

**立法會**  
**Legislative Council**

Ref : CB2/PL/HS

LC Paper No. CB(2)1855/10-11  
(These minutes have been seen by  
the Administration)

**Panel on Health Services**

**Minutes of special meeting  
held on Friday, 15 October 2010, at 5:30 pm  
in the Chamber of the Legislative Council Building**

- Members present** : Dr Hon LEUNG Ka-lau (Chairman)  
Dr Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman)  
Hon Albert HO Chun-yan  
Ir Dr Hon Raymond HO Chung-tai, SBS, S.B.St.J., JP  
Hon Fred LI Wah-ming, SBS, JP  
Hon CHEUNG Man-kwong  
Hon Andrew CHENG Kar-foo  
Hon LI Fung-ying, SBS, JP  
Hon Audrey EU Yuet-mee, SC, JP  
Hon Cyd HO Sau-lan  
Hon CHAN Hak-kan  
Hon CHAN Kin-por, JP  
Hon CHEUNG Kwok-che  
Hon IP Kwok-him, GBS, JP  
Dr Hon PAN Pey-chyou  
Hon Alan LEONG Kah-kit, SC  
Hon Albert CHAN Wai-yip
- Members attending** : Hon LEE Cheuk-yan  
Hon WONG Kwok-hing, MH
- Public Officers attending** : Dr York CHOW Yat-ngok, GBS, JP  
Secretary for Food and Health
- Ms Sandra LEE, JP  
Permanent Secretary for Food and Health (Health)

Prof Gabriel M LEUNG, JP  
Under Secretary for Food and Health

Mrs Susan MAK, JP  
Deputy Secretary for Food and Health (Health) 1

Mr Thomas CHAN, JP  
Deputy Secretary for Food and Health (Health) 2

Miss Janice TSE, JP  
Head (eHealth Record)  
Food and Health Bureau

Dr Thomas TSANG Ho-fai, JP  
Acting Director of Health

Dr CHEUNG Wai-lun  
Director (Cluster Services)  
Hospital Authority

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

**Staff in attendance** : Ms Maisie LAM  
Senior Council Secretary (2)6

Ms Priscilla LAU  
Council Secretary (2) 5

Ms Sandy HAU  
Legislative Assistant (2)5

---

Action

**I. Briefing by the Secretary for Food and Health on the Chief Executive's Policy Address 2010-2011**  
(LC Paper No. CB(2)48/10-11(01))

Secretary for Food and Health ("SFH") briefed members on the new initiatives as well as progress of on-going initiatives in respect of health matters as set out in the 2010-2011 Policy Address, details of which were set out in the Administration's paper.

Action

Elderly Health Care Voucher Pilot Scheme

2. Mr CHAN Hak-kan noted that the Chief Executive had announced in the 2010-2011 Policy Address that \$1 billion would be earmarked to extend or enhance the Elderly Health Care Voucher Pilot Scheme having regard to the findings of the interim review, which was expected to be completed by the end of 2010. Holding the view that the existing arrangement of providing five health care vouchers of \$50 each to elderly people aged 70 or above annually was far from adequate to enable the elderly to use primary care services provided by the private sector, he asked whether consideration would be given to extending the Scheme to cover elderly people aged below 70 and increasing the annual amount of subsidy to the range of \$500 to \$1,000 per elderly person.

3. SFH responded that up to October 2010, 2 705 private healthcare providers had participated in the Scheme and some 280 000 eligible elderly people had used about 1.9 million vouchers involving a total of \$94 million subsidies. The interim review would appraise the effectiveness of the Scheme, including whether the Scheme would truly benefit the patients. The Administration would also promote the use of preventive care which in turn reduced the demand for inpatient and specialist out-patient services. SFH further said that while it was difficult to specify at this stage how the Scheme would be extended and enhanced, he could assure members that the Scheme would continue after the three-year pilot period.

Chinese medicine service in the public healthcare system

4. Mr CHAN Hak-kan asked whether the Administration would consider including Chinese medicine in the public specialist out-patient services and setting up a Chinese medicine hospital integrating the Chinese and western medical treatment.

5. SFH responded that the Administration had planned to establish 18 public Chinese medicine clinics ("CMCs") in Hong Kong. Currently, 14 public CMCs had already come into operation. The Administration had also secured a suitable site for a CMC at the Southern District and had started the fitting-out works. It was projected that the CMC would commence operation in 2011. In the meantime, efforts would continue be made to identify suitable sites in Kowloon City District, Yau Tsim Mong District and Islands District for establishing three additional CMCs. SFH further said that some organisations had approached the Administration on the possibility of setting up hospitals providing traditional Chinese

Action

medicine services. It was expected that further details would be announced in due course.

Redevelopment/construction of public hospitals

6. Whilst welcoming the redevelopment of the Yan Chai Hospital ("YCH"), Mr WONG Kwok-hing urged the Hospital Authority ("HA") to resume the provision of urology service at YCH and continue to provide the service after the redevelopment of YCH, given the strong demand for the service in the Tsuen Wan District.

Admin

7. Director (Cluster Services), HA responded that under HA's clustering arrangement, urology service was provided by the tertiary acute hospitals. That said, consideration would be given to providing urology specialist out-patient service at other hospitals where necessary. At the request of Mr WONG, Director (Cluster Services), HA agreed to provide a written reply on whether HA would resume the provision of urology service at YCH and continue to provide the service after the redevelopment of YCH.

8. Mr LEE Cheuk-yan asked whether the Administration had worked out the proposal on the hospital site and the total number of beds of the Tin Shui Wai Hospital, and if so, whether the public would be consulted on the proposal.

9. SFH advised that the Administration had identified Area 32 of Tin Shui Wai as the hospital site. Under the clustering arrangement, there would be a delineation of roles of the Tin Shui Wai Hospital, the Tuen Mun Hospital and the Pok Oi Hospital in the delivery of healthcare services to residents of the Yuen Long District. It was planned that the Tin Shui Wai Hospital would provide a total of 250-300 acute, convalescent/rehabilitation and specialist inpatient beds. The Administration had consulted the Yuen Long District Council on the proposed hospital site and the proposed project scope in March 2009. After completion of the relevant technical assessments (including traffic impact assessment and environmental impact assessment) of the hospital site, the Administration would further consult the Yuen Long District Council before end 2010.

Primary healthcare services

10. Mr WONG Kwok-hing enquired about the progress of the Administration's plan to work out suitable programmes to provide

Action

comprehensive primary dental services for the needy elderly and extend the coverage of the existing dental care scheme to secondary school students.

11. Dr Joseph LI also expressed concern about the timetable for launching the programme to enhance the dental services to the elderly in need. He further suggested that consideration could be given to increasing the value of the five health care vouchers provided annually to elderly people aged 70 or above to subsidise their use of private dental services.

12. Mr Fred LI said that the Democratic Party had long been urging the Administration to provide comprehensive primary dental services, apart from the current emergency dental services, for the elderly. Noting that \$80 million had been earmarked for the period 2010-2011 to 2012-2013 to support programmes for enhancing primary dental services and oral health promotion, Mr LI enquired about the concrete details of the programmes.

13. SFH responded that the Administration was working in collaboration with the dental profession, including the Hong Kong Dental Association, to devise feasible programmes to enhance primary dental services and promote oral health. Details of the programme to enhance primary dental services for the elderly in need would be announced by end of 2010 or early 2011.

14. Holding the view that the implementation of body check-up for the whole community could promote healthy lifestyle and preventive care and in turn reduce the future rise in both healthcare needs and health expenditure due to an ageing population, Mr CHAN Kin-por asked whether consideration could be given to providing body check-up for the whole community as suggested in the motion debate moved by him at the Council meeting on 11 March 2009.

15. SFH responded that thorough body check-ups might not be completely effective given that the effectiveness of tests for different non-communicable diseases varied among different segments of the population, and that different groups had different health problems and risks. As such, the Working Group on Primary Care had started developing primary care conceptual models and reference frameworks, starting from those for the prevention and management of common chronic diseases. In response to Mr CHAN's further enquiry as to whether the Administration would report on a regular basis the progress

Action

in this regard, SFH advised that the Primary Care Office of the Department of Health would launch a campaign in partnership with healthcare professionals to promote the Government's primary care development strategy and initiatives to the general public.

Public healthcare services

16. Mr LEE Cheuk-yan asked whether HA would set a service pledge in respect of its target to reduce the waiting time for some specialist services as set out in paragraph 32 of the Administration's paper

17. SFH responded that HA was in the process of working out the target waiting time for some diseases including cancer and the information would be made public when ready. In developing the target, HA would be guided by the principle that resources would be deployed to the most needed patients, such as those suffering from critical illness or with acute conditions.

18. Dr Joseph LEE asked about the progress of the implementation of the public-private Shared Care Programmes.

19. Director (Cluster Services), HA advised that HA had implemented a number of pilot projects to promote public-private partnership, such as the Cataract Surgeries Programme and the Tin Shui Wai Primary Care Partnership Project. More recently, the Public-Private Chronic Disease Management Shared Care Programme for eligible diabetes mellitus and hypertension patients was being piloted by HA in Tai Po and Shatin. After liaising with private doctors practising in the district, HA had implemented the programme in Wan Chai and the Eastern District since September 2010.

20. Citing the Magnetic Resonance Imaging scanners as an example, Mr Albert HO criticised HA's slow process in procuring medical equipments, which at present took about two to three years' time to complete. He further urged HA to reduce the waiting time for diagnostic imaging services for catastrophic illnesses.

21. SFH responded that the Administration had allocated additional funding to HA in the past few years for modernization of medical equipments. For instance, there was a provision of around \$1,280 million from 2007-2008 to 2009-2010 for this purpose. As regards diagnosis for catastrophic illness, it was expected that HA would set targets to shorten

Action

the diagnostic process, including imaging and pathology test, for catastrophic illness such as cancers to facilitate early treatment.

22. Director (Cluster Services), HA supplemented that HA had added two Computerised Tomography scanners and one Magnetic Resonance Imaging scanner in the past year. HA would further increase the number of diagnostic equipments in the coming years to reduce the waiting time. In addition, a triage system was in place to ensure that patients classified as urgent cases would receive investigations at the earliest possible time.

Healthcare profession manpower requirements

23. Mr Fred LI expressed concern about the pressure on manpower support of public hospitals as a result of the signing of Supplement VII to the Mainland and Hong Kong Closer Economic Partnership Agreement and the introduction of the proposed Health Protection Scheme, which might attract more doctors to practise in the Mainland or private hospitals.

24. SFH responded that the annual number of medical graduates of local universities would be increased from the present 250 to 320 in 2013-2014. To further enhance the supply of medical graduates, the Administration would discuss with the University Grants Committee on the provision of more places in medical programmes for intakes in the academic years of 2012-2013, 2013-2014 and 2014-2015. The Administration would also consider the suggestion of recruiting more overseas medical graduates where necessary.

25. In response to Ms Audrey EU's enquiry as to whether consideration could be given to lowering the levels of the threshold examination for overseas medical graduates to practise in Hong Kong, SFH advised that the Licensing Examination of the Medical Council of Hong Kong aimed to ensure that those who wish to register as medical practitioners in Hong Kong after having received medical training outside Hong Kong had attained a professional standard comparable to that of local medical graduates. The standard of the Licensing Examination was consistent with that adopted by the two faculties of medicine in Hong Kong for assessing their medical graduates.

26. Mr CHEUNG Kwok-che asked how would HA retain the healthcare staff in public hospitals to meet the service demands.

27. SFH responded that HA had implemented various measures to improve the working arrangements of its healthcare staff to strengthen the retention of existing talents in each area of specialty. Where necessary,

Action

arrangements would be made by HA to invite departed staff to serve on a part-time basis to strengthen its manpower.

28. Referring to paragraph 77 of the 2010-2011 Policy Address, Ms Audrey EU sought information on the expected demand and supply for healthcare practitioners over the next five to ten years. Mr CHEUNG Kwok-che also sought information on the current healthcare manpower shortage and turnover figures of healthcare profession in the public sector.

29. SFH responded that the Administration would provide the relevant information when appropriate. SFH explained that in projecting the manpower requirements, the Administration would need to take into account various factors such as the needs of the community for particular areas of services, as well as the views of the major employers of healthcare professionals, including HA, the Department of Health, welfare service providers and private hospitals. In the meantime, the Administration had embarked on the planning for the 2012-2015 triennium of the University Grants Committee.

Drug Formulary of HA

30. Pointing out that the cost of some cancer drugs could be as high as \$3,200 per day, Mr CHEUNG Man-kwong was concerned about the financial burden imposed on patients who were required to purchase costly self-financed items ("SFI") at their own expenses. He urged the Administration to adopt a humane approach in offering protection to patients who required treatment by the drugs that had proven to be of significant benefits but currently considered by HA as too expensive to provide as part of its subsidised service. Mr CHEUNG then sought information on the new drugs to be added in HA's Drug Formulary as announced by the Chief Executive in his 2010-2011 Policy Address.

31. SFH and Director (Cluster Services), HA responded as follows -

- (a) HA's expenditure on drugs had been increased from \$2.1 billion in 2006-2007 to \$2.6 billion in 2009-2010. In recent years, HA had continued to expand the coverage of its Drug Formulary by including in it new drugs of proven safety, efficacy and cost effectiveness and expanding the clinical application of some drug classes. For instance, in 2010-2011, eight new drugs, including Irinotecan and Vinorelbine for treatment of colorectal cancer and lung cancer respectively, were included as special drugs in the

Action

Formulary and provided at standard fees and charges to patients who met the specified clinical conditions. At present, there were about 1 244 standard drugs in the Formulary, which included most cancer drugs. Out of the 81 cancer drugs in the Formulary, 14 were not provided at standard fees and charges in HA or covered by the scope of the safety net under the Samaritan Fund;

- (b) rapid advances in medical technology brought many new drugs into the pharmaceutical market every year. The established mechanism of HA had been effective in reviewing the list of drugs in HA's Drug Formulary. At present, the HA Drug Advisory Committee ("DAC") and the Drug Utilisation Review Committee ("DURC") would meet regularly and respectively to appraise new drugs and review existing drugs in the Formulary, taking into account the scientific evidence on safety and efficacy, cost effectiveness, technology advances in treatment options and comparison with available alternatives; and
- (c) for SFI proven to be of significant benefits but extremely expensive for HA to provide as part of its subsidized service, partial or full subsidy could be provided through the safety net under the Samaritan Fund to needy patients to cover their expenses on these drugs.

32. Mr CHEUNG Man-kwong maintained the view that there were rooms to strengthen the public healthcare safety net to offer greater protection to patients who needed costly SFI for treatment. The Chairman remarked that the subject should be further discussed at a future meeting of the Panel.

33. In response to Ms Audrey EU's enquiry as to whether consideration could be given to making public the minutes of meetings of HA's DAC and DURC to improve the transparency of the decision-making process, SFH said that HA would continue its efforts to explain to the relevant parties any decision of not including a drug in the Drug Formulary.

Mental health services

34. Whilst welcoming the initiatives of HA to expand the service targets of the Young Persons with Psychosis Programme to include adults, strengthen the psychogeriatric outreach service and enhance support for

Action

autistic children, Dr PAN Pey-chyou considered that support to patients with severe mental illness only in the form of case management was far from adequate. Pointing out that HA's mental health service plan for adults for 2010-2015 was still under internal consultation within HA, Dr PAN asked whether HA would take the opportunity to take forward the recommendations of the Review Committee on Management and Follow-up of Mental Patients with Reference to the Mental Patient Incident in Kwai Shing East Estate, such as the introduction of community treatment orders, as set out in the report submitted by the Review Committee to the Chief Executive of HA and SFH in August 2010.

35. SFH responded that in line with the direction to provide continuous and personalised intensive support to patients with severe mental illness in collaboration with the welfare sector, HA would expand the pilot Case Management Programme from three districts (Kwai Tsing, Kwun Tong and Yuen Long) to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) in 2011-2012 to benefit more patients. On the introduction of community treatment orders, SFH advised that the Administration would study the feasibility and practicability of these orders in Hong Kong, having regard to the considerations for protection of patients' rights and privacy.

36. In response to Dr PAN's further enquiry about whether and, if so, when the Administration would provide the report of the Review Committee on Management and Follow-up of Mental Patients with Reference to the Mental Patient Incident in Kwai Shing East Estate to the Panel for consideration, SFH advised that recommendations of the report could be discussed in the context of mental health services at a future meeting of the Panel.

37. Ms Audrey EU welcomed the initiatives of HA to enhance support for autistic children. She then enquired whether the support services could be expanded to children with specific learning difficulties.

38. SFH responded that support would also be provided to children with hyperactivity disorder to facilitate early intervention, with a view to assisting them to integrate in the normal school setting.

39. Noting from paragraph 89 of the 2010-2011 Policy Address that HA would use more new psychiatric drugs with proven effectiveness and fewer side effects to improve treatment outcome, Ms EU asked whether HA would make a commitment to cease using psychiatric drugs with serious side effects in the future.

Action

40. SFH advised that at present, about 80% of HA patients with psychosis were already being prescribed with new psychiatric drugs. In considering whether new psychiatric drugs should be prescribed to patients, the major consideration of doctors was the clinical conditions and treatment needs of patients in order to achieve optimal treatment outcome. SFH further said that over the last decade, HA's expenditure on new psychiatric drugs had risen from \$73 million in 2001-2002 to \$236 million in 2009-2010.

41. Mr Albert HO welcomed the increase in resources to enhance mental health services, including the roll-out of the one-stop service delivery mode of the Integrated Community Centres for Mental Wellness across the territory. He then asked whether the Administration would conduct a review of the Mental Health Ordinance (Cap. 136) to, say, empowering medical superintendents to detain a voluntary patient in the hospital if the mental conditions of the patient concerned made it appropriate for the patient to receive medical treatment in hospital and introducing community treatment order on high risk patients.

42. SFH reiterated that the Administration would study the feasibility of introducing community treatment orders in Hong Kong, including whether amendment to the Mental Health Ordinance was necessary, having regard to the considerations for protection of patients' rights and privacy. The Administration would report to the Panel the study when appropriate.

Establishment of medical centres of excellence

43. Dr Joseph LEE asked about the progress of the development of the medical centre of excellence in neuroscience.

44. SFH responded that the Food and Health Bureau had set up steering committees for the development of medical centres of excellence in paediatrics and neuroscience respectively. The technical feasibility study for the Medical Centre of Excellence in Paediatrics had been completed, whereas preparation work for the establishment of the Medical Centre of Excellence in Neuroscience was still underway.

Land supply to facilitate medical services development

45. Referring to the question raised by the Chairman at the Chief Executive's Question and Answer Session on the Policy Address on 14 October 2010 regarding the supply of land for the development of private

Action

hospitals, Mr CHAN Kin-por asked how could the Administration ensure that there would be sufficient hospital beds in the private medical sector to meet the anticipated increase in demand for private medical services to be brought about by the implementation of the proposed Health Protection Scheme.

46. SFH responded that apart from the four reserved sites (at Wong Chuk Hang, Tseung Kwan O, Tai Po and Lantau respectively) that had been planned for development of private hospitals, some private land owners had expressed interest to develop their land for hospital use. In support of the policy to facilitate medical services development in Hong Kong, the Administration would continue to identify suitable sites and facilitate any change of land use for this purpose. As regards the number of hospital beds in the private medical sector, it was estimated that the known redevelopment projects of existing private hospitals would increase the number of hospital beds by 20% to 30% in three to four years' time. Coupled with the development of new private hospitals at the four reserved sites, there would be considerable increase in hospital beds in the private medical sector in the years to come.

**II. Any other business**

47. SFH took the opportunity to thank the Clerk for her services provided to the Panel over the years in view of her imminent change in posting.

48. There being no other business, the meeting ended at 6:40 pm.