the preliminary plan for future improvements to the PWH on completion of the proposed extension block. As regards the estimated cost involved for the next phase of improvement works to the PWH, DSHWF(H) said that the Administration did not have the figure at this stage. This was because whether the next phase of improvement works of the PWH should take the form of refurbishment or redevelopment could only be made after a thorough assessment of the conditions of the existing buildings was made. To do so, existing services needed to be decanted which could only be achieved upon the completion of the proposed extension block.

16. In summing up, the Chairman said that the proposal to construct an extension block at the PWH was worthy of support. The Chairman however hoped that the Administration would, as far as practicable, retain the existing blocks for other medical use after the completion of the proposed project.

V. Hospital Authority's annual plan for 2006/07 and meeting the challenges ahead
(LC Paper No. CB(2)2262/05-06(04))

17. Director (Professional Services & Operations), HA conducted a power point presentation on the challenges and directions for the Hospital Authority (HA) as set out in its Annual Plan for 2006/07, details of which were provided in the Administration's paper.

18. Mr LI Kwok-ying noted from the executive summary of the HA Annual Plan 2006/07 that one of the major initiatives was to enhance the interface

between Western medicine and Chinese medicine (MC) and to establish additional CM outpatient clinics. In the light of this, Mr LI asked why no CM clinic (CMC) was planned for the improvements of the PWH. Mr LI pointed out that at present, the NTE region was only served by one CMC in the Alice Ho Miu Ling Nethersole Hospital (AHMLNH) in Tai Po. Mr LI further asked about the progress made in establishing Western medicine and CM shared care services in public hospitals.

19. DSHWF(H) responded that as provision of CM service in the public sector was new to the HA, a phased development approach of the clinics had been adopted to ensure the proper development and testing of the mode of operation and collaboration arrangements of the clinics, i.e. a tripartite model in which the HA collaborated with a non-governmental organisation and a university in each of the clinics. It was hoped that the experience in the operation of the CMCs would help to establish Western medicine and CM shared care services. DSHWF(H) further said that the Administration was committed to establishing one CMC in each of the 18 districts so that there would still be room for the private sector to continue its role in both service provision and training of new graduates.

20. Director (Professional Services & Operations), HA supplemented that since the introduction of CM service in the HA several years ago, three CMCs had been attached to the Tung Wah Hospital (TWH), the Yan Chai Hospital and the AHMLNH. The next phase would involve the establishment of three additional CMCs in Kowloon East, Kowloon West and NT West this year. To better meet demand for CM service in the NTE region, effort was being made to identify a suitable site in Sha Tin for the setting up of a CMC. If identified, the provision of a CMC in Sha Tin would be included in the Annual Plan for the HA in the coming year. Director (Professional Services & Operations), HA further said that the HA attached great importance to the development of Western medicine and CM shared care services. To that end, a pilot was being conducted to provide patient beds in the TWH and Kwong Wah Hospital for treating patients using both Western medicine and CM.

21. Responding to Mr LI Kwok-ying's enquiry on the timetable for treating patients using both Western medicine and CM in the HA, Director (Professional Services & Operations), HA said that some time was needed to achieve that as a review of the pilot programme needed to be made to find out issues such as the respective responsibilities of doctors and CM practitioners, their mutual understanding of Western medicine and CM and the medicinal effects of administering both Western medicine and CM on patients. Apart from the above, there were on-going collaboration programs on the integration of Western medicine and CM in treating patients, for instance, in the approach of using Western medicine and CM in treating cancer.

22. Mrs Selina CHOW requested the Administration and the HA to shed more light on how it intended to take forward private/public collaboration to rectify the presently uneven distribution of workload between the public and private sectors.

23. DSHWF(H) responded that at present, information on private doctors and hospitals were made available at public hospitals and clinics. There were also some pilot shared care programmes introduced in some clusters over the past few years to enhance public and private service integration. The aim was to allow healthcare services to be more evenly distributed and accessible to the public, and to provide an environment for healthy partnership and service competition based on quality and value-for-money. Although the HA also provided private medical services, there was no, nor would there be any public subsidies for such services. The HA had no intention to expand these private services beyond the present gazetted capacity. The private services in the HA should however be developed as benchmark services for the private sector. Similar to the private services provided by the HA, public subsidies were not and would not be provided to programmes involving private/public collaboration. DSHWF(H) however envisaged that with the implementation of healthcare financing, more patients would choose to use medical services provided by the private sector.

24. Mrs Selina CHOW hoped that the Administration would not rule out providing public subsidies for services provided by the private sector, as to do so would make it not possible for the private sector to provide services at fee levels which were affordable by the general public. In the end, over-reliance on the public healthcare system would continue.

25. Ms LI Fung-ying asked whether the delay in publishing a consultation paper on healthcare financing had anything to do with the willingness-to-pay survey and a study on the financial impact of fees revision options on HA users conducted by the HA. Ms LI pointed out that it was mentioned in the discussion paper on the future service delivery model for Hong Kong's health care system entitled "Building a Better Tomorrow" published by the Health and Medical Development Advisory Committee in July 2005 that it intended to put forth possible financing options for public consultation by end of 2005/early 2006. Ms LI agreed with the HA that boosting staff spirit did not take only financial input to enhance the terms and conditions of staff, but the development of a culture that promoted respect, care and equitable treatment of each and every member of the organisation. Ms LI however was of the view that it was equally important for the HA to address the problems of long working hours of doctors, non-compensatory leave of doctors and nurses and unequal pay for equal work.

26. DSHWF(H) explained that the reason for the delay in publishing a public consultation document on the possible healthcare financing options was because some more time was needed to verify and analyse all the relevant data, including

the willingness of the public to pay for healthcare services and the financial impact of fees revision options on HA users.

27. Chief Executive, HA said that enhancing staff morale would continue to be the top priority of the HA. For instance, the HA was in discussion with doctors' representatives on how HA doctors should be compensated for working on rest days and statutory holidays arising from the recent court judgment, and good progress in this regard had been made thus far. Other initiatives taken by the HA to bolster staff morale included offering a nine-year contract for doctors on the resident training programme to better enable them to complete their professional training in the HA, reviewing the policy of hiring new staff on contract terms to provide job security for staff on the one hand without undermining the flexibility of the management to motivate staff to perform and conducting a survey on the workload of nurses to find out how the problem of uneven workload among nurses could be solved.

28. Ms LI Fung-ying asked when the public could expect the consultation document on the possible healthcare financing options be published. Ms LI further asked when the HA could settle doctors' claims on compensatory leave for working on rest days and statutory holidays.

29. DSHWF(H) responded that she would not be able to give a timing for publishing the consultation document on the possible healthcare financing options, as further analysis of relevant data would be necessary.

30. As regards when the HA could settle doctors' claims on compensatory leave for working on rest days and statutory holidays, Chief Executive, HA said that this would depend on whether the doctors' representatives would accept the proposed settlement put forth by the HA. Even if the doctors' representatives were agreeable to the proposed settlement, time was needed to get each and every HA doctor to agree to the proposal, not to mention the need to also secure the agreement from those claimants who had left the employ of the HA. Chief Executive, HA however envisaged that the matter could be settled by the end of the year.

31. Mr Andrew CHENG urged the Administration not to drag its feet in coming up with possible healthcare financing options for public discussion, and requested the Administration to give a definite timetable in this regard. Mr CHENG said that it was unreasonable to adopt means, such as increasing the fees and charges of public healthcare services and reducing the duration of stay of patients in public hospitals, when the way forward on healthcare reform had yet to be hammered out.

32. DSHWF(H) responded that there was no question of the Administration

dragging its feet in coming up with possible healthcare financing options for public discussion, for the reasons given in paragraph 29 above. DSHWF(H) assured members that the Administration had the determination to come up with measures to ensure the financial sustainability of the healthcare system. Various reports in this regard had been published by the Administration over the past 10 years. Regrettably, no consensus could be obtained over the options proposed in these reports.

33. Chief Executive, HA supplemented that there were a lot of things which the HA could do to raise the quality of healthcare prior to the implementation of the healthcare reform. For instance, efforts would be made (i) to modernise the HA to keep pace with new treatment methods and new technology; (ii) to make better use of its day surgery service and bring the service in line with international best practices; (iii) to improve outcomes in disease management, such as integrating cancer treatment; (iv) to better plan for the future need for health services across Hong Kong, so that capital redevelopments like the PWH were aligned with other redevelopment works of public hospitals; and (v) to reduce avoidable hospitalisation. On reducing avoidable hospitalisation, Chief Executive, HA pointed out that this meant that focus would be made to strengthen the upstream preventive work and beefing up further the primary and community care infrastructure.

34. Mr Andrew CHENG queried whether the HA had the ability to implement the over 150 initiatives with implementation timeframe for the next financial year, having regard to the already heavy workload of HA staff. Chief Executive, HA responded that there was no cause for such concern, as many of the initiatives did not require staff to work longer hours.

35. Miss CHAN Yuen-han expressed concern about the hidden agenda in the HA Annual Plan, such as increasing its fees and charges and shifting primary care to the private sector to attain financial viability, and contracting out the menial jobs presently undertaken by healthcare workers to save costs, having regard to the four areas on which HA would focus as set out in paragraph 12 of the Administration's paper.

36. DSHWF(H) responded that there was no question of the situation mentioned by Miss CHAN in paragraph 35 above, as the four areas on which the HA would focus its services, namely, acute and emergency care; low income and under-privileged groups; illnesses that entailed high cost, advanced technology and multi-disciplinary professional team work; and training of healthcare professionals, were made in response to the direction which the provision of healthcare services should take as stated by the incumbent Secretary for Health, Welfare and Food upon taking up his office. DSHWF(H) further said that the promotion of the family doctor concept was not intended to force patients to use

Action

private medical services, but was intended to strengthen preventive work so as to avoid delay in treatment and ultimately hospitalisation.

37. The Chairman sought clarification from the Administration on a newspaper report of the HA's plan to build a healthcare centre in North Lantau with participation from the private sector.

38. DSHWF(H) responded that the construction of a public/private sector participation healthcare centre in North Lantau was still at a very preliminary stage. Assessment of the impact of the project on the environment, whether there was a market for such a centre and the viability of the public/private collaboration needed to be carefully examined before deciding on the way forward. DSHWF(H) further said that although developing public/private collaboration was certainly the direction of healthcare reform, there was no intention to expand the provision of private services by the HA beyond its present gazetted capacity.

Admin

39. In closing, the Chairman urged the Administration to provide members by the next meeting the timing of presentation of possible healthcare financing options for public discussion, as well as the results of the willingness-to-pay survey and a study on the financial impact of fees revision options on HA users conducted by the HA.

40. There being no other business, the meeting ended at 10:05 am.

新界東醫院聯網

威爾斯親王醫院

擴建大樓

(補充資料)

2006 年 6 月



Hospital Authority

New Territories East Cluster

Quality

Health Care

目前面對的困難

- 空間短缺
- 設施殘舊
- 未能配合醫療服務及運作上需要



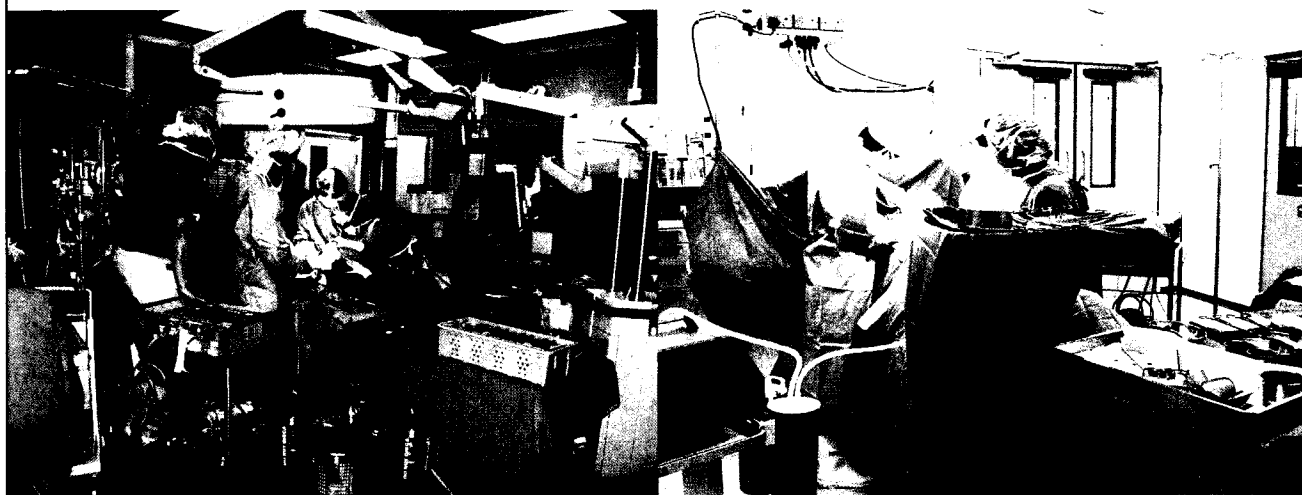
Hospital Authority

New Territories East Cluster

Quality

Health Care

手術室

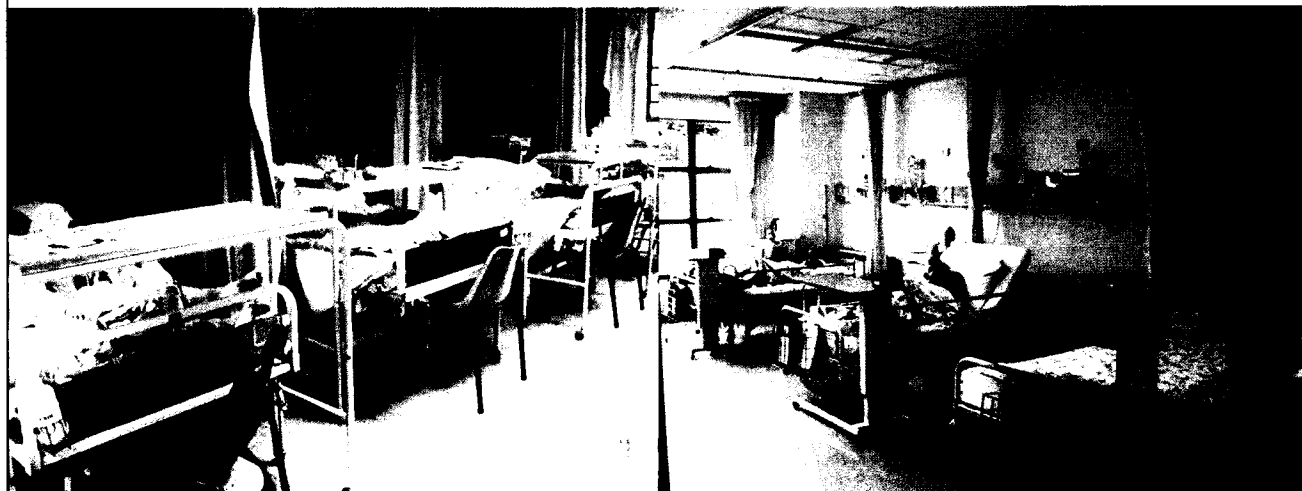


威爾斯親王醫院

將軍澳醫院



病房



威爾斯親王醫院

將軍澳醫院



日間護理 / 門診



威爾斯親王醫院：
糖尿及內分泌科中心

將軍澳醫院：
專科門診診所

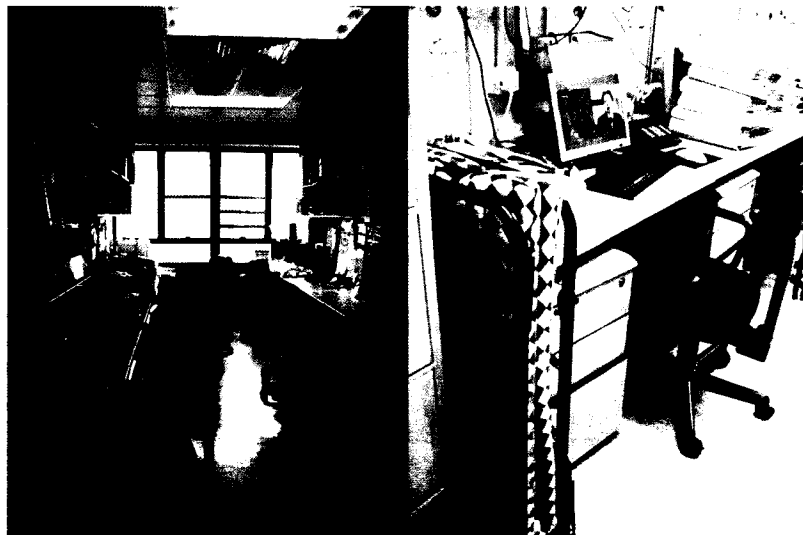


Hospital Authority
New Territories East Cluster



Quality
Health Care

辦公室 / 候召室



日間：
11名醫生的辦公室

夜間：
醫生候召室

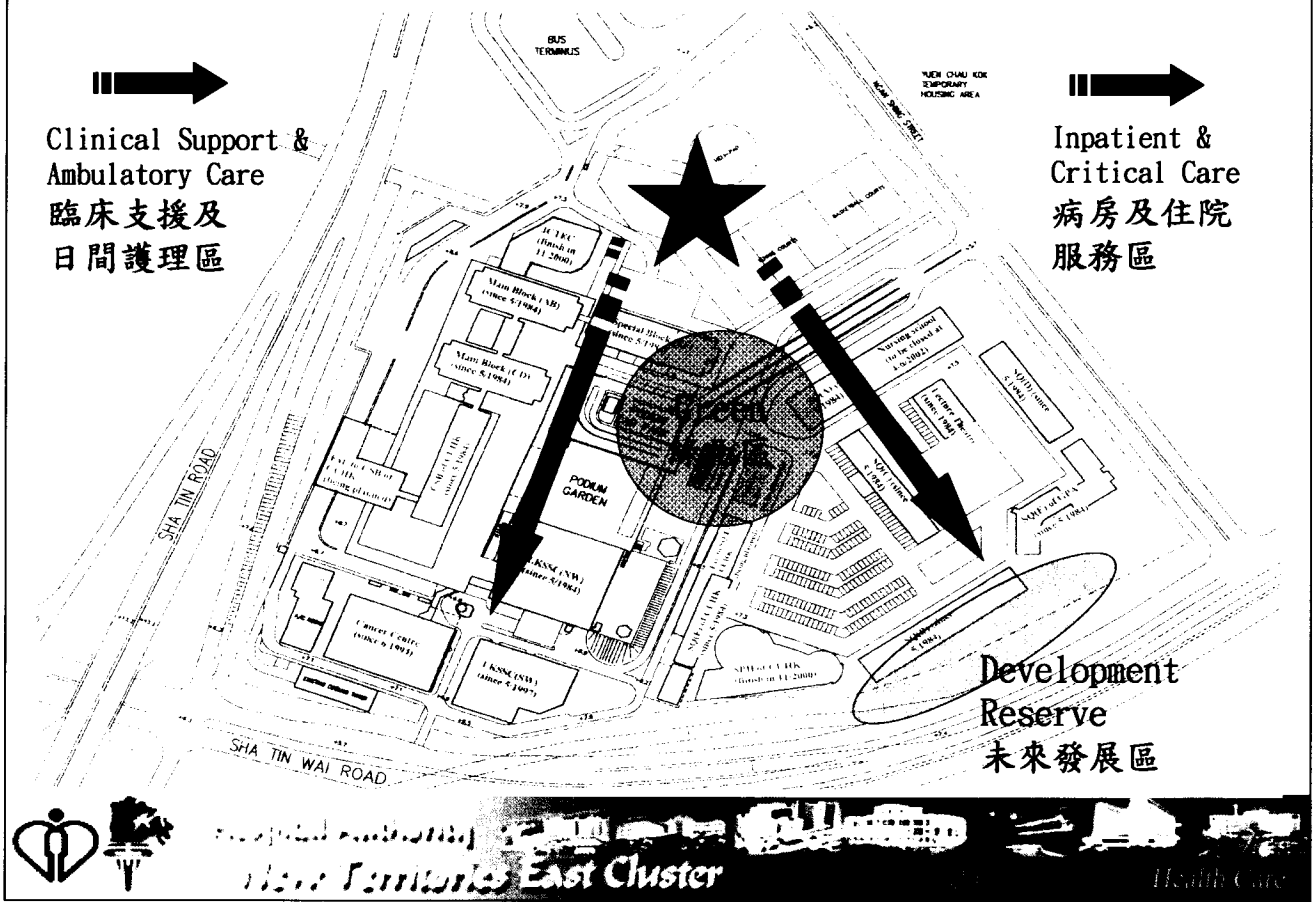


Hospital Authority
New Territories East Cluster

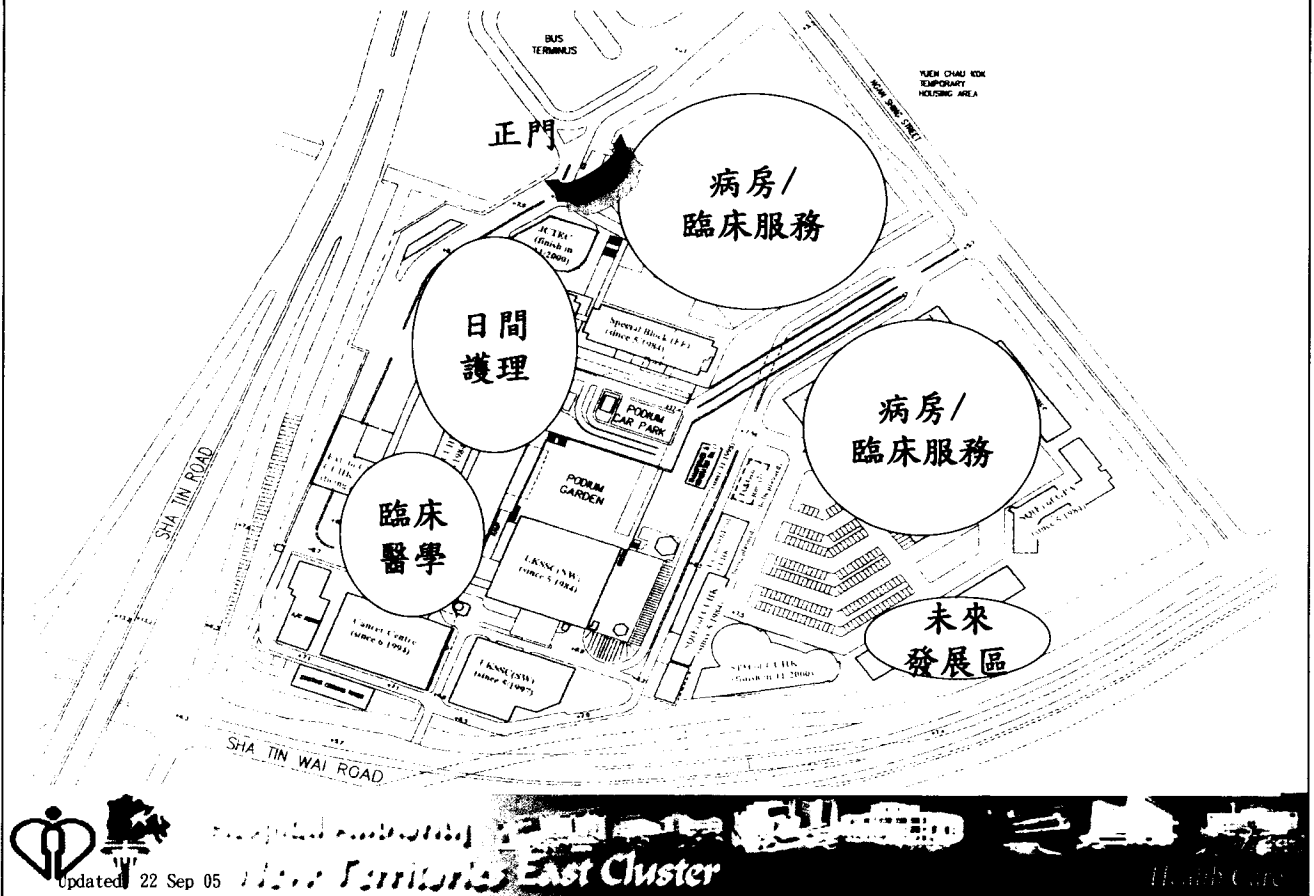


Quality
Health Care

醫院用地功能區域化



醫院服務功能化規劃



發展計劃-現階段擬議

- 住院及主要臨床服務
 - 為紓緩目前因缺乏空間而要面對的服務及運作上困難，須要加建一棟病房及臨床服務大樓
 - 設施包括 800 張病床、深切治療病房、手術室、24 小時急症室等主要臨床及支援服務



Hospital Authority
New Territories East Cluster



未來發展構思 (1) - 住院服務

- 計劃於現有宿舍 (A, C, D座) 發展病房/臨床服務用途
- 主要服務：
 - 婦產科、兒科及腫瘤科住院及有關臨床服務，約 500 張病床
 - 病理部及化驗室等設施



Hospital Authority
New Territories East Cluster



未來發展構思(2)

-日間護理及治療服務

- 把現有臨床服務主座大樓改為綜合性日間護理用途，設施將包括：
 - 臨床支援服務（例如：放射診斷及影像科）
 - 日間護理及治療服務（例如：糖尿及內分泌中心、內窺鏡檢視及治療中心）
 - 社區外展服務（例如：社康護理服務）
 - 專職醫療服務（例如：物理治療、職業治療）



新界東醫院聯網
New Territories East Cluster

Health Care

未來發展構思(3)

- 重修及理順其他現有醫院服務設施，如李嘉誠專科診所、臨床醫學大樓等
- 將於醫院中心一帶，闢為綠化休憩區，紓緩整體建築群帶來的擠迫感



新界東醫院聯網
New Territories East Cluster

Health Care