

**立法會**  
**Legislative Council**

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LC Paper No. CB(2)2805/11-12  
(These minutes have been seen  
by the Administration)

**Panel on Health Services**

**Subcommittee on Health Protection Scheme**

**Minutes of the fifth meeting**  
**held on Monday, 21 May 2012, at 10:45 am**  
**in Conference Room 2B 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 CHAN Kin-por, JP  
Dr Hon PAN Pey-chyou  
Hon Alan LEONG Kah-kit, SC
- Members absent** : Hon Cyd HO Sau-lan  
Hon CHAN Hak-kan
- 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

Ms Eva TSUI  
Chief Manager (Statistics & Workforce Planning)  
Hospital Authority

**Clerk in attendance** : Ms Elyssa WONG  
Chief Council Secretary (2) 5

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

Miss Liza LAM  
Clerical Assistant (2) 5

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**I. Meeting with the Administration**

[LC Paper Nos. CB(2)2011/11-12(01) and (02), CB(2)1216/11-12(01), CB(2)1200/11-12(01) and (02), CB(2)1419/11-12(01), CB(2)1700/11-12(01) and (02), CB(2)1839/11-12(01) and (02) and CB(2)1360/11-12(01) and (02)]

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

Follow-up to issues raised by members at the meeting on 16 April 2012

2. Referring to the Administration's written response (Annex A to LC Paper No. CB(2)2011/11-12(01)) on the methodology and formula of the Hospital Authority ("HA") for projecting its medical and nursing staff requirement, the Chairman considered that further information including supporting statistics should be provided to the Subcommittee in order to enable members to follow up on the issue of medical and nursing staff requirement of HA.

3. In response to the Chairman's enquiry as to whether similar projection had been conducted for the manpower requirement in the private sector, the Administration replied in the negative. However, the strategic review on healthcare manpower planning and professional development in Hong Kong to be conducted by the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development would cover the manpower needs in both the public and private sectors. The Steering Committee had commissioned the University of Hong Kong ("HKU") to assist itself in conducting the strategic review. HKU would

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conduct a comprehensive projection on the manpower needs and demand for healthcare professionals from the designated disciplines based on objective data collated, taking into account all known and potential factors and considerations including the healthcare needs of an ageing population and the increase in demand for private healthcare services arising from the implementation of the Health Protection Scheme ("HPS").

4. Referring to the projection on the nursing manpower requirement in the Administration's paper (Annex A to LC Paper No. CB(2)2011/11-12(01)), Dr Joseph LEE queried the accuracy of HA's nursing manpower projection which was based on a case scenario with assumptions of a bed occupancy rate of 85% and a general ward with 40 beds. Dr LEE questioned the accuracy of such assumptions and expressed grave concern about the accuracy of the projection results derived from such assumptions. In his view, the problem of the fluctuations in the demand and supply of nursing manpower over the past years might be attributable to the accuracy of the assumptions adopted in the projection for nursing manpower. The Chairman sought information on the measures taken to address deviations detected from the projection results.

5. HA explained that the case scenario provided in the Administration's paper was an illustration on how to make adjustment to scenarios with different assumptions of case loading. The actual data for the various activities of HA including its actual and projected manpower strengths each year were given in the Controlling Officer's Report. The Administration advised that the nursing manpower requirement was affected by many factors including the introduction of new services, wastage of nursing staff and redevelopment and expansion of public and private hospitals. To ensure an adequate supply of nursing manpower for both the public and private sectors in the coming years, HKU was commissioned to conduct a comprehensive manpower projection which would form a basis for long-term manpower planning and training. The Administration would review and monitor the manpower situation on a regular basis and maintain close communication with the tertiary institutions to ensure the provision of sufficient training places for the continuous supply of nursing manpower.

6. Ms Audrey EU questioned the methodology adopted for the manpower requirement projection. She said that the methodology yielded a projection which aimed to meet the future service demand based on the current service delivery model which had been criticized for being cost-ineffective and having many problems such as long waiting time. She enquired if reference could be made to overseas practices when conducting the manpower requirement projection such as formulating a doctor-to-population ratio. Given the long lead time for training of doctors, Ms EU

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called on the Administration to adopt a flexible approach to allow non-local doctors to practise in Hong Kong so as to address the problem of the shortage of doctors.

7. The Administration explained that as Hong Kong differed significantly from overseas places in terms of population structure, population density, current prevailing diseases and service delivery models, not all overseas experiences in this regard were relevant to Hong Kong. Nevertheless, the comprehensive manpower projection to be conducted by HKU would make recommendations on the long-term and short-term measures to address the manpower needs in Hong Kong taking into account the practices and experiences in other countries as well as the situation in Hong Kong. Recruitment of non-local doctors would also be considered as one of the short-term measures to increase the manpower supply of doctors.

8. Dr PAN Pey-chyou expressed grave concern about the comprehensive manpower projection to be conducted by HKU which, in his view, was an arduous task. He further pointed out that the closer ties between Hong Kong and the Pearl Delta Region might affect the demand for local healthcare services and healthcare manpower. For instance, the increasing number of Hong Kong elderly people residing in the Mainland but returning to Hong Kong for medical care; the increasing demand for local healthcare services by Mainland residents and the implementation of the Mainland and Hong Kong Closer Economic Partnership Arrangement (CEPA) under which local healthcare professionals were eligible for practising in the Mainland were factors having a significant impact on the demand for local healthcare services and the supply of doctors. Dr PAN suggested that the Administration should gather relevant information on the number of local healthcare professionals who had set up practices in the Mainland for the conduct of the long-term manpower planning.

9. The Administration advised that the manpower projection model to be developed by HKU would take into account all known and potential factors, including the impact on the demand for local healthcare services by Mainland residents. The manpower projection would also be subject to regular reviews in order to reflect changes in the manpower situation in Hong Kong.

Follow-up to issues raised by members at the meeting on 30 April 2012

10. Referring to the Administration's written response (Annex B to LC Paper No. CB(2)2011/11-12(01)) on the justifications for a shortage of doctors, the Chairman noted that the local population increased by 7% during the period of 1998-1999 to 2010-2011 but the increase in service

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throughput of the various services of HA over the same period ranged from 37% to 884%. The Chairman surmised that the substantial increase in HA's service throughput was driven by induced demand generated by HA. He urged the Administration to assess the efficiency and effectiveness of HA services by a set of objective indicators rather than a sole indicator of service throughput.

11. HA explained that the increase in the service throughput was caused by an increase in the demand for public healthcare services as well as the introduction of new services to enhance public health. HA stressed that patients would only receive medical treatment based on their clinical need. Doctors had a duty of care to their patients and no unnecessary procedures or testing would be performed on the patients. The Chairman was not satisfied with HA's explanation and urged the Administration to formulate clear and relevant indicators for assessing the quality and quantity of the services of HA.

Invitation of views from deputations

12. In response to Ms Audrey EU's enquiries on the future meeting arrangements of the Subcommittee and whether deputations would be invited to give views on the implementation of HPS, the Chairman advised that a series of meetings had already been scheduled to discuss issues listed in the work plan of the Subcommittee. Since the Panel on Health Services had received the views of 93 deputations on the subject at two special meetings held in December 2010 and August 2011 respectively, the Subcommittee would not invite further views from the deputations at this stage. The Subcommittee would consider views of the submissions to the Subcommittee after completing the deliberations on the issues listed in the work plan.

Implementation of HPS

13. Ms Audrey EU and Mr CHEUNG Man-kwong expressed grave concern about whether the next term Government would continue with the implementation of HPS, having regard to the differences in policy inclination between the incumbent Administration and the Chief Executive-elect on issues such as development of private hospitals and the provision of local obstetric services to Mainland pregnant women. They expressed worry that the next term Government might not accord the same priority to the implementation of HPS as the incumbent Administration.

14. The Administration stressed that the first stage public consultation reflected a broad community consensus to take forward the healthcare

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service reform to meet the challenges of the ageing population and rising medical costs. While there was still room for improving and refining the next stage of the healthcare reform by the next term Government, the incumbent Administration considered the current preparatory work for the introduction of HPS, such as the comprehensive review on the current market situation of the private health insurance, healthcare manpower planning and options of utilizing public funding to support the healthcare reform, necessary and important for the next term Government to map out the way forward for the healthcare reform.

Utilization of the \$50 billion fiscal reserve

15. Pointing out that HPS would provide additional coverage and protection for consumers, Mr CHAN Kin-por expressed support for the proposal to make use of the \$50 billion fiscal reserve earmarked for supporting healthcare reform to facilitate the implementation of HPS. He also suggested that consideration could be given to adding reasonable terms and conditions to HPS plans such as imposing a limit on the total amount of claims made in a year or for the whole policy in order to better manage the use of the \$50 billion fiscal reserve. He urged the Administration to make reference to relevant overseas experience and maintain close communication with the insurance industry when drawing up details of the design of HPS plans.

16. Mr CHEUNG Man-kwong said that the Democratic Party had strong reservations on the use of the \$50 billion fiscal reserve to support the implementation of HPS. The Chairman urged the Administration to provide more information to substantiate its claim that the use of the \$50 billion fiscal reserve would benefit the insured, in particular the high-risk people.

17. The Administration advised that a consultant would be appointed shortly to formulate a detailed design for the implementation of HPS. The consultant would, among other things, analyse and examine the feasibility of various options of utilizing public funding to facilitate the implementation of HPS. The consultant would also work out the details of the proposed high-risk pool mechanism and its operation.

Requirements for the development of new private hospitals

18. Referring to the land disposal arrangement for the development of new private hospitals at Wong Chuk Hang and Tai Po, Mr CHEUNG Man-kwong was of the view that the minimum percentage of inpatient services

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for use by local residents should be set at 70% in order to ensure that the new private hospital services would be offered primarily to local residents.

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

20. The Chairman noted that the new private hospitals would be required to provide at least 30% of the inpatient bed days taken up in a year for services provided through standard beds at packaged charging ("the 30% requirement"). He pointed out that although packaged charging would provide price transparency, services provided at packaged charging might be more expensive than those provided at itemized charging. He expressed concern that the new private hospitals might not be able to meet the 30% requirement. He sought information on measures available to the Government if the new private hospitals failed to meet the tender requirements.

21. The Administration responded that as the successful tenderers must have relevant experience in managing and operating hospitals in Hong Kong or overseas, they should be able to assess their capability of meeting the tender requirements. A number of measures were also available to the Government if the successful tenderers breached any of their obligations. These measures included the right to require the successful tenderers to implement a cure plan and pay liquidated damages.

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

- (a) further breakdowns of the projected manpower requirement for doctors in HA by specialty and detailed information showing how the projected service workloads by specialty were translated into time requirement (man-hours) for doctors in carrying out the workload;
- (b) further breakdowns of the projected manpower requirement for nurses in HA by stream;
- (c) a revised table of Appendix I to the Administration's paper (LC Paper No. CB(2)2011/11-12(01)), to include (i) statistics of attendances of general outpatient clinics and the corresponding strength of doctors in the period of 1998 to 2003 when the general outpatient clinics were placed under the management of the Department of Health; (ii) number of

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patient days and number of attendances of Accident and Emergency services; and (iii) year-by-year statistics during the period of 1998-1999 to 2010-2011; and

- (d) indicators adopted for assessing the effectiveness of new and outreach services provided by HA; whether the Administration had conducted any reviews on the effectiveness of services provided by HA, if so, provide the review outcomes.

**II. Date of next meeting**

23. The Chairman informed members that the next meeting would be held on 4 June 2012 to continue the discussion on the utilization of public funding to facilitate the implementation of HPS.

24. There being no other business, the meeting ended at 12:56 pm.

Council Business Division 2  
Legislative Council Secretariat  
19 September 2012



**Proceedings of the fifth meeting of the  
Subcommittee on Health Protection Scheme  
on Monday, 21 May 2012, at 10:45 am  
in Conference Room 2B of the Legislative Council Complex**

<b>Time marker</b>	<b>Speaker</b>	<b>Subject</b>	<b>Action required</b>
000000-000430	Chairman Ms LI Fung-ying	Opening remarks	
000431-002204	Chairman Admin	Referring to the Administration's written response (Annex A to LC Paper No. CB(2)2011/11-12(01)) on the methodology and formula of the Hospital Authority ("HA") for projecting its medical and nursing staff requirements, the Chairman's request for further information and supporting statistics on the medical staff requirement of HA.	<b>Admin</b> (paragraph 22 of the minutes)
002205-002511	Mr CHAN Kin-por Admin	Mr CHAN Kin-por's suggestion that consideration could be given to adding reasonable terms and conditions to Health Protection Scheme ("HPS") plans such as imposing a limit on the total amount of claims made in a year or for the whole policy in order to better manage the use of the \$50 billion fiscal reserve.	
002512-002937	Chairman Admin	The Chairman's request for detailed information and supporting statistics on the nursing staff requirement of HA.	<b>Admin</b> (paragraph 22 of the minutes)
002938-003349	Chairman Admin	The Chairman's enquiry as to whether similar projection had been conducted for the manpower requirement in the private sector.  The Administration's response that the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development would conduct a strategic review on healthcare manpower planning, including the manpower projection for both the public and private sectors.	
003350-004804	Chairman Dr Joseph LEE Admin	Dr Joseph LEE's query on the accuracy of HA's nursing manpower projection.  HA's explanation that the case scenario provided in the Administration's paper was an	

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		<p>illustration on how to make adjustment to scenarios with different assumptions of case loading. The actual data on manpower strengths were given in Controlling Officer's Report.</p> <p>The Administration's response that a comprehensive manpower projection would be conducted by the University of Hong Kong ("HKU") and it would form a basis for long-term manpower planning and training.</p>	
004805-010323	Chairman Ms Audrey EU Admin	<p>Ms Audrey EU's view on the methodology of the manpower requirement projection; and the suggestion to allow non-local doctors to practise in Hong Kong in order to address the problem of the shortage of doctors.</p> <p>The Administration's response that the comprehensive manpower projection to be conducted by HKU would make recommendations on the long-term and short-term measures to address the manpower needs in Hong Kong.</p>	
010324-011312	Chairman Dr PAN Pey-chyou Admin	<p>Dr PAN Pey-chyou's view that the closer ties between Hong Kong and the Pearl Delta Region might affect the demand for local healthcare services and healthcare manpower; and his suggestion of gathering relevant information on the number of local healthcare professionals who had set up practices in the Mainland for the conduct of the long-term manpower planning.</p> <p>The Administration's response that a manpower projection model, which would take into account all relevant factors and considerations, would be developed by HKU and the projection results would be subject to regular reviews.</p>	
011313-011808	Chairman Admin	Referring to the Administration's written response (Annex B to LC Paper No. CB(2)2011/11-12(01)) on the justifications for a shortage of doctors, the Chairman's request for statistics of attendances of general outpatient clinics and the corresponding strength of doctors in the period of 1998 to 2003 when the general outpatient clinics were placed under the management of the Department of Health.	<b>Admin</b> (paragraph 22 of the minutes)

Time marker	Speaker	Subject	Action required
011809-012555	Ms Audrey EU Chairman Admin	<p>Ms Audrey EU's concern as to whether the Subcommittee would receive views from the deputations on HPS; and whether the next term Government would continue with the implementation of HPS.</p> <p>The Chairman's response that the Subcommittee would not invite further views from the deputations as the Panel on Health Services had received the views of 93 deputations on the subject at its two special meetings.</p> <p>The Administration's response that the preparatory work for the implementation of HPS would proceed as planned.</p>	
012556-013907	Chairman Admin	<p>The Chairman's request for information on the number of patient days and number of attendances of Accident and Emergency services during the period of 1998-1999 to 2010-2011.</p> <p>The Administration's explanation to the Chairman's query on the substantial increase in the service throughput of HA.</p> <p>The Administration was requested to provide information on the indicators adopted for assessing the effectiveness of new and outreach services provided by HA; and the review outcomes on the effectiveness of services provided by HA if so available.</p>	<b>Admin</b> (paragraph 22 of the minutes)
013908-014859	Chairman Admin	<p>The Chairman's view that the Administration should provide more information for substantiating its claim that the use of the \$50 billion fiscal reserve would benefit the insured, in particular the high-risk people.</p> <p>The Administration's response that the consultant to be appointed to formulate the detailed design of HPS would, among other things, analyse and examine the feasibility of various options of utilizing public funding to facilitate the implementation of HPS.</p> <p>The Chairman's enquiry about the premium level of the high-risk groups in the absence of government subsidy for the high risk pool.</p> <p>The Administration's response that a high-risk pool mechanism was proposed to be set up under HPS to enable the higher-risk groups to</p>	

Time marker	Speaker	Subject	Action required
		<p>have access to health insurance. The consultant to be appointed would work out the details of the proposed high-risk pool mechanism and its operation.</p>	
014900-015858	<p>Chairman Mr CHEUNG Man-kwong Admin</p>	<p>Mr CHEUNG Man-kwong's view on the minimum percentage of inpatient services for use by local residents; and his concern about whether the next term Government would continue with the implementation of HPS.</p> <p>The Administration's response that the current preparatory work for the introduction of HPS was necessary and important for the next term Government to map out the way forward for the healthcare reform.</p>	
015859-020932	<p>Chairman Admin</p>	<p>The Chairman's view on diagnosis-related groups-based charging, packaged charging and itemized charging.</p> <p>The Chairman's decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.</p> <p>The Administration's clarification that new private hospitals were required to provide at least 30% of the in-patient bed days taken up in a year for services provided through standard beds at packaged charging.</p> <p>The Chairman's enquiry about the measures taken by the Administration if the new private hospitals breached the obligation to provide at least 30% of their services at packaged charging.</p> <p>The Administration's response on the measures available to the Government for any breach of obligations by the successful tenderers.</p>	
020933-021153	<p>Chairman</p>	<p>Date of next meeting.</p>	