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(These minutes have been
seen by the Administration)

Panel on Health Services

Subcommittee on Health Protection Scheme

**Minutes of the third meeting
held on Monday, 16 April 2012, at 4:30 pm
in Conference Room 3 of the Legislative Council Complex**

- Members present** : Dr Hon LEUNG Ka-lau (Chairman)
Hon CHEUNG Man-kwong
Hon LI Fung-ying, SBS, JP
Hon Audrey EU Yuet-mee, SC, JP
Dr Hon Joseph LEE Kok-long, SBS, JP
Hon Cyd HO Sau-lan
Hon CHAN Hak-kan
Hon CHAN Kin-por, JP
Dr Hon PAN Pey-chyou
Hon Alan LEONG Kah-kit, SC
- Public Officers attending** : Mr Richard YUEN Ming-fai, JP
Permanent Secretary for Food and Health (Health)
Food and Health Bureau
- Mr Chris SUN Yuk-han
Head, Healthcare Planning and Development Office
Food and Health Bureau
- Dr CHEUNG Wai-lun
Director (Cluster Services)
Hospital Authority
- Clerk in attendance** : Ms Elyssa WONG
Chief Council Secretary (2) 5

Staff in attendance : Ms Priscilla LAU
Council Secretary (2) 5

Ms Sandy HAU
Legislative Assistant (2) 5

Miss Liza LAM
Clerical Assistant (2) 5

Action

I. Meeting with the Administration

[LC Paper Nos. CB(2)1700/11-12(01) and (02), CB(2)1216/11-12(01), CB(2)1200/11-12(01) and (02) and CB(2)1419/11-12(01)]

The Subcommittee deliberated (index of proceedings attached at **Annex**).

Follow-up to issues raised by members at the meeting on 19 March 2012

2. Referring to the Administration's written response (LC Paper No. CB(2)1700/11-12(02)) to the enquiry on the reasons why people covered by private health insurance ("PHI") would still use public healthcare services instead of private healthcare services, the Chairman queried why people with insurance protection would not use private healthcare services as they could enjoy more benefits provided by private healthcare services such as choice of doctors to follow up on their conditions and shorter waiting times for the services. While the proportion of hospital admissions pertained to the private sector by people covered by PHI was 63% as stated in the Administration's written response, the Chairman remarked that the proportion of people covered by PHI using private inpatient services might be higher if the basis for calculation was changed to the number of people covered by PHI instead of total hospital admissions.

3. The Chairman further pointed out that the table given in the Administration's written response on page 3 did not show how many people had taken out income protection insurance plans. In his view, the element of income protection such as critical illness cover and hospital cash in a health insurance plan might provide the insured with an incentive to choose public healthcare services. In this connection, the Chairman requested the Administration to carry out more detailed studies and provide more supporting data on the utilization of healthcare services by the people covered by PHI and coverage of the health insurance plans provided to these people in order to facilitate the development of detailed proposals for the Health Protection Scheme ("HPS").

Action

Manpower of doctors and nurses in the Hospital Authority

4. The Chairman expressed grave concern on the efficiency and effectiveness of the Hospital Authority ("HA"). He pointed out that the increase in the number of doctors employed by HA during the period of 1998-1999 to 2010-2011 was over 39% which exceeded the increase in the Hong Kong population (about 8%) and the proportion of the population aged 65 or above (about 32%) in the same period. Referring to the key statistics used by the Government to measure HA's performance as presented in the annual reports of HA, the Chairman also noted that the increase of only 20% in the number of specialist outpatient attendances and a respective decrease of 14% and 5% in the number of patient days and the Accident and Emergency attendances from 1998-1999 to 2010-2011 suggested a decline in service demand during the last decade. He questioned why there was a shortage of doctors in public hospitals in meeting the service demand for public healthcare services.

5. The Administration explained that the increased number of doctors employed by HA could not compensate for the increase in their workload. From 1992 to present, the number of doctors was increased by around 100% (80% if general outpatient clinic doctors and family medicine trainees were excluded from comparison), but the corresponding increases in the number of specialist outpatient attendances, patient discharges and major surgeries were 111%, 102% and 271% respectively. New services such as psychogeriatric outreach services had also been provided by HA in recent years to better serve the community. This apart, the inpatients' average length of stay in hospitals decreased from 7 days in 1998 to 5.7 days in 2011 – which meant that the same, and often more, treatment and procedures had to be provided more efficiently and intensively within the shortened period of stay – thus enabling HA to handle more cases as evidenced by the corresponding increase of 37% in the number of inpatient and day patient discharges. Coupled with an ageing population with complex health needs; increasing use of sophisticated treatment and procedures such as CT scan ("computed tomography") and MRI ("magnetic resonance imaging") to help diagnose and treat medical conditions; and improvement in doctor work hours, there was still a shortfall of doctors in public hospitals in meeting the service demand for public healthcare services.

6. The Chairman did not agree with the Administration's explanation. He considered the number of patient days a better indicator of doctors' workload than the number of attendances of general inpatient services, as the latter might not have a direct relationship with doctors' workload but reflect a faster means to obtain specialist services, such as CT scan, than through the specialist outpatient clinics. He further requested the Administration to provide indicators and detailed statistics on doctors' workload in the annual reports of HA.

Action

7. Given the high wastage of doctors in public hospitals, the Chairman urged the Administration to implement more concrete measures to retain doctors in the public sector. In particular, consideration should be given to improving the effectiveness of HA and the working environment of doctors, such as reducing the work hours of doctors.

8. Dr PAN Pey-chyou noted from the information tabled by the Chairman at the meeting that while the number of doctors employed by HA increased during the period of 1998-1999 to 2010-2011, the number of nurses employed by HA had decreased slightly. He expressed concern about the imbalance of manpower between doctors and nurses and its adverse impact on the quality of public healthcare services.

9. Dr Joseph LEE also expressed concern on the shortage of nurses in public hospitals. Pointing out that nurses in public hospitals had to take care of more patients than their overseas counterparts, he sought information on the methodology adopted by HA for projecting its nursing staff establishment.

10. The Administration advised that in projecting the nursing manpower requirement, HA would take into account factors such as the number of beds, occupancy rate, dependence level of patients and patient turnover of inpatient services. A tool had also been developed by HA to calculate the workload of nurses in various specialties, having regard to the different models of care at different clinical settings. To address the shortage of nursing manpower, measures had been taken by HA to increase the supply and strengthen the retention of nurses, such as through re-opening nursing schools in HA, encouraging tertiary institutions to increase student places and reducing non-clinical work handled by nurses. According to the Administration's projection, the increased supply of some 2 000 nurse graduates each year for the coming three years should be sufficient to meet HA's manpower demand in the short to medium term.

Strategic review on the healthcare manpower planning and professional development

11. Noting that a Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development ("the Steering Committee") chaired by the Secretary of Food and Health was established in January 2012, Mr CHAN Kin-por expressed concern on the scope of the strategic review on healthcare manpower planning and professional development and sought information as to whether the strategic review would examine the existing mechanism for setting the professional standards for non-locally trained doctors to practise in Hong Kong. Ms LI Fung-ying also enquired whether the promotion of the development of allied health professionals, such as recognizing

Action

medical certificates issued by chiropractors, would also be covered in the strategic review.

12. The Administration advised that the Steering Committee would conduct a comprehensive review on the long-term manpower needs for the overall healthcare development, and the professional development of and regulatory structure for 13 healthcare professions, such as medical practitioners, dentists, nurses, pharmacists and chiropractors who were subject to statutory regulation. On making recommendations to the Government on how to ensure an adequate supply of healthcare professionals, the Steering Committee would consider both short-term and long-term measures, including the registration of non-local doctors.

Long-term planning of manpower

13. Noting that the University of Hong Kong ("HKU") was commissioned to conduct a comprehensive projection on the manpower needs and demand for healthcare professionals to assist the Steering Committee in making recommendations on the means and measures to ensure an adequate supply of healthcare professionals, Ms Cyd HO suggested that the manpower projection should take into account the manpower needs arising from the expansion of private healthcare services, development of new private hospitals, implementation of HPS and service demand from non-local people. Concern was also raised as to whether sufficient resources would be allocated to HA to meet the projected manpower requirement.

14. The Administration advised that HKU was tasked to conduct the comprehensive review based on objective data collated from a wide range of sources and aggregated through statistical methods and scenario modelling, taking into account all known and potential factors and considerations, which included the healthcare needs of an ageing population, changes in healthcare service utilization pattern and increases in demand for private healthcare services arising from private hospital development and implementation of HPS. The manpower projection would be subject to review at regular intervals. With an objective projection on the long-term manpower requirement, the Government would be able to make suitable arrangements for meeting the long-term manpower needs.

15. The Chairman pointed out that measures to increase the supply of doctors might not be able to meet the medical manpower needs in the short term because of the long lead time to train doctors. He expressed reservations about the proposal to further increase the supply of doctors. He urged the Administration to look squarely at the problem, in particular the service demand on both the private and public sectors when conducting the long-term manpower planning.

Action

To address the shortage of doctors in public hospitals and relieve service demand on public hospitals, he suggested that the Administration should explore the feasibility of purchasing more services from the private sector and engaging private sector doctors to practise in public hospitals on a part-time basis, given that there was spare capacity of manpower in the private healthcare sector.

16. The Administration advised that the comprehensive review conducted by HKU would look into the long-term manpower needs of both the public and private healthcare sectors. At present, the Government had made use of the private sector's capacity to meet part of the service demand on the public sector. HA had implemented a number of public-private partnership programmes and engaged private sector doctors on a part-time basis to work in public hospitals to address the shortage of manpower in some specialties. The Administration would continue to examine possible public-private partnership initiatives with a view to making the best use of healthcare resources in the public and private sectors and addressing the existing imbalance between the public and private healthcare system.

17. The Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.

HPS to ease the pressure on the public healthcare system

18. Referring to the experience in Australia where no reduction was seen in the public healthcare expenditure with the introduction of healthcare financing through private health insurance, concern was raised as to whether HPS could help relieve the pressure on the public healthcare system. The Chairman cautioned that even HPS might help divert to the private healthcare sector some of the healthcare needs that would otherwise have to be met by the public healthcare system, public hospitals might perform additional services to maintain their service throughput in order not to affect their present level of resource allocation. To ensure an efficient utilization of resources, he called on the Administration to formulate a set of objective criteria to benchmark the service throughput of major public healthcare services and assess the effectiveness of HPS.

19. The Administration reiterated the need to take forward healthcare reform to enhance the long-term sustainability of the public healthcare system. While stressing that the Government's commitment to public healthcare would continue to increase in order to meet the increasing healthcare needs, HPS aimed to provide more choices with better protection for those who could afford and were willing to use private healthcare services. This would in turn help relieve public queues by enabling more people to choose private services and focus public healthcare on target service areas and population groups.

Action

20. Ms Cyd HO considered that the implementation of HPS might aggravate brain drain from the public to the private healthcare system. She stressed the need to have an adequate manpower supply of public hospitals for the provision of sustainable and quality public healthcare services.

21. Mr CHAN Kin-por called on the Administration to set a target ratio between the provision of inpatient services by the public and private healthcare sectors to measure the effectiveness of HPS in easing the pressure on the public healthcare system.

22. To safeguard consumer interests, maintain impartiality and curbing moral hazard, the Chairman also stressed the need to have a fair and effective health insurance claims arbitration mechanism to handle disputes and arbitrate disagreements over health insurance claims among patients, private health insurers and private healthcare service providers.

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23. To facilitate further discussion, the Administration was requested to provide the following information -

- (a) reasons for a shortage of doctors in public hospitals in meeting the service demand for public healthcare services despite an increase in the number of doctors employed by HA from 1998 to 2011;
- (b) indicators adopted for measuring the service throughput of HA and the rationale for their adoption;
- (c) methodology and formula of HA for projecting its medical and nursing staff requirement; examples should be provided to illustrate the application of the methodology and formula in calculating the manpower requirement for a particular clinical specialty;
- (d) any shortfall between the projected nursing staff establishment and strength in the coming years; and
- (e) any improvement in the manning ratios of doctors and nurses as compared to the situation in 1998.

II. Any other business

24. The Chairman informed members that the next meeting would be held on 30 April 2012. As agreed by members, the supervisory framework for health insurance and healthcare service markets under HPS, including the legislative

Action

and institutional setup for HPS would be discussed at the next meeting.

25. The Chairman also reminded that the Panel on Health Services would hold a special meeting on 7 May 2012 to discuss the land disposal arrangement for the development of private hospitals at Wong Chuk Hang and Tai Po.

26. There being no other business, the meeting ended at 6:35 pm.

Council Business Division 2
Legislative Council Secretariat
5 June 2012

**Proceedings of the third meeting of the
Subcommittee on Health Protection Scheme
on Monday, 16 April 2012, at 4:30 pm
in Conference Room 3 of the Legislative Council Complex**

Time marker	Speaker	Subject	Action Required
000000 - 000808	Chairman	Opening remarks	
000809 - 001846	Admin Chairman	<p>Briefing by the Administration on its response to issues raised by members at the meeting on 19 March 2012 (LC Paper No. CB(2)1700/11-12(02))</p> <p>The Chairman's enquiry on the reasons why people covered by private health insurance ("PHI") still used public healthcare services; and his view on the calculation method of the proportion of people covered by PHI still used public inpatient services.</p> <p>The Administration's response to the Chairman's view on the calculation method.</p>	
001847 - 002504	Dr PAN Pey-chyou Admin Chairman	<p>Dr PAN Pey-chyou's concern on the number of medical and nursing staff employed by the Hospital Authority ("HA") as there were fewer nurses in 2011 as compared with the figure in 1998 whereas the number of doctors employed by HA had increased significantly during the same period.</p> <p>The Administration's response that measures had been and would continue to be introduced to increase the supply and strengthen the retention of nurses.</p>	
002505 - 002716	Chairman Admin	The Chairman's enquiry and the Administration's response on the coverage of health insurance plans.	
002717 - 003957	Chairman Admin	<p>The Chairman's doubt on a shortage of doctors in public hospitals in meeting the service demand for public healthcare services.</p> <p>The Administration's explanation on the increases in the demand for public healthcare services, workload of doctors and service throughput of HA in recent years.</p>	

Time marker	Speaker	Subject	Action Required
		<p>The Chairman's view that the number of patient days was a better indicator of doctors' workload than the number of attendances of general inpatient services.</p> <p>The Administration was requested to provide information on –</p> <ul style="list-style-type: none"> (a) reasons for a shortage of doctors in public hospitals in meeting the service demand for public healthcare services despite an increase in the number of doctors employed by HA from 1998 to 2011; and (b) indicators adopted for measuring the service throughput of HA and the rationale for their adoption. 	<p>Admin (paragraph 23 of the minutes)</p>
003958 - 005128	Dr Joseph LEE Admin Chairman	<p>Dr Joseph LEE's concern on the shortage of nurses and the methodology adopted by HA for projecting its nursing staff establishment.</p> <p>HA's response on its methodology for projecting its medical and nursing staff requirement.</p> <p>The Administration was requested to provide information on –</p> <ul style="list-style-type: none"> (a) methodology and formula of HA for projecting its medical and nursing staff requirement; examples should be provided to illustrate the application of the methodology and formula in calculating the manpower requirement for a particular clinical specialty; (b) any shortfall between the projected nursing staff establishment and strength in the coming years; and (c) any improvement in the manning ratios of doctors and nurses as compared to the situation in 1998. 	<p>Admin (paragraph 23 of the minutes)</p>
005129 - 005325	Admin	Briefing by the Administration on the paper entitled "Strategic review on healthcare manpower planning and professional development" (LC Paper No. CB(2)1700/11-12(01)).	

Time marker	Speaker	Subject	Action Required
005326 - 005607	Mr CHAN Kin-por Admin	<p>Mr CHAN Kin-por's enquiry as to whether the existing mechanism for setting the professional standards for non-locally trained doctors and the mechanism for professional development would be covered in the review of the regulatory framework for the healthcare professionals.</p> <p>The Administration's response on the details of the review which would cover the issues raised by Mr CHAN.</p>	
005608 - 011304	Chairman Admin	<p>The Chairman's concerns on the review of the manpower requirement and the provision of sufficient resources to HA to meet the projected manpower requirement.</p> <p>The Administration's response on the review on manpower planning undertaken by the University of Hong Kong to assist the Steering Committee in making recommendations on the means and measures to ensure an adequate supply of healthcare professionals for both the public and private sectors.</p>	
011305 - 011604	Ms LI Fung-ying Admin	<p>Ms LI Fung-ying's enquiry on the review of the professional development of allied health professionals, including the issuance of medical certificates by chiropractors.</p> <p>The Administration's response on the coverage of the review of the professional development of allied health professionals.</p>	
011605 - 014429	Chairman Admin	<p>The Chairman's views / concerns on –</p> <ul style="list-style-type: none"> a) the spare service capacity in the private sector causing an imbalance of medical manpower in the public and private sectors; b) more concrete measures, such as reducing the work hours of doctors, should be introduced by HA to improve the working environment and retain the medical staff in public hospitals. In particular, the implementation of HPS might aggravate the brain drain from the public to the private healthcare system; and 	

Time marker	Speaker	Subject	Action Required
		<p>c) a fair health insurance claims arbitration mechanism to curb the problem of moral hazard.</p> <p>The Administration's response on the coverage of the strategic review on healthcare manpower planning in both the public and private sectors; regulation of the healthcare insurance market and private healthcare services under HPS; and public-private partnership initiatives to make the best use of healthcare resources in the private sector.</p>	
014430 - 014751	Chairman Admin	<p>The Chairman's concern as to whether HPS could relieve the pressure on the public healthcare system with reference to the Australian experience.</p> <p>The Administration's response that HPS, through providing more choices with better protection for using private healthcare services, would enable people covered by PHI to choose private healthcare services.</p>	
014752 - 020151	Ms Cyd HO Chairman Admin	<p>Ms Cyd HO's concern on the impact of the expansion of existing private hospitals, development of new private hospitals, increasing non-local demand for healthcare services and implementation of HPS on the medical and nursing manpower in public hospitals; and her view that these factors should be taken into consideration when projecting the long-term manpower needs.</p> <p>The Administration's response that the University of Hong Kong was commissioned to conduct a comprehensive projection on the manpower needs and demand for healthcare professionals through statistical methods and scenario modelling.</p> <p>The Chairman's view that the Administration should adopt objective criteria to assess the demand for healthcare services.</p> <p>The Chairman's decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.</p>	

Time marker	Speaker	Subject	Action Required
020152-020340	Mr CHAN Kin-por Chairman	Mr CHAN Kin-por's view that there should be a target ratio between the provision of inpatient services by the public and private healthcare sectors.	
020341 - 020500	Chairman	Date of next meeting and the special meeting of the Panel on Health Services on 7 May 2012 to discuss the land disposal arrangement for the development of private hospitals at Wong Chuk Hang and Tai Po.	

Council Business Division 2
Legislative Council Secretariat
5 June 2012