

立法會
Legislative Council

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LC Paper No. CB(2)504/07-08
(These minutes have been seen
by the Administration)

Panel on Health Services

Minutes of meeting
held on Monday, 12 November 2007, at 8:30 am
in Conference Room A of the Legislative Council Building

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

Public Officers attending : Items IV, V & VI

Mr Patrick NIP, JP
Deputy Secretary for Food and Health (Health)

Item IV only

Dr York CHOW, SBS, JP
Secretary for Food and Health

Dr W L CHEUNG
Director (Cluster Services)
Hospital Authority

Dr Daisy DAI
Chief Manager (Primary and Community Services)
Hospital Authority

Dr CHAN Wai-man, JP
Assistant Director of Health (Family and Elderly Health
Services)

Dr Joseph CHAN, JP
Consultant in-charge, Dental Service
Department of Health

Items V & VI

Dr Gloria TAM, JP
Deputy Director of Health

Dr Amy CHIU
Assistant Director of Health (Traditional Chinese Medicine)

Mr Patrick SIU
Assistant Secretary for Food and Health (Health)

Clerk in attendance : Miss Mary SO
Chief Council Secretary (2) 5

Staff in attendance : Ms Amy YU
Senior Council Secretary (2) 3

Ms Sandy HAU
Legislative Assistant (2) 5

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I. Confirmation of minutes
(LC Paper No. CB(2) 265/07-08)

The minutes of the special meeting held on 12 October 2007 were confirmed.

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

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

III. Discussion items for the next meeting

(LC Paper Nos. CB(2) 264/07-08(01)-(02) and CB(2) 287/07-08(01))

3. Members agreed to discuss the following items at the next regular meeting to be held on 10 December 2007 -

- (a) Additional cataract surgeries programme;
- (b) Hospital Authority Sentinel Event Policy; and
- (c) Report of the Internal Taskforce's Review of Hospital Authority's Private Patient Revenue Management System.

4. As proposed by Dr KWOK Ka-ki, members further agreed to discuss the issue of allocation of resources among hospital clusters by the Hospital Authority (HA) in January 2008 and to invite deputations to give views on the matter.

IV. Health care services for the elderly

(LC Paper Nos. CB(2)264/07-08(03), CB(2)303/07-08(01) and CB(2)332/07-08(01))

5. At the invitation of the Chairman, Secretary for Food and Health (SFH) briefed members on the Administration's paper (LC Paper No. CB(2)264/07-08(03)) detailing the existing public health care services provided by HA and the Department of Health (DH) for the elderly, as well as the relevant new initiatives to be introduced.

6. Members noted a submission from 油尖地區長者服務協作會 (LC Paper No. CB(2)332/07-08(01)) tabled at the meeting.

Health care vouchers for the elderly

7. Mr Andrew CHENG said that in order to ensure that the pilot scheme of providing health care vouchers for the elderly could achieve its objectives of encouraging the elderly to make better use of primary medical care services in the private sector and to establish a "continuity of care" relationship with family doctors to better safeguard their health, it was necessary to increase the amount of each voucher and reduce the eligible age from 70 or above to 65 or above.

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Dr Fernando CHEUNG expressed similar views.

8. SFH responded that as the implementation of the "money follows patient" concept through the pilot scheme of providing health care vouchers to the elderly in Hong Kong was new, it was necessary to proceed with caution by confining the scheme to a smaller scale and a smaller population group as a start. Moreover, overseas experience had shown that private health care providers might increase their fees and charges if the government provided substantial subsidies for private health care services on a large scale. SFH further said that the pilot scheme would be subject to review. Depending on the outcome of the review, consideration would be given to extending the scope of the scheme.

9. Mr Andrew CHENG said that he did not believe that doctors in Hong Kong would increase their consultation and medication fee for treating the elderly following the implementation of the health care voucher scheme. Mr CHENG urged the Administration to increase the amount of each health care voucher to \$120-\$150, which was the average consultation and medication fee charged by doctors in the private sector, so that the elderly did not have to fork out their own money to foot their medical fees.

10. SFH reiterated the need to proceed with the scheme of providing health care vouchers to the elderly with caution. SFH pointed out that the Administration would need to monitor closely if the provision of vouchers would lead to increase in consultation and medication fee, which would undermine the objective of the scheme to enhance primary health care for the elderly.

11. Mrs Selina CHOW said that the amount of health care vouchers should be increased to better enable elders to establish a "continuity of care" relationship with family doctors to better safeguard their health. Mrs CHOW enquired about the basis for setting the value of each health care voucher at \$50.

12. SFH responded that the health care vouchers were not meant to provide full subsidy for seeking health care services in the private sector, but to provide partial subsidy with a view to promoting the concept of shared responsibility for health care amongst patients and especially the concept of co-payment to ensure appropriate use of health care. Setting each health care voucher at \$50 was considered appropriate to achieve the aforesaid effects. SFH pointed out that patients currently needed to pay \$45 for each consultation at public General Out-patient Clinics (GOPCs) and \$60 plus fees for medication at Specialist Out-patient Clinics. For the private sector, the average fee charged by doctors and Chinese medicine practitioners (CMPs) was about \$100 to \$150 for each consultation including medication. With the health care vouchers, elderly eligible for the vouchers would not normally need to pay significantly more out of their own pocket to foot the primary care services provided in the private sector,

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and some might find that worthwhile for the better access to care and a continuity of care from a chosen provider close to their homes. SFH further said that providing senior citizens aged 70 or above with five health care vouchers annually was in line with HA's figure that the number of out-patient attendances by each elderly at its out-patient clinics averaged about four to five a year.

13. Mrs Selina CHOW opined that to better encourage elders to establish a "continuity of care" relationship with family doctors, more subsidy should be provided to elders for purchasing health care services in the private sector. Moreover, this would result in more savings to the public coffers, as elders' reliance on public health care services should be reduced as a result. Mrs CHOW further said that to base the giving out of five health care vouchers to each elder annually on HA's figure on out-patient attendance in the public clinics was unsound, as the latter figure could not fully reflect the health care needs of the elderly.

14. Dr KWOK Ka-ki was of the view that the amount of the health care vouchers should at least be sufficient for undergoing annual physical and dental check-ups, apart from seeking curative health care services, in the private sector.

15. Dr Joseph LEE said that to make it affordable for elders to undergo physical and dental check-ups once a year, consideration should be given to allowing health care vouchers to be used on purchasing physical check-up service provided by health centres run by non governmental organisations (NGOs) and dental check-up service provided by Government dental clinics.

16. SFH responded that the Administration attached great importance to strengthening preventive care for the elderly. The consultation paper on health care reforms and supplementary financing arrangements, to be published later, would include options on how best to take this forward.

17. Mr Vincent FANG said that to better safeguard the health of senior citizens, consideration should be given to designating one of the five health care vouchers for physical check-up.

18. SFH responded that the Administration did not propose to attach too many conditions on the usage of the health care vouchers during the pilot scheme to make it more convenient for elders. At the same time, the Administration would monitor where and how senior citizens would use the vouchers for purchasing health care services in the private sector. SFH further said that it was the Administration's plan to conduct a full review of the pilot scheme after the three-year trial period. In the interim, periodic review could be conducted, say, every six months, to fine-tune the scheme in light of operational experience.

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19. Mr Vincent FANG enquired about the impact of the introduction of the health care voucher scheme on the utilisation of public health care services.

20. SFH responded that existing health care services available to the elders would not be reduced as a result of the introduction of the health care voucher scheme, as senior citizens could still make use of public health care services as necessary. SFH however pointed out that demand for public GOPCs might be reduced following the introduction of the health care voucher schemes, and some elders who were currently GOPC users might prefer to make use of the vouchers to receive primary care services of their own choice in the private sector.

21. Responding to Dr Fernando CHEUNG's enquiry on the operation of the health care voucher scheme, SFH said that an electronic platform for storing the accounts of the eligible elders would be set up to obviate the needs of the elderly to keep their vouchers on the one hand and to enable the collection of utilisation data for analysis purpose on the other. The Administration was formulating the details of the scheme, and would consult relevant health care professions and inform members in due course.

Dental services

22. Mr Andrew CHENG urged that public dental services for the elderly be improved beyond the free emergency dental services (i.e. pain relief and extraction only) currently provided in the 11 Government dental clinics.

23. SFH responded that there was room to improve public dental services for the elderly. SFH however pointed out that in view of the high costs of curative dental care, the Administration needed to carefully examine how this should be taken forward to avoid abuse on the one hand and ensure sustainability on the other. SFH hoped that better oral health and dental care to the elderly could be achieved through the health care reforms and supplementary financing arrangements.

24. Mr Andrew CHENG said that as public discussions on health care reforms and supplementary financing arrangements were envisaged to take some time, progressive steps to improve public dental services for the elderly should be taken in the interim.

25. SFH advised that health care vouchers, to be provided to senior citizens aged 70 or above in the 2008-2009 financial year, could be used for purchasing dental services in the private sector. SFH further advised that in order to address the needs of those elders with little or no means, dental grants were payable to Comprehensive Social Security Assistance recipients aged 60 or above for treatments, such as dentures, crowns, bridges, fillings, scaling, and root canal

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treatment. To apply for a dental grant, the applicant should approach one of the designated dental clinics run by NGOs for an assessment of the treatment required and an estimate of cost for the treatment. The applicant could choose to receive treatment from the designated clinic or from a registered private dentist for the same service. The Social Welfare Department would pay the applicant a special grant to meet the cost charged by the designated clinic or the private dentist, whichever was the less.

Elderly Health Centres

26. Dr Joseph LEE urged the Administration to allocate more resources to DH to enable it to reduce the long waiting time for enrollment into its Elderly Health Centres (EHCs) and to ensure that all elders who had become members of EHC could undergo physical checkup annually. Dr LEE noted from the submission from 油尖地區長者服務協作會 that the median waiting time of first-time registration for services provided by EHCs was some 38 months, and the time taken for each elder to wait for their turn to undergo physical checkup was more than one year. Dr KWOK Ka-ki expressed similar views.

27. Ms Audrey EU said that the Administration should set down performance pledges for enrollment as EHC members and for all EHC members to receive physical check-up once a year. As delayed proper treatment would endanger the life of the elderly, the Administration should ensure that elders living in remote areas have convenient access to public health care services and that areas with a high concentration of needy elders should be provided with public health care services. Dr Fernando CHEUNG concurred.

28. SFH responded that experience revealed that EHC was not a cost-effective and sustainable model for subsidised primary care services for the elderly. A better approach was to encourage elders to make better use of primary care services close to their homes, so that they could have better access to care and a continuity of care from a chosen provider. The implementation of the health care voucher scheme was a move in that direction. SFH further said that to address the needs of patients residing in remote areas with little provision of private medical services, provision of public health care services in such areas would be enhanced having regard to the needs of local residents including the elderly.

29. Dr Fernando CHEUNG expressed dissatisfaction that the Administration used the introduction of the health care voucher scheme to justify for not providing primary care services to the elderly living in remote areas. Dr CHEUNG further said that the fact that many elders had difficulty in using the telephone booking service for public out-patient services had exacerbated the plight of needy elders living in remote areas in seeking public health care services.

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30. SFH responded that much improvements had been made to the telephone booking service in the public GOPCs since its introduction in 2006. For instance, staff of HA would render appropriate assistance to those who had genuine difficulty in using the service (including the elderly patients). Emergency cases would also be dealt with on a discretionary basis.

Chinese medicine out-patient services

31. Dr Joseph LEE asked when the Administration would set up all 18 Chinese medicine clinics (CMCs) as planned.

32. SFH responded that with five new CMCs to be set up by early 2009, the total number of CMCs would be increased to 14. SFH further said that it might not be necessary to set up four more CMCs in order to serve people in all 18 districts. Depending on the location and size of the suitable site, one CMC might serve people living in more than one district. Apart from identifying suitable sites, other considerations included whether the clinics could attract sufficient number of patients to sustain themselves financially and their impact on the private Chinese medicine practice in the surrounding areas.

33. Mrs Selina CHOW expressed concern that CMPs and CMCs in the private sector would be marginalised by public CMCs which had much better facilities.

34. SFH responded that there was no cause for such concern, having regard to the growing demand for services provided by CMPs. To his understanding, CMPs and CMCs in the private sector did not view public CMCs as a threat to their practice.

Community-based services

35. Dr Joseph LEE asked whether, and if so, what concrete measures would be taken by the Administration to reduce the hospital re-admission rate of discharged patients living in residential care homes for the elderly (RCHEs).

36. SFH responded that in order to reduce RCHE residents' reliance on hospital services, additional resources had been allocated to HA in the past few years to strengthen its Visiting Medical Officer/Community Geriatric Assessment Teams Collaboration Scheme to provide on-site medical treatment to RCHEs on a part-time basis. SFH further said that in order to provide continuity of care to those elders requiring residential care services, it was the Administration's long term goal to upgrade self-care hostel places and home for the aged places into residential care homes providing continuum of care.

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Psycho-geriatric services

37. Dr KWOK Ka-ki said that according to patients and doctors, psycho-geriatric services provided by HA were far from adequate. The decrease in the number of psychiatric beds in public hospitals was a case in point. Dr KWOK enquired about the manpower situation in HA for providing psycho-geriatric services.

38. Director (Cluster Services), HA responded that in the light of the international trend on shifting the focus from in-patient care to community and ambulatory services in the treatment of mental illness, HA had stepped up the effort in this regard by progressively allocating more resources to strengthen its community psychiatric outreach service in recent years, amongst others. Specifically, HA had community psycho-geriatric teams in all clusters to provide designated care, rehabilitation programmes and home visits to elders with mental illness aged 65 or above. The attendance by the psycho geriatric teams had increased from 37 462 in 2001-2002 to 50 847 in 2006-2007, representing an increase of some 36%. As regards the manpower situation in HA for providing medical treatment to mental illness, Director (Cluster Services), HA said that the information would be provided in the discussion paper on mental health policy for the special meeting of the Panel scheduled for 22 November 2007.

Integrated discharge support programme for elderly patients

39. Dr KWOK Ka-ki welcomed the Administration's plan to launch a trial scheme to provide integrated discharge support services to elderly dischargees who had difficulty taking care of themselves. Dr KWOK noted that the first pilot project would be launched in Kwun Tong starting from the first quarter of 2008. The United Christian Hospital as the project co-ordinator would form a Discharge Planning Team which would collaborate with an NGO having local experience in providing home-based community care services to form an integrated team to provide the post-discharge support. It was estimated that a total of 3 000 patients aged 60 or above with high risks of hospital readmission and were in need of transitional rehabilitation services and/or community support services upon discharge from hospitals would be served under the Kwun Tong project in a year. Dr KWOK urged the Administration to speed up the pace of launching more pilot projects in other districts, and to involve family doctors in private practice to provide follow-up consultations to high-risk elderly patients.

40. Director (Cluster Services), HA responded that more pilot projects would be launched in other districts, in the light of the operational experience of the Kwun Tong project in identifying the target beneficiaries, amongst others. Director (Cluster Services), HA further said that subject to the success of the Kwun Tung project, Kwai Tsing had been earmarked as the next district for

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launching the pilot project.

41. In closing, the Chairman urged the Administration to carefully consider the views expressed by members, in particular their concerns on the health care voucher scheme and inadequate dental services for the elderly.

V. Commencement of sections of Chinese Medicine Ordinance and Chinese Medicines Regulation

(LC Paper Nos. CB(2)264/07-08(04) and CB(2)303/07-08(01))

42. Deputy Secretary for Food and Health (Health) (DSFH(Health)) briefed members on the Administration's plan to commence in January 2008 the provisions in the Chinese Medicine Ordinance (CMO) (Cap. 549) governing the control over the possession, sale, import and export of Chinese herbal medicines and over the manufacture, sale by way of wholesale, import and export of proprietary Chinese medicines, details of which were set out in the Administration's paper (LC Paper No. CB(2) 264/07-08(04)).

43. Dr KWOK Ka-ki welcomed the proposed commencement of legislative provisions to fully effect the licensing regime of Chinese medicines traders to better protect public health. Dr KWOK sought information from the Administration on the publicity and educational work as well as the manpower requirements arising from the commencement of the provisions.

44. Assistant Director of Health (Traditional Chinese Medicine) responded as follows -

- (a) to familiarise the Chinese medicines trades with and prepare them for the proposed commencement of the legislative provisions, the Chinese Medicines Board had continuously carried out in the past two years a series of publicity and educational activities, details of which were set out in paragraph 13 of the Administration's paper. The Chinese Medicines Board would launch a series of other publicity activities to announce to the trade the commencement date of the provisions;
- (b) funding would be sought in the next financial year to recruit additional staff to monitor compliance of the licensing requirements by Chinese medicines traders. In the meantime, DH staff currently handling the processing of transitional certificate applications for Chinese medicines traders would be deployed to take up the enforcement duties; and

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- (c) apart from DH, other enforcement agencies, such as the Police and the Customs and Excise Department, and the Government Laboratory would also be involved in the enforcement of the licensing requirements for Chinese medicines traders. DH had been in active discussion with these parties over the past several months to map out how monitoring of the compliance of the legislation for Chinese medicines traders could be carried out in an effective manner.

45. Dr KWOK Ka-ki asked when the registration of proprietary Chinese medicines would be completed so that the Undesirable Medical Advertisements (Amendment) Ordinance 2005 could come into operation to better protect public health.

46. DSFH(Health) responded that once the relevant provisions in the CMO were put into operation, all kinds of proprietary Chinese medicines must first be registered by the Chinese Medicines Board before they could be imported, manufactured and sold in Hong Kong. Similar to the licensing of Chinese medicines traders, transitional registration was provided for those proprietary Chinese medicines manufactured, sold or supplied for sale in Hong Kong on 1 March 1999. To date, the Chinese Medicines Board had received some 16 000 applications for registration of proprietary Chinese medicines. The first batch of transitional notices was expected to be issued by the end of this year or early next year. The Administration would strive to fully effect the registration system of proprietary Chinese medicines to enable the early coming into force of the Undesirable Medical Advertisements (Amendment) Ordinance 2005.

47. Dr KWOK Ka-ki expressed dissatisfaction about the responses given by the Administration in paragraphs 44 and 46 above. Dr KWOK requested the Administration to provide supplementary information on the publicity and educational work to raise the awareness of the Chinese medicines trades on the need to comply with the legislation, information on the staffing arrangements to carry out the enforcement work, and the timing to bring the Undesirable Medical Advertisements (Amendment) Ordinance 2005 into operation. DSFH(Health) agreed to revert in writing.

Admin

48. Dr YEUNG Sum urged the Administration to ensure that there were adequate staff to carry out the compliance of the legislation for Chinese medicines traders. Dr YEUNG further asked whether there was an expiry date for the Chinese medicines trader transitional certificate.

49. Deputy Director of Health (DDH) responded that the Chinese medicines trader transitional certificate would cease to be valid if the trader had obtained a formal licence, or his application for a formal licence was rejected, or on a date to

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be appointed by SFH to cease the validity of the transitional certificates.

50. In closing, the Chairman said that members were generally supportive of the proposed commencement of the legislative provisions to fully effect the licensing regime for Chinese medicines traders and the import and export control of Chinese medicines.

VI. Progress report on registration of Chinese medicine practitioners
(LC Paper Nos. CB(2)264/07-08(05) and (06))

51. DSFH(Health) updated members on the latest developments concerning registration of CMPs, details of which were set out in the Administration's paper (LC Paper No. CB(2) 264/07-08(05)).

52. Dr KWOK Ka-ki asked whether disciplinary actions taken against CMPs were published in the Gazette and posted on the website of the Chinese Medicine Council of Hong Kong.

53. DDH responded that according to CMO, not all disciplinary actions taken against CMPs by the Chinese Medicine Practitioners Board (Practitioners Board) were required to be published in the Gazette. However, most of these actions taken were published in the Gazette in practice. In order to seek appeal from the court against the decisions of the Practitioners Board, the CMPs concerned must do so within one month from the date of service of the decision made of them. DDH further said that not all complaints which were being considered by the Practitioners Board for professional misconduct of CMPs would be publicised on the website of the Chinese Medicine Council, unless it was deemed in the public interest to do so.

54. Dr KWOK Ka-ki said that to better protect the public, disciplinary mechanism for CMPs should be made more open and transparent, in particular all disciplinary actions taken against CMPs should be made known to the public through gazettal and other means. DDH agreed to relay Dr KWOK's views to the Practitioners Board for consideration.

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55. Dr KWOK Ka-ki noted that 1 850 out of the 2 856 listed CMPs had never applied for taking the CMP Licensing Examination. Dr KWOK urged the Administration to be more proactive in assisting these listed CMPs to obtain registration status.

56. DSFH(Health) responded that various measures had been implemented over the past several years to encourage listed CMPs to take part in the CMP Licensing Examination, details of which were set out in paragraphs 5 to 8 of the

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Administration's paper. The Administration would continue to maintain contact with the Chinese medicine profession, and encourage all listed CMPs to seek to attain the standards expected of registered CMPs so as to ensure the standard of the profession as a whole and to protect the health and well-being of the public.

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57. Miss CHAN Yuen-han urged the Administration not to set a cut-off date for listed CMPs to become registered CMPs, having regard to the historical development of Chinese medicine profession in Hong Kong. Noting that the proposal of including training courses on the CMP Licensing Examination in the list of reimbursable courses for the Continuing Education Fund had been referred to the Labour and Welfare Bureau (LWB) for consideration, Miss CHAN asked when a decision on this would be made by LWB. DSFH(Health) undertook to revert to members once the outcome of the consideration by the Continuing Education Fund on the proposal was available.

58. Miss CHAN Yuen-han said that exemption should be given to graduates of the two part-time degree courses in Chinese medicine offered by the Xiamen University in collaboration with the Open University of Hong Kong and by the Hong Kong College of Technology in collaboration with the Jinan University to sit the CMP Licensing Examination, having regard to the fact that when these courses were offered it was unclear then that only full-time degree courses would be recognised by the Practitioners Board. Miss CHAN pointed out that to do so was not unprecedented. An one-off arrangement had been made by the Practitioners Board to allow graduates of part-time degree courses in Chinese medicines offered by the University of Hong Kong and the Hong Kong Baptist University in or before 2002 to sit the CMP Licensing Examination. Miss CHAN further said that to allow graduates of part-time degree courses in Chinese medicine to sit the CMP Licensing Examination would not undermine the standards of Chinese medicine profession in Hong Kong, as they needed to pass the examination in order to practise Chinese medicine. Dr YEUNG Sum, Mrs Selina CHOW and Dr Fernando CHEUNG expressed similar views.

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59. DSFH(Health) responded that as to members' suggestion that the Chinese Medicine Council should meet the institutions offering the above two courses, the Chairman of the Practitioners Board already attended a Legislative Council case conference on 5 July 2007 and explained to attending Members the decision made by the Practitioners Board on the issue of recognising these two courses and the underlying rationale as set out in paragraphs 10-11 of the Administration's paper. DSFH(Health) further said that the Practitioners Board had already explained adequately to the institutions and students concerned on the requirements of recognised courses and the reasons for not recognising the above two courses. The Practitioners Board had also been in liaison with the universities/institutions and students all along regarding the issue. Notwithstanding, DSFH(Health) agreed to convey members' views expressed in paragraph 58 above to the

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Practitioners Board for consideration.

VII. Any other business

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

Council Business Division 2
Legislative Council Secretariat
7 December 2007