

立法會
Legislative Council

Ref : CB2/PL/HS

LC Paper No. CB(2)1525/07-08
(These minutes have been seen
by the Administration)

Panel on Health Services

Minutes of meeting
held on Monday, 10 March 2008, at 8:30 am
in Conference Room A of the Legislative Council Building

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

Members absent : Hon LI Kwok-ying, MH, JP (Chairman)
Hon CHAN Yuen-han, SBS, JP
Hon Mrs Sophie LEUNG LAU Yau-fun, GBS, JP

Public Officers attending : Items III, IV & V

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

Items III & IV

Miss Gloria LO
Principal Assistant Secretary for Food & Health (Health)

Dr W L CHEUNG
Director (Cluster Services)
Hospital Authority

Dr Deacons YEUNG
Chief Project Coordinator (Doctor Work Reform)
Hospital Authority

Mr Linus FU
Manager (Doctor Work Reform)
Hospital Authority

Item V only

Miss Pamela LAM
Principal Assistant Secretary for Food & Health (Health)

Dr Thomas TSANG
Controller, Centre for Health Protection

Dr CHUANG Shuk Kwan
Consultant, Community Medicine (Communicable Disease)

Dr LIU Shao-haei
Chief Manager (Infection, Emergency & Contingency)
Hospital Authority

Attendance by : Item IV only
invitation

Frontline Doctors' Union

Dr CHAN Tin-sang, Augustine
Secretary

Alice Ho Miu Ling Nethersole Hospital Doctors' Association

Dr YEUNG Sai-dat, Richard
Chairman

Dr KWONG Shu-keung
Secretary

Yan Chai Hospital Doctors' Association

Dr TAM Kin-ming
Chairman

United Christian Hospital Doctors' Association

Dr CHENG Chung-kit, James

Dr M F LEUNG

Hong Kong Medical Association

Dr LEUNG Chi-chiu
Hon Secretary

Hong Kong Public Consultant Doctors Group

Dr HO Kau-chung, Charles
Chairman

Dr WONG Tak-cheung
Council Member

Hong Kong Public Doctors' Association

Dr HO Hung-kwong
President

Dr HO Pak-leung
Vice-President

Hong Kong Public Hospitals, Department of Health and
University Doctors' Association

Dr PAN Pey-chyou
Vice-Chairman

Dr MO Ka-leung, Stephen
Secretary

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

Action

I. Confirmation of minutes
(LC Paper No. CB(2)1264/07-08)

The minutes of the meeting held on 18 February 2008 were confirmed.

II. Information paper issued since the last meeting
(LC Paper No. CB(2)1224/07-08(01))

2. Members noted a submission dated 23 February 2008 from the Hong Kong Government Pharmaceutical Dispenser Association, and did not raise any queries.

III. Discussion items for the next meeting
(LC Paper Nos. CB(2)1266/07-08(01) and (02))

3. Members agreed to discuss the following issues at the next regular meeting to be held on 14 April 2008 at 8:30 am -

- (a) Elderly health care voucher pilot scheme;
- (b) Tin Shui Wai North Area 109 General Outpatient Clinic; and
- (c) Purchase of primary care services in Tin Shui Wai North.

IV. Doctor Work Reform Recommendation Report
(LC Paper Nos. CB(2)1266/07-08(03) to (04), CB(2)1321/07-08(01) to (05))

4. Director (Cluster Services), Hospital Authority (Director (Cluster Services), HA) briefed members on the recommendations made by the Steering Committee on Doctor Work Hour (the Steering Committee) of HA to address the issues related to long working hours of public hospital doctors and the initiatives taken by HA to follow up on the recommendations, details of which were set out in the Administration's paper (LC Paper No. CB(2)1266/07-08(03)).

Views of deputations

5. The following deputations presented their views on the Doctor Work Reform Recommendation Report by the Steering Committee (the Report) -

- (a) Frontline Doctors' Union;

Action

- (b) Alice Ho Miu Ling Nethersole Hospital Doctors' Association [LC Paper No. CB(2)1321/07-08(02)];
- (c) Yan Chai Hospital Doctors' Association [LC Paper No. CB(2)1266/07-08(04)];
- (d) United Christian Hospital Doctors' Association;
- (e) Hong Kong Medical Association;
- (f) Hong Kong Public Consultant Doctors Group [LC Paper No. CB(2)1321/07-08(03)];
- (g) Hong Kong Public Doctors' Association [LC Paper No. CB(2)1321/07-08(04)]; and
- (h) Hong Kong Public Hospitals, Department of Health and University Doctors' Association [LC Paper No. CB(2)1321/07-08(05)].

Major views expressed were as follows -

- (a) reducing doctors' weekly work hours to not more than 65 hours was unacceptable, and should be further reduced;
- (b) capping doctors' average weekly work hours to 65 hours should not adversely affect those doctors who currently worked fewer than 65 hours in a week;
- (c) overtime work of doctors exceeding their conditioned hours should be duly recognised financially, such as providing them with a compensatory rate higher than their hourly pay rate. At present, doctors working in busy clinical units with 24-hour Accident and Emergency Departments (A&EDs) received a monthly honorarium of \$3,500 while those working in less busy clinical units or in hospitals without 24-hour A&EDs drew a monthly honorarium of \$1,750;
- (d) even if measures, such as setting up core competency call teams to provide specialty care to patients with emergency conditions during night-time and expanding service capacity in day-time and evening to optimise night-time activities, could help to reduce doctors' work hours, quality care and patient safety would be compromised because doctors had to handle more patients within a shorter time period and fewer doctors were deployed to be on on-site call at night;

Action

- (e) training of non-medical staff with extended roles in patient care by taking up some of the technical duties of doctors and nurses should be strengthened and stringent monitoring mechanism over the performance of these staff should be put in place to ensure patient safety; and
- (f) HA should engage frontline staff to come up with practicable measures to reduce long working hours of doctors while maintaining a high standard of care for the patients.

Discussion

Work hours of doctors

6. Dr KWOK Ka-ki, Mr Fred LI, Ms Audrey EU and Mr LEUNG Kwok-hung considered it unreasonable for HA to set the average weekly work hours of HA doctors at 65 hours, having regard to the fact that the average weekly work hours of doctors in many developed economies only ranged between 44 to 48 hours.
7. Director (Cluster Services), HA responded that reducing doctors' weekly work hours to not more than 65 hours should not be construed as making 65 hours a standard work week for doctors. Rather, it was an initial target which HA strived to achieve by the end of 2009, having regard to the phenomenon revealed in a local survey on doctors' work hours conducted in September 2006 that about 18% of all HA doctors were working for more than 65 hours in a week.
8. Ms Audrey EU asked whether consideration would be given to stipulating standard weekly work hours for public hospital doctors, as had been done in many developed economies.
9. Director (Cluster Services), HA responded that due to differences in the working conditions among clinical specialties, it would not be practicable to establish standard work hours for all HA doctors.
10. Mr Fred LI said that HA should, apart from reducing the average weekly work hours of HA doctors to not more than 65 hours by the end of 2009, formulate medium and long term targets to reduce doctors' work hours to a reasonable level.
11. Director (Cluster Services), HA responded that HA would explore the feasibility of further reducing the doctors' work hours after the initial target of reducing doctors' weekly work hours to not more than 65 hours had been achieved.
12. Dr Fernando CHEUNG requested HA to provide information on the total reduction in work hours of HA doctors expected to be brought about by the reform initiatives set out in paragraphs 6-9 of the Administration's paper.

Action

13. Director (Cluster Services), HA responded that he could not provide the information requested by Dr CHEUNG at this stage, as the pilot programmes to implement the recommendations made by the Steering Committee were still underway. Such data would be available upon completion of the review on the pilot programmes later in the year.

Resources for implementing the doctor work reform

14. Dr KWOK Ka-ki, Dr Fernando CHEUNG, Ms Audrey EU, Mr Andrew CHENG and Dr YEUNG Sum shared the deputations' view that merely changing doctors' work pattern without providing additional funding could not bring about marked reduction in doctors' work hours, as the root of the problem lay in rising service demand, shortage of manpower, and significant public-private imbalance in the healthcare system.

15. Director (Cluster Services), HA responded that HA recognised that measures to re-engineer the existing work procedures could not by themselves resolve the issues relating to doctors' long work hours and excess workload. However, given that manpower resources could not be made available overnight and lead time was required to produce medical graduates, reform in both service mode and doctors work patterns were necessary to ensure sustainable and quality patient care services in public hospitals.

16. Director (Cluster Services), HA further said that apart from deploying \$19 million to set up Emergency Medicine wards in eight public hospitals with A&E services, \$12 million had been deployed in 2007-2008 to run four pilot programmes in seven hospitals in the Kowloon West, Kowloon East, Hong Kong East and New Territories East Clusters starting from the end of 2007. Another \$77 million would be deployed in 2008-2009 to support the reform for the employment of an additional 348 staff, including 38 doctors, 56 nurses, 22 allied health professionals and more than 200 Technical Services Assistants and other supporting staff. Depending on the efficacy of the pilot programmes and the breadth of reform implementation, the exact financial implications of the doctor work reform had yet to be reckoned.

17. Deputy Secretary for Food and Health (Health) (DSFH(H)) supplemented that to tackle the problem of shortage of doctors, the Administration had already conveyed HA's projected manpower requirement on medical graduates to the University Grants Committee for consideration of a possible increase in the number of places of medical programmes funded by the Government. In terms of funding support to HA, DSFH(H) said that an additional recurrent funding of \$300 million had been provided to HA in 2006-2007 and 2007-2008 respectively. To support new initiatives of HA, funding allocation to HA in 2008-2009 would further increase by over \$780 million, representing an increase of 2.6%. Apart from the recurrent subvention to HA, the Administration would also allocate non-recurrent provisions to HA to cover the expenditure on equipment and

Action

information systems. In 2007-2008, around \$500 million had been allocated to HA for replacement of equipment. The Administration would continue to liaise with HA on its resource requirement for meeting service needs and implementing new initiatives, including those relating to the doctor work reform.

18. Responding to Mr LEUNG Kwok-hung and Dr KWOK Ka-ki's enquiry on measures taken/would be taken to address the brain drain of HA doctors, DSFH(H) and Director (Cluster Services), HA said that -

- (a) the new career and pay structure for doctors was implemented in October 2007 to enhance the retention of HA doctors. In particular, the pay point for new doctors had been raised by three pay points to attract new comers; the salary of serving doctors who joined HA after April 2000 had a pay rise of 15% to 38%, and the ceiling of Residents' pay scale had been lifted by eight pay points with a view to retaining specialists in the public hospital system. Besides, doctors who had passed specialist examinations would be granted pay increments, and HA would offer a nine-year employment contract to retain doctors undergoing specialist training; and
- (b) HA would continue to explore means to promote public-private partnership in the provision of services to better channel service demand to the private sector, thereby reducing the burden on the public sector. The initiatives along this direction included employing part-time private practitioners to relieve the outpatient workload, purchasing primary care services from the private sector in Tin Shui Wai North, and the provision of subsidies to patients to undertake cataract surgeries in the private sector.

Extending the role of non-medical staff

19. In response to the concern raised by Mr LEUNG Kwok-hung, Dr YEUNG Sum and deputations about the proposal of transferring technical duties previously performed by doctors and nurses to non-medical staff, Director (Cluster Services), HA explained that technical duties, such as blood-taking, were already being taken up by Technical Services Assistants. The proposal merely extended such arrangement to a 24-hour basis to reduce the workload of doctors at night. Director (Cluster Services), HA assured members that HA would strengthen the training of non-medical staff with extended roles in patient care and a monitoring mechanism would be put in place to ensure the standard of their work. Apart from these, improvements would be made to clinical protocols and care pathways to standardize and streamline the procedures, with a view to reducing occurrence of errors for enhancing patient safety.

Action

Review of pilot programmes

20. Dr YEUNG Sum requested HA to report the outcome of its review on the pilot programmes on the doctor work reform to the Panel before the expiry of the current legislative session.

21. Director (Cluster Services), HA responded that HA would not be in a position to report to the Panel outcome of the review on the pilot programmes before the expiry of the current legislative session. This was because the Steering Committee, tasked to evaluate the effectiveness of the pilot programmes after six to nine months of their implementation, would give regular progress report to the HA Board in September/October 2008.

22. Dr Fernando CHEUNG considered that the Report had failed to offer practicable solutions to resolve the problem of long work hours of doctors. He asked whether HA would re-visit the Report in consultation with all relevant stakeholders to work out practicable and targeted measures to improve the work conditions of doctors while ensuring the quality of care to patients.

23. Director (Cluster Services), HA responded that in formulating the recommendations on doctor work reform, HA had conducted wide consultation with relevant stakeholders and professional organisations and their views had played a crucial part in shaping the reform strategies. HA would continue to engage in exchanges with stakeholders at all levels to ensure the success of the reform in the long term.

Motion

24. Dr KWOK Ka-ki moved the following motion -

"醫管局必須落實以每周44小時作為改善工作的目標。政府亦要改善現時公私營醫療失衡及增加醫生晉升機會，以減低醫生流失情況，政府應動用預留已達五百億元的撥款，以達到上述目標。"

(Translation)

"That the Hospital Authority has to implement "working 44 hours a week" as the target of its improvement efforts, and the Government also has to improve the present imbalance in the public and private healthcare sectors as well as enhance the promotion prospects of doctors so as to reduce their wastage rate; and the Government should utilise the provision earmarked, which has amounted to \$50 billion, in order to achieve the above-mentioned targets.

Action

Dr YEUNG Sum proposed amendments to Dr KWOK's motion as follows -

"醫管局必須落實以每周44小時作為改善工作的目標。政府亦要改善現時公私營醫療失衡及增加醫生晉升機會，以減低醫生流失情況，政府應動用預留已達五百億元的撥款，以達到上述目標。此外，本委員會要求政府當局在本屆立法會會期結束前，向委員匯報檢討為實施醫生工作改革建議報告而推行的各項試驗計劃的結果。"

(Translation)

"That the Hospital Authority has to implement "working 44 hours a week" as the target of its improvement efforts, and the Government also has to improve the present imbalance in the public and private health sectors as well as enhance the promotion prospects of doctors so as to reduce their wastage rate; and the Government should utilize the provision earmarked, which has amounted to \$50 billion, in order to achieve the above-mentioned targets. *Moreover, this Panel requests that before the end of the current session of the Legislative Council, the Administration should report to members the outcome of the review on the pilot schemes launched for implementing the Doctor Work Reform Recommendation Report.*"

The Chairman put Dr YEUNG's amendments to Dr KWOK's motion to vote. All members present voted in favour of Dr YEUNG's amendments to Dr KWOK's motion. The Chairman declared that Dr KWOK's motion, as amended by Dr YEUNG, was carried.

V. Surveillance of communicable diseases in Hong Kong - key trends and follow up

(LC Paper No. CB(2)1266/07-08(05))

25. Controller, Centre for Health Protection (Controller, CHP) updated members on the surveillance of communicable diseases in Hong Kong, some key trends observed in recent years, and the future plans to strengthen communicable disease surveillance, details of which were set out in the Administration's paper.

26. Dr Fernando CHEUNG enquired whether, and if so, what mechanism was in place to ensure early detection of outbreak of infectious diseases in residential care homes for the elderly (RCHEs).

27. Controller, CHP responded that each RCHE was required to appoint either a nurse or a health worker as an Infection Control Officer who was the key person responsible for dealing with matters relating to infection control and prevention of infectious disease in RCHE. The Infection Control Officer would observe for signs and symptoms of infectious diseases in residents and report cases or

Action

suspected cases of infectious diseases to the Central Notification Office of CHP for follow-up investigation and, where appropriate, outbreak control.

28. Dr Fernando CHEUNG pointed out that such arrangement hinged on RCHEs taking the initiative to report cases of infectious diseases to CHP, but operators of RCHEs might not be willing to do so for fear of attracting negative publicity. Dr CHEUNG asked whether there was any electronic platform linking HA hospitals and CHP to alert the latter of daily hospital admission cases of residents at RCHEs to facilitate early detection of outbreak of infectious diseases in RCHEs.

29. Controller, CHP responded that there was currently some exchange of data between HA and CHP, and CHP would be notified of certain specified types of hospital admissions, such as admissions of elderly due to pneumonia, but not all hospital admissions of elders residing in RCHEs. Insofar as the surveillance of infectious diseases was concerned, monitoring all hospital admissions of residents of RCHEs would be a non-specific measure, as many such admissions were not due to infectious diseases. To prevent infectious diseases outbreaks in RCHEs, it was also important to observe for early signs and symptoms of infectious diseases in residents before they went to hospital. The Infection Control Officers appointed in each RCHE would play an important role in this regard.

30. Mr Fred LI said that under the Influenza Vaccination Programme, the Government had been providing free vaccinations to all elderly living in RCHEs. Noting from paragraph 3 of Annex B to the Administration's paper that 50.4% of the 234 influenza outbreaks recorded between January 2006 and December 2007 occurred in RCHEs, Mr LI asked whether this was due to the ineffectiveness of the influenza vaccine administered to the elderly or the low coverage rate of the Influenza Vaccination Programme among elderly residing in RCHEs or some other reason. Mr LI further enquired about the effectiveness of the influenza vaccine used for the current season in protecting against mutated influenza viruses.

31. Controller, CHP said that the Government Influenza Vaccination Programme was well received and had a high coverage rate of over 90% among elders in RCHEs. Influenza outbreaks might still occur in RCHEs, but vaccination could reduce serious complications arising from influenza.

32. Responding to Mr LI's second question, Controller, CHP said that due to the frequent mutation of influenza viruses, there would be variations in the types of predominant influenza viruses circulating in each influenza season. The A/H3N2 Brisbane-like virus was a new viral strain which began emerging in Hong Kong and other countries a few months ago. The influenza vaccine being used for the current influenza season, which was developed before the emergence of the A/H3N2 Brisbane-like virus, still offered some 40% to 85% of protection against contracting the disease. In line with past practice, vaccines to be used for next year's Government Influenza Vaccination Programme would follow the

Action

recommendations of the World Health Organization for the next season for the northern hemisphere.

33. Mr Andrew CHENG said that the recent incidents involving deaths of young children suffering from flu-like symptoms had prompted fear of influenza outbreaks in the community. To reduce public panic, the Administration should step up its efforts in keeping the general public posted of the most updated influenza situation. To ensure effective control of influenza and prevent cross infections, it was also important to step up infection control measures in all HA hospitals. Mr CHENG asked whether consideration would be given to providing free influenza vaccination to all elders, having regard to the huge budget surplus.

34. Controller, CHP said that DH had organised a press briefing on 13 February 2008 to call on members of the public to take precautionary measures as Hong Kong was entering the influenza peak season. Letters had also been sent to institutions including schools and RCHes to enhance their vigilance in taking prevention and control measures against influenza. In addition, daily update of the influenza situation was posted on CHP's website to enhance timeliness in circulating information to the public. He concurred with Mr Andrew CHENG that it was important to keep the public well-informed before the arrival of the flu season and efforts would be stepped up in this regard.

35. Chief Manager (Infection, Emergency & Contingency), HA (Chief Manager (IEC), HA) said that HA had implemented a series of measures in different hospital clusters to cope with the current influenza season and the associated surge in patient attendance and bed occupancy in public hospitals and clinics, including the following -

- (a) promoting hand hygiene in all HA hospitals and clinics;
- (b) enhancing support to RCHes by Community Geriatric Assessment Service, Community Nursing Service and Visiting Medical Officer programmes;
- (c) creating additional observation areas and temporary areas to solve the capacity limitation of Emergency Medical Wards and reduce unnecessary admission to medical wards;
- (d) opening additional wards and/or additional beds to accommodate the extra demand by paediatric, medical and geriatric patients;
- (e) more frequent ward rounds in paediatric, medical and geriatric wards to ensure early discharge of patients; and
- (f) restricting visiting hours to acute wards to two hours per day to prevent cross infections.

Action

36. Regarding Mr Andrew CHENG's question on offering free vaccination to all elderly persons, DSFH(H) responded that apart from residents of RCHEs, the Government also offered free vaccination to eligible high-risk elders outside the institutional setting who lacked the means and required assistance in arranging for vaccination. Other elderly persons were encouraged to seek medical advice from their doctors to receive influenza vaccination for individual protection.

37. Dr KWOK Ka-ki sought the following information -

- (a) the estimated total reduction in hospital admission of elders aged 65 and above should all of them be provided with influenza vaccinations; and
- (b) the number of additional beds/wards opened to cope with the recent surge in demand for public hospital services due to seasonal influenza, with breakdowns by clinical specialties and hospitals in each cluster.

Admin

Controller, CHP and Chief Manager (IEC), HA agreed to provide the requested information in writing after the meeting.

VI. Any other business

38. There being no other business, the meeting ended at 10:35 am.

Council Business Division 2
Legislative Council Secretariat
11 April 2008