

**立法會**  
**Legislative Council**

Ref : CB2/PL/HS

LC Paper No. CB(2)2729/07-08  
(These minutes have been seen  
by the Administration)

**Panel on Health Services**

**Minutes of meeting**  
**held on Monday, 16 June 2008, 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  
Dr Hon KWOK Ka-ki  
Dr Hon Fernando CHEUNG Chiu-hung

**Members absent** : Hon Vincent FANG Kang, JP  
Hon LEUNG Kwok-hung

**Public Officers attending** : Item III only

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

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

Dr P Y LAM, JP  
Director of Health

Dr Thomas TSANG  
Controller, Centre for Health Protection

Item IV only

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

Mr David ROSSITER  
Head of Human Resources  
Hospital Authority

Mr Alex LEUNG  
Deputising Chief Manager (Remuneration and Career  
Structure)  
Hospital Authority

**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)1936/07-08)

The minutes of the meeting held on 19 May 2008 were confirmed.

**II. Information paper issued since the last meeting**  
(LC Paper Nos. CB(2)2224/07-08(01) and (02))

2. Members noted the following papers provided by the Administration -

(a) Progress of licensing under the Human Reproductive Technology Ordinance; and

(b) Strategy for prevention and control of non-communicable diseases.

and did not raise any queries.

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3. Before proceeding to the next agenda item, Secretary for Food and Health (SFH) gave a brief report on the conclusion of the first-stage healthcare reform consultation ending on 13 June 2008. The relevant speaking note was issued to members vide LC Paper No. CB(2)2316/07-08(01) after the meeting.

**III. Vaccination policy**

(LC Paper Nos. CB(2)2257/07-08(01), CB(2)2211/07-08(01) & (02), CB(2)1526/07-08(01), CB(2)1219/07-08(01), CB(2)1086/07-08(01), CB(2)1016/07-08(01) and CB(2)725/07-08(01))

4. At the invitation of the Chairman, SFH briefed members on the Childhood Immunisation Programme (CIP) and Government Influenza Vaccination Programme (GIVP) in Hong Kong, as well as key considerations in developing Hong Kong's vaccination policy, details of which were set out in the Administration's paper (LC Paper No. CB(2) 2211/07-08(01)). SFH also advised that the Scientific Committee on Vaccine Preventable Diseases (SCVPD), set up under the Centre for Health Protection (CHP) of the Department of Health (DH), had announced its recommendations on influenza vaccination for the 2008-2009 season to expand the recommended target groups to children aged from two to five years.

Discussion

*Childhood Immunisation Programme*

5. Noting that the Administration had commissioned a study on the cost-benefit and cost-effectiveness of incorporating four childhood vaccines (pneumococcal conjugate vaccine, chickenpox vaccine, *Haemophilus influenzae* b vaccine and hepatitis A vaccine) into the CIP, Dr YEUNG Sum, Dr KWOK Ka-ki, Miss CHAN Yuen-han, Mr Andrew CHENG and Dr Fernando CHEUNG urged for the early incorporation of the four childhood vaccines into the CIP for better protection of children's health and enquired when a decision would be made in this regard.

6. SFH said that CHP had commissioned in 2006, via the Research Council of the Research Fund for the Control of Infectious Diseases (RFCID), a local university to conduct a study to review the cost-benefit and cost-effectiveness of incorporating the aforesaid four vaccines into the CIP. The findings of the study had already been submitted by the university concerned to the Research Council of the RFCID for review. The Administration would consider the findings of the study and the recommendations of SCVPD before determining the incorporation of new vaccines into the CIP. It was expected that the Administration would come to a decision in the next few months.

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7. Dr YEUNG Sum urged the Administration to provide vaccines based on scientific evidence, and not to be swayed by the lobbying of the pharmaceutical industry. He further opined that the Administration should strengthen public education on vaccination by making available for public information the efficacy and side effects of vaccines included in the CIP and other immunisation programmes.

8. SFH responded that all provision of vaccinations by the Government was based on the recommendations of the SCVPD. The SCVPD would make recommendations to DH on vaccination matters having regard to the latest position of the World Health Organization on immunisation and vaccination, scientific developments and application of new vaccines, vaccine formulations and cost-effectiveness, changes in the global and local epidemiology of vaccine preventable diseases and the experiences of other health authorities.

9. Mr Andrew CHENG noted from Annex A to the Administration's paper that the four childhood vaccines mentioned in paragraph 5 above were included in the national vaccination programmes of many developed countries and queried why Hong Kong had not followed the same practice of these countries. Dr Joseph LEE said that recently there had been many calls for the Government to include the pneumococcal vaccine in the CIP. Noting from Annex A that the vaccine was included in the CIP of western countries including the United States, Canada, the United Kingdom and Australia, but not in that of Asian countries such as Japan, Republic of Korea and Singapore, Dr LEE enquired about the reason for such.

10. Director of Health (D of Health) responded that variations in CIP among different countries and places were to be expected because of locality specific epidemiological factors and circumstances. In particular, Asian countries often had a different profile of infectious diseases compared with Western countries; hence their immunisation programmes were understandably different. For example, the United Kingdom, the United States and Canada had included in their immunisation programmes vaccines against Haemophilus Influenzae type B infection and pneumococcal disease owing to high disease burden in these countries. For Asian countries such as Japan, Republic of Korea and Singapore which were similar to Hong Kong in having lower incidence of these infections (the incidence of pneumococcal disease in western countries was about 10 times that in Hong Kong), the above vaccines were not included in their CIP. D of Health further said that the Administration would make a decision in the coming months on whether to incorporate any of the four childhood vaccines, including the pneumococcal conjugate vaccine, into the CIP having regard to the findings of the study on their cost-effectiveness and the recommendations of SCVPD.

11. Dr Joseph LEE asked whether the incidence of a disease had to reach a certain threshold before the Administration would consider incorporating its

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vaccine into the CIP.

12. D of Health replied that the Administration had not drawn up such threshold. He explained that apart from the incidence of a disease, it was also important to take into account the severity and fatality of the disease concerned and its overall disease burden to the society. In considering whether to include a new vaccine in the CIP, the Administration would take into account a number of important public health considerations based on established scientific criteria, such as disease burden, efficacy and safety of the vaccine, herd immunity, as well as cost-benefit and cost-effectiveness, details of which were set out in paragraphs 16 to 26 of the Administration's paper.

13. Referring to the last sentence in paragraph 31 of the Administration's paper, Mr Andrew CHENG, Miss CHAN Yuen-han and Mrs Selina CHOW stressed that in considering whether to add the four childhood vaccines into the CIP, the prime concern should be protection of public health; and complexity of the logistic arrangements and costs of vaccination should not be factors for not incorporating them into the CIP. They further pointed out that an effective immunisation programme could in fact reduce the overall public health expenditure in the long term.

14. SFH responded that the Administration was well aware that immunisation programmes constituted one important approach to the prevention of communicable diseases and was committed to putting in place effective immunisation programmes. SFH further assured members that complexity of the logistical arrangements would not be factors for not incorporating the four childhood vaccines into the CIP, if the incorporation was recommended by the SCVPD.

15. In response to Mrs Selina CHOW's enquiry on the logistic arrangements involved in extending the Government's immunisation programmes, SFH said that such extensions would require comprehensive planning to ensure that the infrastructure for the delivery of the new vaccine(s) could attain high coverage. Careful planning would be needed to ensure that the new vaccine(s) could be integrated into the existing vaccination schedule as far as practicable to facilitate parental visits thereby attaining a better coverage. It would also be necessary to arrange for the procurement of adequate vaccine supply, the keeping of proper vaccination records and channels for the provision of vaccination services, among others. SFH further reiterated that while complexity of logistic arrangements concerned might affect the implementation schedule, it would not be a factor for not incorporating a new vaccine into the immunisation programme.

16. Dr KWOK Ka-ki said that the Maternal and Child Health Centres (MCHCs) of DH should actively provide information on vaccines not included in the CIP to parents to facilitate their consideration of the need to vaccinate their

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children against certain infectious diseases not included in CIP at their own cost. D of Health advised that information pamphlets on CIP and vaccines not included therein were available in MCHCs. They would also be distributed to parents of newborn babies when they first patronised MCHCs.

17. Dr Fernando CHEUNG requested the Administration to make public the report of the study conducted by the local university on the cost-benefit and cost-effectiveness of incorporating the four childhood vaccines into the CIP. Given that the study was commissioned by CHP via the Research Council of RFCID and was related to public health, Dr CHEUNG saw no reason why its findings could not be made public.

18. D of Health responded that the findings of the study were now being reviewed by the Research Council of RFCID and would only be finalised after going through the review process. Such a review was part of the standard procedure for the evaluation of scholarly research work before their publication. D of Health assured members that after the report of the study had successfully gone through the review process, its findings and recommendations would be made public.

19. Mrs Sophie LEUNG asked whether the study conducted by the university on the cost-benefit and cost-effectiveness of the four childhood vaccines had taken into account possible future developments in childhood vaccines.

20. D of Health responded that the study had taken into consideration the latest developments in childhood vaccines. Its recommendations however would be based on vaccines currently available in the market. D of Health further pointed out that through the SCVPD, DH closely monitored the latest scientific developments and applications of new vaccines and the CIP would be regularly reviewed and updated in the light of such developments. Some \$30 million had recently been spent on procuring the latest vaccines for use in the CIP.

*Government Influenza Vaccination Programme*

21. Dr YEUNG Sum welcomed the Administration's plan to provide a subsidy to children aged between six months and five years for getting influenza vaccinations from private doctors (the subsidy scheme). Dr YEUNG urged the Administration to ensure that the pricing of private vaccination services was transparent and reasonable, so as to enable the public to make an informed choice.

22. SFH responded that the Administration was considering how best to encourage children aged from six months to five years to be vaccinated against influenza. One possible option was the provision of a subsidy to children of this age group for getting the vaccination services in the private sector. This would be good for the health of children as family doctors were able to monitor their

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patients' health situation more effectively and could help explain the functions and side-effects of the vaccines to the parents. Such a subsidy scheme was also in line with the Government's policy direction of establishing a family doctor system and fostering public-private collaboration in the provision of healthcare services. On the pricing of private vaccination services, SFH advised that participating doctors would be required to register with the Government beforehand and to display their fee schedules for influenza vaccination clearly in their clinics.

23. Dr Kwok Ka-ki and Dr Fernando CHEUNG asked when the Administration would come to a decision on the subsidy scheme. SFH responded that the Administration was in discussion with the Hong Kong Medical Association and representatives of private doctors on details of the subsidy scheme. It was the Administration's aim to provide a subsidy for children aged six months to five years to receive influenza vaccination before the next winter influenza season.

24. Dr KWOK Ka-ki enquired about the basis, in terms of cost-benefit and cost-effectiveness, of the Administration's plan to provide a subsidy to children aged between six months and five years for getting influenza vaccinations.

25. D of Health responded that in addition to the target groups covered in 2007-2008, the SCVDP had recommended the inclusion of children aged two to five years on top of the existing target group of children aged 6 to 23 months so as to reduce their hospital admissions. He informed members that the annual average rate of admissions to hospital for influenza and pneumonia from 1998 to last year was 172.3 per 10 000 for children aged under two years, 136.6 per 10 000 for children aged two to five years, and 33.8 per 10 000 for children aged six to 11 years. Given that the hospitalisation rate of children aged six months to five years was four to five times higher than that of children aged six to 11 years, the Administration was considering, as a first step, to provide a subsidy to children aged six months to five years for getting influenza vaccinations with a view to reducing the number of children sent to hospitals. He further said that the Administration would closely monitor the effectiveness and coverage of the subsidy scheme, if implemented, before considering any expansion of its scope.

26. Dr KWOK Ka-ki asked whether consideration would be given to covering needy children aged six to 11 years under the subsidy scheme. D of Health said that as the SCVDP had not recommended the inclusion of children aged between six and 11 years in the recommended target groups for receiving influenza vaccinations, there would be no strong basis for the Administration to include children of this age group under the subsidy scheme.

27. Mr Andrew CHENG and Mrs Selina CHOW were of the view that the Administration should provide free influenza vaccinations to all elders aged 65 or above. In response, SFH said that apart from elders receiving Comprehensive

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Social Security Assistance, the Government also offered free vaccination to eligible high-risk elders such as those living in residential care homes or with chronic illnesses and being followed up in public clinics. Other elderly persons were encouraged to seek medical advice from their doctors to receive influenza vaccination for individual protection and could also use the healthcare vouchers to purchase private vaccination services if considered necessary. Mrs Selina CHOW and Dr KWOK Ka-ki considered the Administration's view that elders could use the healthcare vouchers to purchase private vaccination services unreasonable, as the total value of the vouchers at \$250 a year was barely enough for elders to make two visits to a private doctor.

Motion

28. Dr Fernando CHEUNG proposed to move the following motion -

"本委員會促請政府：

- (一) 於下個流感高峰期來臨前，實施將肺炎鏈球菌疫苗納入兒童免疫接種計劃內；
- (二) 公開政府委託香港大學所進行有關將肺炎球菌接合疫苗、水痘、甲型肝炎及乙型流感嗜血桿菌疫苗納入兒童免疫接種計劃的成本效益的研究報告結果，以及疫苗可預防疾病委員會就有關報告提出的建議，讓公眾討論；及
- (三) 確立定期檢討機制，確保兒童免疫接種計劃能夠與時並進。"

(Translation)

"That this Panel urges the Government to:

- (a) incorporate *Streptococcus pneumoniae* vaccine into the Childhood Immunisation Programme before the next influenza peak season;
- (b) make public the report of the study commissioned by the Government for the University of Hong Kong to investigate the cost-benefit of incorporating pneumococcal conjugate vaccine, chickenpox vaccine, hepatitis A vaccine and *Haemophilus influenzae* b vaccine into the Childhood Immunisation Programme, and the recommendations on the report made by the Scientific Committee on Vaccine Preventable Diseases, for public discussion; and
- (c) put in place a regular review mechanism to ensure that the



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Childhood Immunisation Programme keeps abreast of time."

29. The Chairman put the motion to vote. All members present voted in favour of the motion. The Chairman declared that the motion was carried.

**IV. Review on the mechanism of appointment of senior doctors in Hospital Authority**

(LC Paper No. CB(2)2211/07-08(03))

30. Head of Human Resources, Hospital Authority (HHR, HA) briefed members on the objective and progress of the review on the mechanism of appointment of senior doctors (i.e. doctors in the ranks of Consultants and Associate Consultants) in HA, details of which were set out in the Administration's paper (LC Paper No. CB(2)2211/07-08(03)).

31. Noting from paragraph 9 of the Administration's paper that the Review Group on the Appointment Process for Senior Doctors (the Review Group) set up by HA would put forth its proposal to the management of HA for consideration and consultation with staff in the latter half of 2008, Miss CHAN Yuen-han enquired about the arrangements for staff consultation and whether there would be an appeal mechanism in respect of decisions relating to the appointment of senior doctors.

32. Regarding Miss CHAN's first question on staff consultation, HHR, HA responded that in the first instance, staff consultation would be conducted through the established channel of the Doctors Staff Group Consultative Committee comprising doctors representing all ranks and grades from different hospitals and clusters. Should significant changes be recommended by the Review Group, wider staff consultation would be conducted through various channels such as fora or written consultation with all relevant medical staff.

33. Responding to Miss CHAN's second question on appeal mechanism, HHR, HA said that the management of HA recognised the importance of having in place an independent, fair and transparent mechanism for handling appeals against decisions relating to the appointment of senior doctors, and the Review Group was tasked, among others, to make recommendations in this regard. HHR, HA further said that under the existing system, the Staff Appeals Committee, chaired by a member of the HA Board and comprising representatives from the Human Resources Committee, was responsible for determining appeals from HA staff against decisions made by the management, including those made by the Chief Executive of HA. HHR, HA stressed that HA would consider the recommendations of the Review Group before deciding on the appeal mechanism for handling appeals arising from decisions on appointment of senior doctors.

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34. Miss CHAN Yuen-han said that it was her understanding that many doctors associations were not represented in the Doctors Staff Group Consultative Committee. Miss CHAN urged HA to widen the Committee's representativeness and strengthen consultation on individual level to ensure that the views of all relevant staff members/associations were fully taken into account in the consultation process.

35. HHR, HA reiterated that the Doctors Staff Group Consultative Committee was representative of all groups of doctors and was a well-trying and established channel for soliciting doctors' views on matters affecting them. HHR, HA further pointed out that two doctors associations, including the Public Doctors Association, were represented on the Review Group. He assured that HA would consult widely on the proposal submitted by the Review Group to ensure that the views of doctors of all groups and levels were taken into account in the review process.

36. Miss CHAN Yuen-han said that appeals lodged by HA staff should be handled by a committee comprising members outside of HA to ensure the independence of the mechanism and address the problem of perception of conflict of roles and interests under HA's current appeal mechanism. HHR, HA said that consideration would be given to Miss CHAN's views.

37. Dr KWOK Ka-ki and Dr Fernando CHEUNG expressed disappointment and dissatisfaction with the flimsiness of the Administration's paper which failed to shed any light on the discussions of the Review Group or directions of its review proposals. They urged HA to expeditiously come up with ways to address the concern of HA doctors about the unfairness in the selection process of senior doctors, which had attributed to the high turnover and low morale of HA doctors.

38. HHR, HA responded that at the request of the Panel, HA had prepared a progress update on the work of the Review Group on its review of the mechanism of appointment of senior doctors in HA. As the Review Group had not yet completed its work, it would not be appropriate for the HA management to report on the deliberations of the Review Group at the present stage because to do so might be seen as an attempt on the part of the HA management to intervene in the work of the Review Group and pre-empt its recommendations. HHR, HA further said that HA was well aware of the problem of high turnover of doctors and had taken a number of measures to address it. There was a slight improvement in the turnover rate of doctors, which had declined from 6.5% in 2006-2007 to around 6% in 2007-2008. HA recognised that there was still much to be done in this regard and would continue to work on ways to alleviate the problem.

39. Dr Fernando CHEUNG was not convinced that there was any impropriety

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on the part of HA to provide the Panel with information on the deliberations of the Review Group. Dr CHEUNG pointed out that the Review Group had already been set up for nine months and HA should have at least shed some light on the initial views of the Review Group so that members could express their views on the matter before the Review Group submitted its proposal to the management of HA later in the year.

40. HHR, HA said that HA would be happy to report to the Panel on the work of the Review Group upon its completion of work if members so requested.

41. While not objecting to the appointment of the Review Group, Dr KWOK Ka-ki said that HA was ultimately responsible for coming up with measures to improve the mechanism of appointment of senior doctors and should not shirk its responsibility in this regard. Dr KWOK further said that in the review process, HA should also address the problems of resident doctors leaving the employ of HA on obtaining specialist qualification, the lack of promotional opportunities for doctors at the rank of Associate Consultant and salary advancement arrangements for doctors at the rank of Consultant.

42. HHR, HA responded that there was no question of the HA management shirking its responsibility for attracting, motivating and retaining well qualified staff. In response to the concern raised by staff members about the appointment mechanism of senior doctors, HA had set up the Review Group to review the mechanism with a view to enhancing its efficiency, fairness and transparency, and staff representatives were actively engaged in the process. Apart from reviewing the appointment mechanism of senior doctors, it was also HA's plan to review, in due course, the salary progression arrangements of doctors at the rank of Consultant. He further informed members that in 2006-2007, a total of some 185 HA doctors had been promoted, representing an increase over the previous two years.

43. In response to Dr Fernando CHEUNG's enquiry, HHR HA explained that the gist of the concern about the process for selection of senior doctors was that the overwhelming majority of the doctors who were promoted to the rank of Associate Consultant or Consultant had been serving in the recruiting hospital/cluster before their promotion, which suggested that candidates outside of the recruiting hospital/cluster might not have been given a fair opportunity to compete for a senior post in another hospital/cluster. HHR HA further said that whilst familiarity with the operation and practices of the recruiting hospital/cluster was definitely a competitive advantage, it should be balanced against the need to provide candidates from other hospitals/clusters with a fair opportunity to be considered for the senior post concerned.

44. Miss CHAN Yuen-han queried why the Administration was not represented on the Review Group. She said that as the primary funding source of

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HA, the Administration should not walk away from the problem of high turnover and low morale of HA doctors.

45. Principal Assistant Secretary for Food and Health (Health) (PASFH(H)) said that HA was an independent statutory body established under the Hospital Authority Ordinance (Cap. 113) to provide public hospital services in Hong Kong and the Administration was not directly involved in the internal operation of HA on matters such as human resources management. PASFH(H) further said that over the past few years, HA had implemented various measures to tackle the problem of high turnover and low morale of HA doctors. For instance, the New Career and Pay Structure for Doctors was implemented in October 2007 to improve the remuneration package of HA doctors to attract new comers and retain experienced specialists in the public sector. Furthermore, the Steering Committee on Doctor Work Hour had submitted to HA the Doctor Work Reform Recommendation Report to address issues relating to doctors' long work hours and heavy workload. HA had already embarked on a number of pilot programmes in a number of hospitals and clusters at the end of 2007 to take forward the reform proposals in the Report. It was envisaged that the implementation of these reforms, coupled with the review currently underway on the appointment mechanism of senior doctors, would go some way towards improving staff morale and retention of talents within HA.

46. Dr KWOK Ka-ki pointed out that HA's lack of financial resources was a main obstacle to its efforts in improving the promotion prospects of doctors and urged the Administration to increase its funding allocation to HA.

47. HHR, HA said that the review was concerned with the process for selection of senior doctors and the financial position of HA was neither here nor there. PASFH(H) pointed out that over the past few years, there had been an increase in the number of senior doctor posts in HA. The Administration would continue to discuss with HA on its funding needs to meet its service requirements in the context of the annual funding allocation to HA.

Motion

48. Dr KWOK Ka-ki proposed to move the following motion -

"本委員會對醫管局未能改善醫生晉升機會，引致人才流失及令公共醫療質素進一步下降，表示遺憾，並要求醫管局在短期內提出改善建議，以減低醫生流失情況。"

(Translation)

"That this Panel regrets that the Hospital Authority has failed to improve the promotion prospects of doctors, leading to brain drain and further

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deterioration of the quality of public health care, and requests the Hospital Authority to propose improvement measures expeditiously so as to reduce the wastage of doctors."

49. The Chairman put the motion to vote. All members present voted in favour of the motion. The Chairman declared that the motion was carried.

**V. Any other business**

50. As it was anticipated that the Council meeting of 25 June 2008 might be resumed on the following day for continuation of unfinished business, members agreed to defer the date of the special meeting scheduled for 26 June 2008 at 4:30 pm to 7 July 2008 at 10:45 am. Members further agreed to add a discussion item on consultation on healthcare reform to the agenda of the special meeting.

*(Post-meeting note: The special meeting had subsequently been rescheduled for 24 June 2008 at 4:30 pm.)*

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

Council Business Division 2  
Legislative Council Secretariat  
15 August 2008