



中華人民共和國香港特別行政區政府總部衛生福利及食物局
Health, Welfare and Food Bureau
Government Secretariat, Government of the Hong Kong Special Administrative Region
The People's Republic of China

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13 June 2006

Clerk to the Panel on Welfare Services
(Attn : Ms Maggie Chiu)
Legislative Council Building
8 Jackson Road
Central
Hong Kong

Dear Maggie,

**Follow-up to the Joint Meeting of the Panels of Welfare Services,
Health Services and Manpower on 9 March 2006
about Government Support to Patients of
Severe Acute Respiratory Syndrome (SARS)**

At the joint meeting of the Panels of Welfare Services, Health Services and Manpower on 9 March 2006, when discussing the paper titled "Government Support to Patients of Severe Acute Respiratory Syndrome (SARS)" (LC paper no. CB(2)1310/05-06(01)), Members requested that :

- (a) the Hospital Authority (HA) provide additional information on the number of SARS patients who had registered for follow-up services by the Family Medicine specialists and were currently in receipt of financial assistance under the Trust Fund; and
- (b) HA report on the way forward for the arrangements for HA employees' paid sick leave and their participation in HA's return to work programme.

This letter provides the information requested.

Follow up by Family Medicine Specialists

SARS patients have, since their discharge from hospitals, been followed up by the specialists related to their clinical problems identified. HA also provides the required screening on their conditions periodically. To provide better care, HA offered a screening service for all SARS patients in late 2004/early 2005 for possible referral to the Family Medicine specialty. As patients have gradually recovered or due to their personal choice, 320 SARS patients were being followed up by HA's Family Medicine as at May 2006.

On the other hand, a total of 260 SARS patients are currently receiving financial assistance from the Trust Fund for SARS.

For those patients who were once referred to the Family Medicine but do not seek assistance from the Family Medicine specialists at the moment, HA has reminded them in writing that they may consult such specialists again if necessary.

Arrangements for HA Workers

After the Joint meeting on 9 March 2006, HA has further discussed with their staff representatives on the job rehabilitation programme and reached agreement with the staff side on how best to encourage its employees infected with SARS to return to their work in HA as follows :

- (a) the relevant HA employees have been reassured that they will be offered the most appropriate jobs they can possibly perform after taking into account their physical and psychosocial conditions. The job rehabilitation will be carried out phase by phase depending on the actual progress of their health conditions. HA is also prepared to handle cases with difficulties in meeting the job rehabilitation requirements flexibly and reasonably; and
- (b) as we explained to Members at the meeting, under the Employees' Compensation Ordinance (Cap.282), employees will not be paid for injury-on-duty sick leave in excess of 36 months. HA's present offer of further paid sick leave in the fourth year, to be balanced off by the staff's original normal entitled sick leave first, is a special ex-gratia arrangement implemented only with the consent of the staff concerned. In any case, HA will consider each case on an individual basis after the staff's normal sick leave has been exhausted; and

- (c) as regards an HA worker's concern about the confidentiality of her personal medical files kept by the psychiatrists, HA has explained to the staff the need for HA's psychiatrists to keep the files and records in general for treatment and health monitoring. However, HA is well aware of the sensitivity of such personal information and the files and records in its psychiatric unit are therefore handled in strict confidence. It is also not uncommon for these files to be put under 'classified' category so that no person other than the attending psychiatrists can gain access to the information. The staff's concern has therefore been addressed.

So far, 24 HA employees have been offered the job rehabilitation opportunities and 21 of them have accepted the offer. They are generally progressing well. The remaining 3 did not join the programme because of personal reasons.

If Members have any question about the information provided above, they are welcome to contact us.

Yours sincerely,



(Freely K Cheng)

for Secretary for Health, Welfare and Food

c.c. Chief Executive/Hospital Authority (Attn: Mr Chu Ming)