

立法會
Legislative Council

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LC Paper No. CB(2)2490/06-07
(These minutes have been seen
by the Administration)

**Panel on Health Services and
Panel on Welfare Services**

**Minutes of joint meeting
held on Monday, 12 June 2006 at 10:00 am
in Conference Room A of the Legislative Council Building**

**Members
present**

: Panel on Health Services

Dr Hon KWOK Ka-ki (Chairman)
Hon Fred LI Wah-ming, JP
Hon Mrs Selina CHOW LIANG Shuk-ye, GBS, JP
* Hon Bernard CHAN, JP
* Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Hon Andrew CHENG Kar-foo
* Hon LI Fung-ying, BBS, JP
Hon LI Kwok-ying, MH

Panel on Welfare Services

Dr Hon Fernando CHEUNG Chiu-hung (Chairman)
Hon CHAN Yuen-han, JP (Deputy Chairman)
Hon LEE Cheuk-yan
Hon Frederick FUNG Kin-kee, JP
Hon Alan LEONG Kah-kit, SC

**Members
absent**

: Panel on Health Services

Dr Hon Joseph LEE Kok-long (Deputy Chairman)
* Hon Albert HO Chun-yan
* Dr Hon YEUNG Sum
Hon Vincent FANG Kang, JP

Panel on Welfare Services

Hon James TIEN Pei-chun, GBS, JP
Hon TAM Yiu-chung, GBS, JP
Hon Albert CHAN Wai-yip
Hon LEUNG Kwok-hung

(* Also members of the Panel on Welfare Services)
(# Also member of the Panel on Health Services)

**Public Officers : Item II
attending**

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

Mr Eugene FUNG
Principal Assistant Secretary for Health, Welfare and Food
(Elderly Services and Social Security) 1

Mrs MA LO To-wan, Mary
Commissioner for Rehabilitation
Health, Welfare and Food Bureau

Mrs Kathy NG
Assistant Director (Elderly)
Social Welfare Department

Mrs LI CHAN Chui-ngan, Agnes
Assistant Director of Social Welfare
(Rehabilitation and Medical Social Services) (Acting)

Mr CHENG Chok-man
Chief Social Security Officer (Social Security) 1
Social Welfare Department

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

Dr K M CHOY
Senior Executive Manager (Professional Services) 5
Hospital Authority

Ms Ivis CHUNG
Co-ordinator (Allied Health)
Hospital Authority

**Deputations
by invitation** : Item II

The Against Elderly Abuse of Hong Kong

Ms Kennex YUE
Chief Executive Director

The Hong Kong Geriatrics Society

Dr Felix CHAN
Vice President

Hong Kong Association of Gerontology

Dr Edward M F LEUNG
President

Ms Stella Y H CHEUNG
Chief Executive

The Hong Kong Council of Social Service

Mr TIK Chi-yuen
Chairman, Specialized Committee on Elderly Service

Ms Jane TSUEI
Business Director (Service Development)

The Salvation Army Carer Association

Ms AU YEUNG Kit-ping
Committee Member

Ms CHENG Lai-ying
Committee Member

Concerning CSSA Review Alliance

Mr AU YEUNG Tat-chor
Committee Organizer Assistant

Miss WONG Wai-ling
Member

Society for Community Organization

Mr PANG Hung-cheong
Patients' Rights Advocate

Elderly Rights League (HK)

Ms FOK Tin-man
Patients' Rights Advocate

Dr LUM Chor-ming

Mr CHOY Man-kit
Representative of Patient Family Member

**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

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I. Election of Chairman

Dr KWOK Ka-ki was elected chairman of the joint meeting.

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II. Discharge planning in public hospitals

(LC Paper Nos. CB(2)2301/05-06(01) to (06))

2. Before inviting deputations to give their views on discharge planning in public hospitals, the Chairman sought members' view on setting up a subcommittee under the Panel on Health Services and the Panel on Welfare Services to study the handling of drugs in residential care homes for the elderly (RCHEs) requested by three local pharmacist associations in a letter to him and Dr Fernando CHEUNG, Chairman of the Panel on Welfare Services, following the special meeting of the Panel on Health Services on 15 May 2006 to discuss the subject.

3. Principal Assistant Secretary for Health, Welfare and Food (Elderly Services and Social Security) 1 (PAS/HWB(ES&SS)1) advised that following the special meeting of the Panel on Health Services on 15 May 2006, the Health, Welfare and Food Bureau invited the three local pharmacist associations and various organisations representing the RCHEs to a discussion last week to exchange views on the further measures for enhancing the drug handling capability of RCHEs. Representatives of the Social Welfare Department (SWD), the Department of Health (DH) and the Hospital Authority (HA) were also present. While there were divergent and different views on possible means to help RCHEs enhance their drug handling capability, the RCHE sector was receptive to further collaboration with individual pharmacist associations in this respect. As a successful resolution of the matter would require a series of measures, it was unrealistic to expect that the matter could be addressed in one single meeting. The Administration would continue to engage the RCHE sector and the pharmacists associations to work out ways to address issues relating to the handling of drugs in RCHEs.

4. Dr Fernando CHEUNG expressed support for the setting up of a subcommittee under the Panel on Health Services and the Panel on Welfare Services to study not only the handling of drugs in RCHEs, but the overall operation and regulation of these homes so as to better safeguard the interests and welfare of the elderly residents. Miss CHAN Yuen-han concurred.

5. Mrs Selina CHOW said that the proposal of setting up a subcommittee under the Panel on Health Services and the Panel on Welfare Services to study the regulation and operation of RCHEs was worthy of support, but expressed concern about whether Members had the time to do the job well in view of their already very heavy workload.

6. Mr Andrew CHENG said that in order not to delay the discussion on discharge planning in public hospitals, he suggested to defer the discussion of the proposal to set up a subcommittee under the Panel on Health Services and the

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Panel on Welfare Services to study the regulation and operation of RCHEs to another appropriate forum. Members agreed. The Chairman said that he would discuss with Dr Fernando CHEUNG after the meeting on how to take the matter forward.

7. At the invitation of the Chairman, the following deputations/individual presented their views on discharge planning in public hospitals set out in their respective submission -

- (a) Hong Kong Association of Gerontology (LC Paper No. CB(2)2315/05-06(01));
- (b) Hong Kong Geriatrics Society (LC Paper No. CB(2)2301/05-06(03));
- (c) Hong Kong Council of Social Service (HKCSS) (LC Paper No. CB(2)2315/05-06(02));
- (d) Salvation Army Carer Association (LC Paper No. CB(2)2301/05-06(04));
- (e) Concerning CSSA Review Alliance (LC Paper No. CB(2)2301/05-06(05));
- (f) Dr LUM Chor-ming (LC Paper No. CB(2)2301/05-06(06));
- (g) Against Elderly Abuse of Hong Kong (LC Paper No. CB(2)2301/05-06(02)); and
- (h) Society for Community Organization (LC Paper No. CB(2) 2356/05-06(01) provided after the meeting).

8. Ms FOK Tin-man from the Elderly Rights League (HK) said that inadequate support services for discharged patients had imposed heavy financial and physical burden on carers. She told the meeting of a 70 years old woman who had to put her 80 years old stroke-stricken spouse in a private RCHE because she did not have the strength and capacity to care for him following a long waiting time for a subsidised RCHE place.

9. Mr CHOY Man-kit, a family member of a stroke-stricken patient, said that HA should not force patients to leave the hospital when community support services for patients and their carers were inadequate. The varying standards of private RCHEs were particularly worrying. Mr CHOY further said the HA should not give up treating stroke patients in hospitals by refusing to accede to

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family's requests to explore alternative treatment in Chinese medicine and acupuncture.

Discussion

10. Dr Fernando CHEUNG said that although 104 patients refusing to be discharged from hospitals only constituted a very small percentage of the some one million annual discharge from HA hospitals, the figure had brought to light the problems of lack of discharge planning by HA and inadequate community support for discharged patients. Dr CHEUNG further said that HA should consider the suggestion made by HKCSS that HA should immediately draw up a plan on how a patient should be cared for after the patient was discharged from hospital in consultation with the patient and/or his family members, albeit the discharge plan must be underpinned by available community support services for the discharged patient.

11. Director (Professional Services & Operations), HA responded that while clinical fitness for discharge was the main consideration, the views and social conditions of the patient and his carer(s) would also be taken into account as appropriate in determining whether a patient should be discharged and if so, the necessary post-discharge support. The hospital team would make a professional decision on whether a particular patient was ready for a full return to the community, or should be taken care of in a residential home. A determination would also be made on the support that the patient might need after his discharge from hospital (for example, community nursing service and financial assistance).

12. Miss CHAN Yuen-han said that the HA should not force patients to leave the hospitals when support services for discharged patients and their carers were far from adequate. Miss CHAN further said that the Administration should not smear patients who were Comprehensive Social Security Assistance (CSSA) recipients by saying that the reason they insisted on staying in hospitals despite being assessed to be clinically fit for discharge was because they got free meals and accommodations in hospital while at the same time receiving monthly CSSA payment. Miss CHAN pointed out that this was not true as the CSSA payment to a recipient would be reduced after prolonged hospitalisation, albeit a subsidy would be disbursed to him during his stay in hospital.

13. DSHWF(H)1 responded that there was no question of the Administration smearing patients on CSSA as suggested by Miss CHAN Yuen-han in paragraph 12 above. The Administration noted the importance of providing various types of community support services for discharged patients, and every effort would be made to see that this was done, even though it was not an easy task given resources were finite.

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14. Ms LI Fung-ying said that it was regrettable that the discharge problem had conveyed to the public that patients on CSSA refusing to be discharged from hospitals because they could continue receiving their monthly CSSA payment and yet were waived all fees and charges while staying at hospitals, having regard to the fact that only a quarter of the 104 patients who insisted on staying despite being assessed to be clinically fit for discharge were on CSSA. Noting that some 57% of the 104 patients who refused to leave hospitals were below 60, Ms LI hoped that the Administration would not only concentrate on strengthening support services for elderly discharged patients.

15. Mrs Sophie LEUNG hoped that all groups concerned should join hands to work out a solution to address the specific situation and needs of the patients, instead of relying on the Administration to enhance support services for discharged patients.

16. DSHWF(H)1 responded that the Administration would work closely with the SWD on finding out ways of improving the existing support services for discharged patients within the present confines on resources and manpower.

17. The Chairman expressed views similar to those of Miss CHAN Yuen-han and Ms LI Fung-ying, and further asked about the actions which would be taken by the Administration to address the inadequate supply of emergency placement in subvented RCHEs or nursing homes for elderly patients who were not able to receive proper care at home immediately upon discharge from hospitals, when there was a long waiting time from six to nine months for receiving home-based community care services, and lack of support services for people with disabilities.

18. Commissioner for Rehabilitation (C for R) said that apart from the many existing community support services for people with disabilities, two initiatives had been launched by the Administration this year for severely disabled patients, namely the setting up of a transitional care and support centre for people with severe disabilities (including the tetraplegics) and the setting up of five Community Continuing Rehabilitation Day Centres for discharged patients with mental, neurological or physical impairment, details of which were set out in paragraphs 20 to 22 of the Administration's paper. C for R further said that she would be happy to provide Members with the details of the existing community support services for people with disabilities living in the community after the meeting if so requested.

19. Regarding the inadequate supply of emergency placement in subvented RCHEs or nursing homes, Assistant Director (Elderly) (AD(E)) of the Social Welfare Department clarified that there was no question of such a situation as the utilisation rate of the emergency placement was less than 50%. The reason why an elderly patient could not find an emergency place in a subvented RCHE or

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nursing home might be due to the fact that a particular home favoured by the patient was full in a particular period of time. AD(E) further said that the average stay of patients in an emergency placement in a RCHE or nursing home was three months, and could be extended up to six months where necessary. The first three months was free of charge, whereas a small monthly fee was charged for the fourth month of stay and onwards.

20. As to the provision of home-based community care services for frail elders, PAS/HWB(ES&SS)1 said that there was currently no waiting time for such services as these services still had spare capacity.

21. Dr Fernando CHEUNG said that he was not convinced by what the Administration said in paragraphs 18 to 20 above, which was at variance with the views expressed by many deputations attending the meeting that community support services for discharged patients were far from adequate.

22. In closing, the Chairman requested the Administration to provide a response in writing to the views expressed by deputations about the lack of community support services for discharged patients. Upon receipt, another joint meeting could be held to follow up with the Administration. Members did not raise any query.

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23. There being no other business, the meeting ended at 11:17 am.

Council Business Division 2
Legislative Council Secretariat
17 July 2007