

**立法會**  
**Legislative Council**

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LC Paper No. CB(2)497/11-12  
(These minutes have been  
seen by the Administration)

**Panel on Health Services**

**Minutes of special meeting  
held on Thursday, 20 October 2011, at 9:30 am  
in Conference Room 1 of the Legislative Council Complex**

- Members present** : Dr Hon LEUNG Ka-lau (Chairman)  
Dr Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman)  
Hon Albert HO Chun-yan  
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 Vincent FANG Kang, SBS, JP  
Hon CHEUNG Hok-ming, GBS, JP  
Prof Hon Patrick LAU Sau-shing, SBS, 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
- Member attending** : Hon WONG Kwok-hing, MH
- Members absent** : Hon WONG Ting-kwong, BBS, JP  
Dr Hon Samson TAM Wai-ho, JP  
Hon Alan LEONG Kah-kit, SC
- Public Officers attending** : Dr York CHOW Yat-ngok, GBS, JP  
Secretary for Food and Health

Mr Richard YUEN, JP  
Permanent Secretary for Food and Health (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

Mr Chris SUN  
Deputy Secretary for Food and Health (Health)  
Special Duties

Ms Lydia LAM  
Acting Head (eHealth Record)  
Food and Health Bureau

Dr Gloria TAM, JP  
Acting Director of Health

Dr P Y LEUNG, JP  
Chief Executive  
Hospital Authority

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

**Staff in attendance** : Ms Maisie LAM  
Senior Council Secretary (2) 5

Ms Priscilla LAU  
Council Secretary (2) 5

Ms Sandy HAU  
Legislative Assistant (2) 5

Miss Liza LAM  
Clerical Assistant (2) 5

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**I. Briefing by the Secretary for Food and Health on the Chief Executive's Policy Address 2011-2012**  
(LC Paper No. CB(2)52/11-12(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 2011-2012 Policy Address, details of which were set out in the Administration's paper.

Expansion of the United Christian Hospital

2. Mr Fred LI was delighted to note that the Administration would carry out an expansion project for the United Christian Hospital ("UCH"). He sought information on the Administration's timetable for consulting the Panel on the expansion project.

3. SFH responded that the expansion project of UCH would cater for the rising demand for oncology and rehabilitation services in Kwun Tong district. The Administration would consult the Panel on the expansion project in 2012.

4. Dr PAN Pey-chyou declared interest as a Consultant of UCH. He welcomed the Administration's proposal to expand the Hospital and enquired about the respective timetables for commencing and completing the works.

5. SFH advised that the expansion project of UCH was expected to be completed in eight to nine years' time for commencement of operation to meet the demand of an ageing and increasing population in Kwun Tong district. The Administration would endeavour to complete the expansion project as soon as possible for the benefit of patients.

Obstetric services of public hospitals

6. Mr Fred LI expressed concern about the problem of upsurge in demand for obstetric services in Hong Kong by non-local women. To enhance deterrence against delivery of non-local women by emergency admission through the Accident and Emergency Departments of public hospitals without prior booking and/or without attending any antenatal attendance at a public hospital, he enquired whether consideration could be given to increasing the charge for these cases, which was currently set at \$48,000.

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7. SFH advised that the Administration did not encourage dangerous behaviour of non-local pregnant women in seeking emergency hospital admissions through the Accident and Emergency Departments shortly before labour. The Immigration Department had stepped up arrival checks for all non-local pregnant women who were at an advanced stage of pregnancy. Pregnant Mainland women who were suspected of entering Hong Kong to give birth would be required to produce proof of booking arrangements with a local hospital. The Administration needed to carefully consider whether an increase in the charge for emergency admissions through the Accident and Emergency Departments without prior booking would be effective in deterring such behaviours of non-local pregnant women, as money might not be a concern for them.

8. Mr CHAN Hak-kan noted that the Chief Executive had announced in his 2011-2012 Policy Address that the Hospital Authority ("HA") would increase the number of neonatal intensive care beds by 10% in five hospital clusters. He enquired about the distribution of these additional beds among the five clusters.

9. Chief Executive, Hospital Authority ("CE, HA") advised that as a result of the discussions of HA's central committees on obstetrics and gynaecology service and paediatric service, five additional neonatal intensive care beds would be provided at Kwong Wah Hospital. The Pamela Youde Nethersole Eastern Hospital and Queen Elizabeth Hospital would each be provided with two additional beds. The Prince of Wales Hospital and Tuen Mun Hospital would each be provided with one additional bed. The allocation of beds would be subject to review where necessary.

10. Mr CHAN Hak-kan expressed concern about the tremendous pressure on the capacity of obstetric service of the New Territories East cluster brought about by the surge of the number of Mainland women giving birth in Hong Kong through emergency admissions. He asked whether consideration could be given to providing obstetric inpatient and delivery services at the North District Hospital.

11. SFH advised that obstetric services in the cluster were currently provided at the Prince of Wales Hospital in order to pool together manpower and resources for effective provision of quality services and ensure patient safety. There was no plan at present to provide obstetric inpatient and delivery services at the North District Hospital.

12. Mr CHAN Hak-kan further enquired whether additional resources would be allocated to strengthen the health services for young children

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from birth to five years of age provided by Maternal and Child Health Centres in the North district. Acting Director of Health responded that the Department of Health ("DH") was considering measures to increase the service capacity of Maternal and Child Health Centres at districts with great demand for such services which included, among others, North district. The Administration would consult the Panel when a concrete proposal was available.

13. Mr CHEUNG Kwok-che considered that non-local women whose spouses were permanent Hong Kong residents should not be subject to the same arrangement as those non-local women whose spouses were not permanent local residents when seeking access to the obstetric services in the public healthcare system.

14. SFH responded that while all non-local women, irrespective of whether their spouses were permanent Hong Kong residents or not, were both classified as non-eligible persons in the public healthcare system, arrangement had been made at the operational level to assist non-local expectant mothers whose spouses were permanent Hong Kong residents in seeking access to obstetric services in Hong Kong.

15. Dr PAN Pey-chyou noted that an appointment booking for birth registration would be offered only if the baby's birth return had been electronically transmitted from the hospital in which the baby was born to the births registry. Referring to the media report about the Tuen Mun Hospital's arrangement of delaying its transmission of the new born babies' birth returns to the births registry so as to deter non-local women from seeking emergency hospital admissions through the Accident and Emergency Departments, Dr PAN asked whether this was the case and if so, whether other public hospitals would follow through.

16. CE, HA responded that hospitals were required under the law to deliver the baby's birth return to the births registry within a period of time after the baby was born. In general, birth returns would be sent to the births registry within seven working days. Given that hospitals did not have in hand the electronic record of the non-local expectant mothers seeking emergency hospital admissions, it would take some time for the hospital concerned to prepare for the information for transmission to the births registry.

Drug Formulary of HA

17. Mr WONG Kwok-hing expressed concern about the financial burden imposed by the extremely expensive self-financed item drugs,

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such as some cancer drugs, on chronic patients of public hospitals. He asked whether the Administration would give active consideration to allowing expenses of patients on self-financed items be tax deductible.

18. SFH advised that the Administration needed to study carefully whether providing tax deduction for drug expenses could provide a financial incentive for patients or would only benefit the pharmaceutical manufacturers and pharmacies. SFH further said that drugs of proven safety, efficacy and cost-effectiveness had generally been incorporated into the Drug Formulary of HA as standard drugs. These drugs were provided to patients of HA at highly subsidized standard fees and charges. For drugs which were proven to be of benefits but were not included in the Formulary as standard drugs having regard to the considerations of the overall cost-effectiveness, a safety net was provided to subsidize the drug expenses of needy patients.

Healthcare services for the elderly

19. Mr WONG Kwok-hing noted that the Elderly Health Care Voucher Pilot Scheme ("the Pilot Scheme") would be extended for three years with effect from January 2012, during which the annual voucher amount for each eligible elderly would be increased from \$250 to \$500. Holding the view that \$500 was still inadequate to meet the healthcare needs of the elderly, Mr WONG asked whether consideration could be given to increasing the annual voucher amount to \$1,000.

20. SFH advised that the Pilot Scheme aimed at assessing whether the provision of partial subsidies in the form of health care vouchers would induce any behavioural changes on the part of both users and providers of primary healthcare services to meet the policy objective of encouraging utilization and provision of primary care services. The one-fold increase in the voucher value to \$500 per year for the extended pilot period had taken into account the increase in consultation fees. The Administration needed to obtain more data during the next three-year pilot period to further test the effectiveness of the Pilot Scheme so as to assess whether the coverage of the Pilot Scheme should be further expanded.

21. In response to Mr CHEUNG Kwok-che's enquiry about when the Administration would review the Pilot Scheme, SFH advised that the review on the effectiveness of the Pilot Scheme would take place before the next pilot period ended on 31 December 2014.

22. Mr CHEUNG Kwok-che asked whether the Administration would consider the following -

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- (a) expanding the service capacity of the Elderly Health Centres given the long waiting time for enrolling as a Centre member;
- (b) regularizing the pilot project to provide outreach primary dental care services for elderly in residential care homes and day care centres launched by the Administration in April 2011; and
- (c) establishing a medical centre for elders in view of the ageing population.

23. SFH explained that the Elderly Health Centres were not meant to meet the healthcare needs of all elders. To further strengthen the primary healthcare services for the elderly, the Administration was planning to introduce a pilot initiative to promote preventive care for the elderly through launching a health assessment programme in collaboration with non-governmental organizations ("NGOs"). As regards the dental care pilot project, SFH advised that subject to the review of the effectiveness of the pilot project in the three-year pilot period, consideration might be given to regularizing the outreach primary dental care services for the target elderly. SFH further said that at present, more than 50% of the patients of HA were aged 65 or above. The major diseases the elderly suffered were age-related degeneration, which would best be taken care of by the general hospitals of each hospital cluster.

24. Ms Audrey EU urged the Administration to strengthen patient education to provide elders suffering from dementia and their carers more information regarding how to slow down the progression of the disease so that patients and their family could enjoy a longer period of quality life.

25. SFH advised that the Administration would enhance publicity and public education of the disease, particularly on the skills in caring for demented persons and how persons living with dementia could manage the disease and maintain independence.

Mental health services

26. Mr Vincent FANG welcomed the Administration's initiatives of enhancing the mental health services as set out in paragraph 5 of the Administration's paper. He urged the Administration to further increase the funding allocation by the Government on mental health services.

27. SFH advised that the Government's expenditure on mental health services had been increased from \$3.1 billion in 2006-2007 to \$3.9 billion

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in 2010-2011. In 2011-2012, additional funding had been allocated to HA to launch various initiatives to further enhance the support to different groups of mental patients. This included extending the Case Management Programme to five more districts to provide continuous and personalized intensive support to more patients with severe mental illness; setting up Crisis Intervention Teams in all HA clusters to handle emergency referrals at the community level and follow up on high risk patients; expanding the Early Assessment and Detection of Young Persons with Psychosis programme to cover adults; extending the psychogeriatric outreach services to cover about 80 additional residential care homes for the elderly; and expanding the dedicated professional teams for mental health services for children and adolescents to provide services for children with autism or hyperactivity disorder. HA would also expand the provision of new psychiatric drugs with proven efficacy in 2011-2012.

28. Mr Vincent FANG further enquired as to whether consideration could be given to redeveloping the Kwai Chung Hospital to strengthen its services for mental patients to facilitate their recovery and re-integration into the community. SFH responded that the redevelopment works of another psychiatric hospital, Castle Peak Hospital, had just been completed in the 2000s to provide a better environment for the delivery of psychiatric care and rehabilitation services. While there might be a need to redevelop the Kwai Chung Hospital which was opened in early 1980s, the Administration had no concrete redevelopment plan at this stage.

29. Mr CHEUNG Kwok-che considered that apart from strengthening the healthcare services for persons with autism, the Administration should allocate more resources to enhance welfare and educational support to these persons. SFH responded that the Food and Health Bureau had been working closely with the Social Welfare Department and the Education Bureau in supporting persons with autism.

30. Referring to the verdict delivered by the coroner's court concerning an incident involving a student with mental illness who was discharged from hospital had committed suicide at school, Mr Albert HO asked whether case managers would be assigned to support adolescents with severe mental illness and served as a contact point for schools.

31. SFH advised that HA would review whether there was any room for improvement in its management and follow-up of mental patients with reference to the incident. SFH stressed that it was of utmost importance for family members and carers of patients with mental illness to identify and report whether the patient had any at-risk behaviour. CE, HA

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supplemented that each mental patient would be followed up by a team of healthcare professionals. HA would review on how to strengthen the detection of high-risk mental patients in community settings.

Healthcare manpower

32. Noting that HA had only received seven applications from local doctors for part-time employment and only 29 out of the 160 non-local applicants were assessed to be eligible for further processing and recruitment for practicing with limited registration, Mr CHEUNG Man-  
kwong doubted the effectiveness of these measures to strengthen the doctor workforce of HA in order to address the acute manpower shortage problem. Given that local medical graduates could not be made available overnight and the development of private hospitals would require additional medical manpower, he asked how the Administration could ensure that there would be adequate supply of doctors to meet the increasing healthcare needs in the face of an increasing population growth and population ageing, in particular when there was an increasing number of experienced local doctors entering the Mainland market through leveraging on the opportunities made available by the Mainland and Hong Kong Closer Economic Partnership Arrangement.

33. SFH advised that the Administration had all along attached great importance to the training and development of its medical professionals with a view to maintaining the international healthcare service standard in Hong Kong. Steps had been taken to tackle the medical manpower shortage problem at source by increasing the number of first-year first-degree places in medicine by 100 starting from 2012. In the planning for healthcare manpower to ensure a sufficient supply of medical manpower in the long run, the Administration would take into account the manpower distribution between the public and private healthcare sectors, the rising demand for geriatric and primary care services, as well as the trend towards sub-specialization and the fact that improved work hours in public hospitals had required more doctors to undertake the clinical services. SFH stressed that while the Administration understood the need to increase the supply of medical manpower, it was also necessary to ensure the medical standard of the doctors.

34. Dr Joseph LEE doubted whether an increase in the number of first-year first-degree places in nursing by 40 starting from 2012 would be adequate to meet the future healthcare service demand and improve the nurse-to-patient ratio. He further enquired about the effectiveness of the measures announced by HA in April 2011 in retaining its nursing staff.

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35. SFH advised that over the past years, the Administration had proceeded with the planning to increase the number of training places for nurses. It was anticipated that there would be some 1 700 to 1 800 and around 2 000 nurse graduates in 2011 and 2012 respectively, as compared to 1 000 in the past years.

36. CE, HA supplemented that given the advancement in medical technology and the ageing population, the past establishment of nurses in HA might not be able to meet the present requirements. With the support of the Government, 300 additional nurse positions were created in HA in 2011-2012 to relieve the workload of the frontline nurses. It was hoped that the measures being put in place by HA, such as enhancement of promotion and training opportunities, could improve staff retention. HA would continue to engage its frontline nurses and the trade unions in working out measures to retain its nursing staff and improve their practice environment.

Paternity leave for employees of HA

37. Given the healthcare manpower constraints of public hospitals, Ms LI Fung-ying asked whether HA would follow the arrangement of the Administration to provide paid paternity leave for its employees.

38. CE, HA responded that while the introduction of paid paternity leave in HA would exert pressure on the existing manpower of HA, it would not rule out the possibility of doing so. HA would keep in view of the implementation of paternity leave for civil servants and would hold internal discussion and consult frontline staff to explore the feasibility of introducing the arrangement in HA.

Health promotion

39. Dr Joseph LEE asked if there were initiatives to be implemented by DH to safeguard public health through disease prevention and control.

40. SFH advised that DH would continue to take steps to strengthen tobacco control to safeguard public health. It would also implement measures to prevent and control non-communicable diseases to improve the population's health profile.

Regulation and control of pharmaceutical products

41. Dr Joseph LEE enquired about the progress in taking forward the recommendations made by the Review Committee on Regulation of

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Pharmaceutical Products in Hong Kong to enhance drug safety.

42. SFH advised that the Administration was reviewing the Pharmacy and Poisons Ordinance (Cap. 138) with a view to working out the necessary amendments to put in place the relevant recommendations of the Review Committee. It would consult the Panel on the proposed amendments when finalized. The Administration had also taken steps to implement other recommendations of the Review Committee which did not require legislative amendments.

Medical support in the Mainland

43. Noting from paragraph 81 of the 2011-2012 Policy Address that the Administration would explore with Guangdong the cross boundary patient conveyance arrangements to make it more convenient for Hong Kong patients residing in the Mainland to return to Hong Kong for medical treatment, Ms Audrey EU asked if there would be provision of cross boundary ambulance service in the future. She further enquired whether the Administration had any estimation on the number of Hong Kong medical practitioners planning to practise or set up clinics or hospitals in the Mainland under the Mainland and Hong Kong Closer Economic Partnership Arrangement.

44. SFH responded that the Administration's present discussion with the Guangdong authorities was on the provision of cross boundary patient conveyance arrangements rather than ambulance service. While there were no specifications on the vehicle requirements for patient transfer services, the main issue was on the qualification training of the healthcare personnel providing the services, as the personnel of the two sides were currently not allowed to provide services across the border. As regards the number of Hong Kong medical practitioners who would practise or set up clinics or hospitals in the Mainland, SFH advised that while there were quite a number of medical practitioners having registered to provide short-term medical services in the Mainland, it would be difficult to forecast at the present stage how many of these practitioners would stay in the Mainland on a long-term basis.

Chinese medicine service in the public healthcare system

45. Noting that a total of 16 public Chinese medicine clinics ("CMC") would have been established by the end of 2011, Ms LI Fung-ying enquired about the timetable for establishing CMC in the remaining districts of Yau Tsim Mong and Islands, in order to make public Chinese medicine service available in 18 districts as planned in the earliest.

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46. SFH responded that the availability of Chinese medicine service was important to the development of primary care in Hong Kong. The Administration would continue its effort to identify suitable sites in the two districts for establishing two additional CMCs as early as possible, so as to enhance Chinese medicine service in the public healthcare system.

47. Ms LI Fung-ying further enquired about the plan of the Administration to further integrate the Chinese and western medicine in the public healthcare system and provide sufficient training grounds for local Chinese medicine graduates. SFH advised that there had been increasing interface between Chinese and western medicine in public hospitals in recent years, in particular for treatment of cancer and chronic diseases, pain management and rehabilitation. Cases in point were the establishment of the Integrated Chinese and Western Medicine Treatment Centres in Kwong Wah Hospital and Tung Wah Hospital to provide joint consultation services for designated diseases. As regards the provision of clinical training grounds for local Chinese medicine graduates, SFH pointed out that NGOs operating CMCs were required to employ a specified number of graduates of local Chinese medicine degree programmes as junior Chinese medicine practitioners to provide them with training.

Health Protection Scheme

48. Pointing out that the Health Protection Scheme ("HPS") would only be implemented in 2015 the earliest, Mr CHAN Kin-por asked whether the Administration would increase the amount of the \$50 billion fiscal reserve to provide financial incentives under HPS on a long-term basis. He also urged the Administration to consider offering tax deduction for HPS premiums, as it was revealed in the Second Stage Public Consultation on Healthcare Reform that tax incentive would be effective in encouraging more people to subscribe to health insurance plans under HPS.

49. SFH responded that the Administration expected to formulate the detailed proposals for HPS, including whether other forms of financial incentives would be provided under HPS, in the first half of 2013. The \$50 billion fiscal reserve earmarked to support healthcare reform would be used to provide subsidy under HPS at the time it was rolled out.

50. Noting that the Administration only planned to dispose of the two sites reserved for private hospital development in the first quarter of 2012 and the other two sites reserved for the same purpose would have to be disposed of later in phases, Mr CHAN Kin-por expressed concern as to

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how the Administration could ensure that there would be a provision of 2 000 additional beds in the private sector to cope with the healthcare demand arising from the implementation of HPS.

51. SFH advised that it was expected that the private hospitals developed at the four sites would commence operation in 2016-2017. This could match the implementation timetable of HPS and the increase in supply of healthcare manpower. SFH stressed that the development of private hospitals had to be taken forward in parallel with the efforts to enhance transparency in the private healthcare services sector backed by a legislative framework, the development of a set of accreditation standards for measuring the performance of both public and private hospitals, and the development of an electronic health record sharing system.

**II. Any other business**

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