

立法會
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Panel on Health Services

**Minutes of special meeting
held on Friday, 13 October 2006, at 5:35 pm
in the Chamber of the Legislative Council Building**

Members present : Dr Hon Joseph LEE Kok-long, JP (Chairman)
Dr Hon KWOK Ka-ki (Deputy Chairman)
Hon CHAN Yuen-han, JP
Hon Bernard CHAN, GBS, JP
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Dr Hon YEUNG Sum
Hon Andrew CHENG Kar-foo
Hon LI Fung-ying, BBS, JP
Hon Audrey EU Yuet-mee, SC, JP
Hon Vincent FANG Kang, JP
Hon LI Kwok-ying, MH, JP
Dr Hon Fernando CHEUNG Chiu-hung

Members absent : Hon Fred LI Wah-ming, JP
Hon Mrs Selina CHOW LIANG Shuk-yee, GBS, JP

Members attending : Hon Albert HO Chun-yan
Hon Emily LAU Wai-hing, JP
Hon WONG Kwok-hing, MH

- Public Officers attending** : Dr York CHOW, SBS, JP
Secretary for Health, Welfare and Food
- Ms Sandra LEE, JP
Permanent Secretary for Health, Welfare and Food (Health and Welfare)
- Dr P Y LAM, JP
Director of Health
- Dr Gloria TAM, JP
Assistant Director of Health (Health Administration & Planning)
- Mr Shane SOLOMON
Chief Executive, Hospital Authority
- Clerk in attendance** : Miss Mary SO
Chief Council Secretary (2) 5
- Staff in attendance** : Mrs Vivian KAM
Assistant Secretary General 2
- Ms Amy YU
Senior Council Secretary (2) 3
- Ms Sandy HAU
Legislative Assistant (2) 5

Action

I. Briefing by the Secretary for Health, Welfare and Food on the 2006-2007 Chief Executive's Policy Address
(LC Paper No. CB(2)36/06-07(01))

Secretary for Health, Welfare and Food (SHWF) briefed members on the new initiatives as well as the progress of the on-going initiatives in respect of health matters set out in the 2006-2007 Policy Address, details of which were set out in the Administration's paper.

Discussion

2. Dr KWOK Ka-ki asked the following questions -
 - (a) whether consideration would be given to providing persons aged 65 or above with vouchers for buying health care services provided by both the public and private sectors;
 - (b) whether consideration would be given to allowing people to claim a tax reduction for purchasing health care insurance; and
 - (c) whether there was any plan to sustain the long-term financial viability of the Hospital Authority (HA), having regard to the promise made by the HA to reduce the working hours of its doctors.

3. SHWF responded that providing people with health care vouchers was one of the options being considered for long-term health care financing arrangements for Hong Kong. However, unlike education vouchers where the use of them would be universal due to the fact that all children had to go to school, the use of health care vouchers would tend to concentrate on certain groups of people such as the elderly. Hence, one of the major considerations for introducing health care voucher would be to restrict its usage to certain services to ensure equitable use of public money. For instance, it might not be appropriate to use the health care voucher on the treatment of catastrophic and/or acute illnesses.

4. Regarding Dr KWOK's second question, SHWF said that the Administration had no intention to provide people with tax concession for purchasing health care insurance at this stage. SHWF pointed out that at present, many health care insurance plans failed to provide adequate safeguard to the consumers. Hence, it would be inappropriate for the Administration to use tax concession to entice people to purchase health care insurance. However, the Administration would consider doing so if the purchase of health care insurance was made part of the strategy of health care financing and the insurance plans concerned came under the regulation of the Government.

5. As to Dr KWOK's last question, SHWF said that an additional \$300 million per annum would continue to be provided to the HA for the three years from 2006-2007 to 2008-2009 i.e. the additional recurrent provision would reach about \$900 million in 2008-2009. Such arrangement should help the HA to alleviate its stringent financial condition and provide it with more certainty in respect of its resources, enabling it to make longer term financial arrangements. Notwithstanding, efforts would continue to be made to work out the long term funding arrangement for HA. In parallel, it was hoped that the HA would work

in partnership with the private sector, non-profit-making organisations and/or universities to provide collaborative health care services to patients where practicable. Not only would this facilitate cross-fertilisation of expertise thereby raising professional standards, it would also generate additional income for the HA.

6. Mr LI Kwok-ying urged the Administration to expeditiously regulate medical devices, having regard to the increasing public concern over improper use of these devices which had caused considerable health risk to both users and customers.

7. SHWF responded that the Administration would expedite the migration from the voluntary Medical Device Administrative Control System (MDACS), which had been put in place in 2004, to a statutory registration system. To that end, the Department of Health (DH) would first consult stakeholders, such as users, health care professionals, suppliers and manufacturers of medical devices, in the coming year on the statutory regulatory framework. A regulatory impact assessment would also be conducted by DH to identify and analyse the impact of different regulatory options. It was the Administration's aim to consult this Panel on the statutory regulatory framework in the second quarter of 2007.

8. Director of Health (D of Health) supplemented that using several years to pave the way for the setting up of a statutory control system on medical devices was necessary and worthwhile in that the MDACS, which was built on the same principles as the proposed regulatory framework, had provided the opportunity for DH to collect useful information and feedback from the industry, enable the traders to familiarise themselves with the listing requirements that would form part of the future mandatory requirements, draw experience from overseas practice and raise public awareness of the use of safe medical devices.

9. Mr WONG Kwok-hing asked -

- (a) whether Chinese medicine (CM) professionals would be enlisted by the planned multi-partite medical centre of excellence;
- (b) what actions would be taken to enhance surveillance on the common types of cancer afflicting men, such as prostate cancer; and
- (c) what actions would be taken to encourage the public to lead a healthy lifestyle, in view of the growing number of colon cancer cases in Hong Kong.

10. SHWF responded that the multi-partite medical centre of excellence was meant to serve as a focal point for experts, to provide training opportunities and to

further entrench Hong Kong's position as an outstanding professional medical treatment in the Region. Hitherto, no decision had yet been made as to whether there would be one or more than one such centre. SHWF further said that CM experts would certainly be enlisted to impart their knowledge and share their valuable experience with other members of the profession if CM was found to be able to contribute to the treatment of certain catastrophic illnesses. In the meantime, efforts would continue to be made to develop the application of CM in primary care through the setting up of more outpatient CM clinics in the public sector. Apart from this, there were at present two public hospitals using both CM and western medicine (WM) to treat patients in one of their inpatient wards. To further develop the use of both CM and WM in treating patients, a new CM centre was being set up in the Queen Elizabeth Hospital to establish CM and WM shared care services, among others.

11. Regarding Mr WONG's second question, SHWF hoped that through the Cancer Registry maintained by the HA, a more effective strategy for preventing and treating prostate cancer could be identified. SHWF further said that to promote early detection of cancer, consideration was being given to incorporating cancer screening in primary care. The cost involved was being calculated and would be presented in the forthcoming consultation document on health care financing options.

12. As to Mr WONG's last question, SHWF said that DH would continue with its health promotion campaign to advocate a healthy lifestyle such as to eat at least two servings of fruits and three servings of vegetables as part of a balanced diet every day. In view of the threat to public health posed by obesity, DH had embarked on a territory-wide campaign to promote healthy eating among primary school students for the 2006-2007 school year. The objectives of promoting healthy eating among school children were to raise the awareness of the importance of healthy eating among students, teachers, parents and the public; to improve the knowledge, attitudes and practices towards healthy eating amongst students; and to create a supportive environment for healthy eating in schools.

13. Dr Fernando CHEUNG asked -

- (a) whether the Administration had the determination to raise the standards of homes for the disabled and the elderly. At present, many of these homes, in particular the privately-run ones, were too cramped to carry out segregation of residents and lacked the manpower to implement the necessary infection control measures in times of infectious disease outbreak in the homes;
- (b) whether a review would be conducted to ascertain the justification for establishing the HA Drug Formulary (the Formulary), having

regard to the concerns expressed by many patients groups and health care professionals about the financial burden imposed on those HA patients who were required to purchase self-financed item (SFI) drugs at their own expenses; and

- (c) what actions would be taken to address the long waiting time for surgical procedure and diagnostic scan in public hospitals/clinics.

14. SHWF clarified that operators of the homes for the disabled and the elderly were not required to segregate infected resident(s) from other residents in times of infectious disease outbreak in the homes, as in most instances the infected resident(s) would be admitted to hospitals for treatment by the operators. In his view, the most important thing was for these homes to observe good personal and environmental hygiene. Inspections to these homes had been conducted by departments concerned to see that the guidelines relating to the prevention of the spread of infectious disease were complied with. SHWF further said that in the event of an occurrence of an infected case in a residential home for the disabled or the elderly, staff of DH or Centre for Health Protection would visit the home to provide advice on the measures that needed to be carried out.

15. Regarding Dr CHEUNG's second question, SHWF said that the HA had in place a mechanism to periodically review in a systematic manner the content of the Formulary taking into account changes in scientific evidence, cost effectiveness, technology advances in treatment options, etc. Expert Panels, comprising specialist clinicians, pharmacists and academics in pharmacology had been also been established to deliberate on the usage and screening of drugs for each clinical specialty. Patient groups were consulted in the process and reference made to overseas practices. SHWF further said that only a very small percentage of drugs prescribed by the HA for its patients, i.e. about 1.3%, were SFI drugs. For those SFI drugs which were proven of significant benefits but extremely expensive, a safety net was in place through the Samaritan Fund to provide needy patients with the necessary financial assistance.

16. As to Dr CHEUNG's last question, SHWF said that the problem of long waiting time for surgical procedure and diagnostic scan was a common problem faced by all public health care systems. To better enable patients to get the services they needed as soon as possible, the HA had laid down performance standards and targets for these services and accorded priority to urgent cases. SHWF however pointed out that unless there was a significant injection of resources, wait for surgical procedure and diagnostic scan in public hospitals/clinics was inevitable. To date, no public health care system elsewhere with resource constraints had come up with an effective way to eradicate the problem. SHWF hoped that the problem could be mitigated when the strategy for health care services reforms had been mapped out through the adoption of

some forms of health care financing arrangements.

17. Ms Audrey EU queried the claim made by the Administration in paragraph 24 of its paper that community responses for the initiative to promote healthy eating among school children so far had been positive and encouraging. Ms EU noted from the findings of the Baseline Assessment of Promoting Healthy Eating in Primary Schools published by DH in September 2006 that none of participating schools which offered lunch for their students met all the five criteria of healthy eating. For instance, no school was able to provide whole grains, reduced fat dairy products or other high calcium food items in at least one lunch choice on every school day. More than 85% of the one-week menu did not mention vegetable in all lunch choices on every school day. Over 95% and 65% of the weekly menu provided more than the specified frequencies of “limited” and “strongly discouraged” food items respectively.

18. D of Health explained that the Administration had made the claim as the public at large was very receptive to the initiative. The Administration well understood that changing eating culture in the community could not be achieved overnight, as evidenced by the findings of the baseline study that children generally had good knowledge on healthy food but fair attitude and practice towards healthy eating. The Administration was committed to make the prevention of childhood obesity an on-going and long-term objective. To this end, the Administration would continue to actively engage stakeholders, such as parents, school staff and food suppliers, in taking forward the initiative. Hitherto, DH had developed various nutritional guidelines and guidebook for food suppliers to follow, for schools to develop relevant policies and for parents to ensure that their children were served with nutritionally balanced school lunch.

19. In view of the recent information leakage on the Internet, Ms Audrey EU asked about the actions taken by the HA to prevent its electronic patients' records from leaking to the public.

20. SHWF responded that to ensure information security, patients' records contained in HA's electronic medical record system for access by participating private medical institutions and doctors through the Internet, with patients' consent, were digitalised and state-of-the-art technology, such as firewall, was used. In addition, regular internal as well as external reviews and audits of the technical and procedural measures of the electronic medical record system were conducted to ensure that they could keep up with technology advancements and industry best practices, and changes in the system, network, or organisational environment. Chief Executive, HA supplemented that three different passwords were required to be used to access the electronic patient's record, and the patient concerned would be automatically notified by electronic means every time his/her record was being accessed.

21. Dr YEUNG Sum urged the Administration not to drag its feet in publishing the consultation document on health care financing options. Dr YEUNG asked SHWF whether he would give a promise that he would do so during his term of office. Dr YEUNG further said that he was not in favour of using medical insurance to finance the health care system, as market force would create unfair access to the system. Dr YEUNG asked SHWF whether he could shed some light on the direction being considered by the Administration on health care financing for Hong Kong.

22. SHWF responded that the Administration considered a simple system to collect funds for health care services was most suitable to the circumstances of Hong Kong. On the deployment of these funds, the Administration would not rule out the option of subsidising all health care services to promote competition among service providers and ensure equitable access by patients. SHWF further said that although the preparation work for publishing the consultation document on health care financing options should be completed during his term of office, the exact timing for publishing such was not a decision that could be made by him alone.

23. The Chairman asked about the progress made in taking forward the pilot Comprehensive Child Development Service (CCDS) for children aged between 0 and 5 and their families and in converting subvented residential places for long term care (LTC) places for frail elders.

24. SHWF responded that CCDS had been implemented in four districts so far, the first being in the Sham Shui Po district. It was the Administration's intention to roll out the programme in every district in the territory. SHWF further said that along the principle of "continuum of care" and to target subsidised residential places at frail elders, the Social Welfare Department had started the conversion programme in June 2005 to gradually upgrade all existing self-care hostel places and home for the aged places which did not have LTC element, and other subvented care and attention places which did not provide continuum of care, into LTC places providing continuum of care. He did not have the information about the number of places which had been converted into LTC places for frail elders last year on hand, but the amount spent was some \$180 million last year.

25. There being no other business, the meeting ended at 6:45 pm.