立法會
Legislative Council

LC Paper No. CB(2)484/12-13
(These minutes have been seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 19 November 2012, at 4:30 pm
in Conference Room 3 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 WONG Ting-kwong, SBS, JP Hon CHAN Kin-por, BBS, JP Hon CHEUNG Kwok-che Hon Mrs Regina IP LAU Suk-yee, GBS, JP Hon Albert CHAN Wai-yip Hon Charles Peter MOK Hon CHAN Han-pan Hon Alice MAK Mei-kuen, JP Dr Hon KWOK Ka-ki Dr Hon Fernando CHEUNG Chiu-hung Dr Hon Helena WONG Pik-wan Dr Hon Elizabeth QUAT, JP Hon POON Siu-ping, BBS, MH Dr Hon CHIANG Lai-wan, JP
Members attending	:	Hon LEE Cheuk-yan Hon WONG Kwok-hing, MH Hon LEUNG Che-cheung, BBS, MH, JP
Members absent	:	Hon Vincent FANG Kang, SBS, JP Dr Hon Priscilla LEUNG Mei-fun, JP

Public Officers attending	:	Items IV and V Prof Sophia CHAN Acting Secretary for Food and Health Mr Richard YUEN Ming-fai, JP Permanent Secretary for Food and Health (Health) Item IV Dr Shirley LEUNG Assistant Director of Health (Family and Elderly Health Services) Department of Health Item V Dr CHEUNG Wai-lun Director (Cluster Services) Hospital Authority Dr LO Su-vui Director (Strategy & Planning) Hospital Authority Dr Albert LO Cluster Chief Executive New Territories West Cluster Hospital Authority Dr Tony KO Hospital Chief Executive Pok Oi Hospital Mr Donald LI Chief Manager (Capital Planning) 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 Michelle LEE Legislative Assistant (2) 5

Action

I. Confirmation of minutes

[LC Paper No. CB(2)164/12-13]

The minutes of the meeting held on 16 October 2012 were confirmed.

II. Information paper(s) issued since the last meeting

[LC Paper Nos. CB(2)96/12-13(01), CB(2)97/12-13(01), CB(2)98/12-13(01) and CB(2)99/12-13(01)]

2. Members noted the following papers issued since the last meeting -

(a) referral from the Public Complaints Office of the Legislative Council ("LegCo") Secretariat regarding the complaint handling mechanism of the Hospital Authority ("HA");

(b) referral from the Public Complaints Office of the LegCo Secretariat regarding the medical consultation service of the General Out-patient Clinics ("GOPCs") of HA;

(c) referral from the Public Complaints Office of the LegCo Secretariat regarding the inclusion of "Glivec" in the HA Drug Formulary as a special drug and the assistance provided by the Samaritan Fund for patients to purchase "Glivec"; and

(d) referral from the meeting between LegCo Members and Tuen Mun District Council members on 28 June 2012 on the location of methadone clinics.

Action

III. Items for discussion at the next meeting

[LC Paper Nos. CB(2)191/12-13(01) to (02) and CB(2)220/12-13(01) to (02)]

Items for discussion at the next regular meeting

3. Members agreed to discuss the following items proposed by the Administration at the next regular meeting scheduled for 17 December 2012 at 4:30 pm -

(a) Review of fees and charges for private patients and non-eligible persons in HA; and

(b) Strategy and measures in the prevention and control of seasonal influenza.

Issues relating to the development and operation of private hospitals

4. The Chairman referred members to two letters dated 15 November 2012 from Dr Joseph LEE and Dr Fernando CHEUNG respectively requesting the Panel to hold a special meeting to discuss issues relating to the development and operation of private hospitals (LC Paper Nos. CB(2)220/12-13(01) and (02)). He drew members' attention that the Public Accounts Committee ("PAC") of LegCo would soon hold public hearings on the subjects of "Regulatory control of private hospitals" and "Land grants for private hospital development" as set out in Chapters 3 and 4 of Report No. 59 of the Director of Audit, which was tabled in LegCo on 14 November 2012. According to Rule 72(9) of the Rules of Procedure, PAC had to make its report upon the report of the Director of Audit within three months of the date on which the Director's report was laid on the Table of LegCo. Given the practice that committees of LegCo would avoid examining the same issue concurrently, he sought members' views on whether the Panel should follow up the subject after the tabling of the report of PAC in around mid-February 2013 or hold a discussion on the subject as early as practicable but focus its deliberations on issues which would not be studied by PAC.

5. Dr Joseph LEE was of the view that the focus of the Panel would be distinct from that of PAC in that the Panel would focus on the measures put in place by the Food and Health Bureau and the Department of Health ("DH") to monitor the operation of private hospitals, such as the sentinel event reporting system for private hospitals, the requirement on the provision of low-charge beds in certain private hospitals as well as the requirement on enhancing the price transparency of private hospitals.

Action

In his view, there was an urgent need for the Panel to meet and follow up with the Administration on the above issues so as to ensure that the services provided by private hospitals were of good quality.

6. Dr KWOK Ka-ki and Dr Fernando CHEUNG shared Dr Joseph LEE's view that the Panel should discuss the subject as soon as possible, and the focus of discussion would be on the effectiveness of DH's monitoring of the operation of private hospitals. This apart, they also requested the Administration to brief the Panel on its policy on the development of private hospitals, as the invitation of tenders for the development of private hospitals at the two reserved hospital sites (i.e. at Wong Chuk Hang and Tai Po respectively) had ended in July 2012 and the other two sites (i.e. at Tseung Kwan O and Lantau respectively) might be disposed of soon.

7. Noting members' views, the Chairman said that he and the Clerk would liaise with the Chairman and Clerk to PAC to finalize the meeting arrangement and issues to be examined by the Panel. In response to the Chairman's enquiry on whether the Administration was in a position to discuss the subject, Permanent Secretary for Food and Health (Health) ("PSFH(H)") replied in the positive, adding that the drawing up of a clear scope of items to be discussed by the Panel would facilitate the Administration's preparation for the paper for discussion at the meeting.

(*Post-meeting note:* The special meeting has subsequently been scheduled for 18 December 2012 at 4:30 pm. On the instruction of the Chairman, the Hong Kong Private Hospitals Association and the 11 registered private hospitals have been invited to attend the meeting to give views on the subject.)

IV. Enhancements to the Elderly Health Care Voucher Pilot Scheme

[LC Paper Nos. CB(2)191/12-13(03) and (04)]

8. Acting Secretary for Food and Health ("Atg SFH") briefed members on the proposed enhancements to the Elderly Health Care Voucher Pilot Scheme ("the Pilot Scheme"), details of which were set out in the Administration's paper (LC Paper Nos. CB(2)191/12-13(03)).

Eligible age for health care vouchers

9. While welcoming the Administration's proposals of increasing the annual voucher amount to $1,000 per year starting from 1 January 2013 and converting the voucher scheme from a pilot project into a recurrent

Action

programme, Mr WONG Kwok-hing urged the Administration to consider lowering the eligible age for health care vouchers from 70 to 65 as proposed by The Hong Kong Federation of Trade Unions. In his view, it would be best if the eligible age for health care vouchers could be further lowered to 60 to meet the preventive care needs of the elderly.

10. Apart from proposing the lowering of the eligible age for health care vouchers to 65, Dr Kwok Ka-ki was of the view that elderly people with chronic illness who were being followed-up at public clinics should be entitled to a greater annual voucher amount, say, $1,500 per year, so as to encourage them to use private healthcare services. Dr Helena WONG said that the proposed increase in the annual voucher amount to $1,000 per year was inadequate to meet the healthcare needs of the elderly. The Democratic Party urged the Administration to further increase the voucher value per year to $1,500 and lower the eligible age from 70 to 65 to enable more elderly people to benefit from the voucher scheme.

11. Atg SFH responded that with the conversion of the Pilot Scheme into a recurrent funding programme for the elderly, it would be prudent to continue to maintain the existing eligible age for health care vouchers, i.e. aged 70 or above, at this juncture. That said, the Administration would continue to review the effectiveness of the voucher scheme including the eligible age. It welcomed views of members and the community in this regard. In response to Dr Fernando CHEUNG's enquiry about the timetable for the review, Atg SFH advised that subject to LegCo's support on the proposed enhancements to the Pilot Scheme, the Administration would initiate a further review of the voucher scheme after accumulating experience on its operation. Mr Albert HO urged Atg SFH, as a politically appointed official, to take heed of the views of members and lower the eligible age for health care vouchers to 65.

12. Mr CHAN Han-pan sought information on the estimated expenditure for the voucher scheme if the eligible age for health care vouchers was lowered to 65. Atg SFH advised that based on the elderly population projection, the number of eligible elderly would be increased by about 300 000. While the actual annual expenditure would depend on the take-up and utilization rates, the additional maximum expenditure was estimated to be around $300 million annually, making the total maximum expenditure amounted to around $1,000 million per year. Ms Alice MAK considered that the Administration should allocate additional resources for the voucher scheme to benefit all elderly aged 65 or above. At the request of Dr KWOK Ka-ki, Atg SFH undertook to provide after the meeting information on the detailed financial implications of lowering the eligible age for health care vouchers to 65 or 60.

Admin

Action

Total cumulative value of vouchers

13. Mr WONG Kwok-hing noted that the current Pilot Scheme allowed voucher users to accumulate any unspent voucher amount during the pilot period, i.e. a maximum of $2,250 ($250 x 3 + $500 x 3) by end-2014. However, when the voucher scheme was run on a recurrent basis, the unspent part of the vouchers to be carried forward and accumulated by an eligible elderly would be subject to a ceiling of $3,000. He asked whether consideration could be given to removing the limit. Ms Alice MAK raised a similar question.

14. Atg SFH responded that the imposition of a ceiling on the total cumulative value of the vouchers could encourage the eligible elderly to make more frequent use of the vouchers for primary care services, in particular preventive care, instead of saving the vouchers for the management of acute episodic condition. It would also facilitate the Administration's planning on the long-term funding arrangements when the voucher scheme was converted into a recurrent programme.

15. In response to Ms Alice MAK's enquiry on the average number of vouchers used by the elderly for each episode of healthcare services, Assistant Director of Health (Family and Elderly Health Services) ("ADoH (F&EHS)") advised that the majority of elderly people used two to three health care vouchers per episode. As at end-October 2012, about 20% of elderly people had used up all their health care vouchers.

Participation of healthcare service providers

16. Dr Elizabeth QUAT welcomed the Administration's proposal of increasing the annual voucher amount to $1,000 per year starting from 1 January 2013. Noting that as at end of October 2012, over 3 500 private healthcare service providers, including about 1 580 medical practitioners, had enrolled in the Pilot Scheme, she sought information on the proportion of these medical practitioners among all registered medical practitioners.

17. ADoH (F&EHS) advised that the 1 580 enrolled medical practitioners accounted for 31% of all practising private medical practitioners (i.e. all registered medical practitioners minus those working in the public sector and those retired). PSFH(H) supplemented that the participation rate of private family doctors, who were the main providers of primary care services, could not be fully reflected in the above figure, as all privately practising medical practitioners were included in the denominator for the calculation irrespective of their medical specialties.

Action

18. In response to Dr Elizabeth QUAT's further enquiry about the enrolment of Chinese medicine practitioners ("CMPs") in the Pilot Scheme, ADoH (F&EHS) advised that 1 077 CMPs (i.e. 18.5% among the 5 800-odd CMPs) had enrolled in the Pilot Scheme. Dr Elizabeth QUAT surmised that the main reason for the relatively low participation rate of CMPs was the lack of computer facilities in their clinics for accessing the eHealth System. Mr CHAN Han-pan asked whether consideration could be given to providing both technical and equipment support to CMPs to encourage them to enrol in the voucher scheme, so as to meet the demand of elderly people for Chinese medicine services. Atg SFH agreed to look into ways to provide more support to encourage more service providers, including CMPs, to participate in the voucher scheme. ADoH (F&EHS) supplemented that starting from late 2010, enrolled healthcare service providers would be provided with a Smart Identity Card Reader. This would obviate the need for them to manually input the voucher users' personal particulars into the eHealth System for registration and voucher claims.

Effectiveness of the Pilot Scheme

19. Dr Joseph LEE noted with concern that while a total non-recurrent commitment of $1,537.93 million had been earmarked for the Pilot Scheme for the period from January 2009 to December 2014, the cumulative expenditure for voucher reimbursement only amounted to $327.5 million as at the end of October 2012. He enquired about the reason for the low utilization rate of the health care vouchers, and surmised that this was due to cumbersome procedures for registration.

20. Atg SFH explained that there was no cause for such concern, as the eligible elderly did not have to register and collect the health care vouchers in advance. Under the Pilot Scheme, an eHealth System was purposely designed to provide an electronic platform for the participating healthcare service providers to manage the registration of eHealth accounts for the elderly and handle reimbursements of the health care vouchers. First-time voucher users only had to show their Hong Kong Identity Cards at the healthcare practices of any participating healthcare service providers so that the latter could input the personal particulars of the elderly concerned into the eHealth System for registering and opening individual voucher accounts. The elderly could then use the vouchers to settle payment to the service provider (and other participating service providers) and check the voucher balance. As at the end of October 2012, about 460 000 elderly people, who represented about 64% of the eligible elderly, had made use of the vouchers.

Action

21. Dr Fernando CHEUNG and Mr CHEUNG Kwok-che did not subscribe to the Administration's view that the Pilot Scheme was well received by the eligible elderly. While welcoming an increase in the financial resources earmarked for the elderly, Dr Fernando CHEUNG criticized the Administration for its failure to provide sufficient information substantiating the effectiveness of the Pilot Scheme in achieving its objectives, such as bringing noticeable changes in the healthcare seeking behaviour among the elderly and reducing their reliance on public healthcare services. He also expressed concern on the measures taken to ensure that the proposed enhancements to the Pilot Scheme had upheld the principle of prudent use of public funds.

22. Atg SFH advised that apart from relieving the burden on public healthcare services, the Pilot Scheme also aimed at promoting public-private partnership in healthcare and enhancing primary care services for the elderly. It was believed that the conversion of the Pilot Scheme into a recurrent programme could incentivize more eligible elderly to seek, and more healthcare service providers to provide, primary healthcare services, and hence enhancing the effectiveness of the voucher scheme in furthering its objectives. At the request of Dr Fernando CHEUNG, ADoH (F&EHS) undertook to provide after the meeting the full report of the interim review of the Pilot Scheme.

Admin

23. Mr CHEUNG Kwok-che considered that the response given by the Administration so far could neither explain why the utilization rate of the health care vouchers was so low nor demonstrate the effectiveness of the Pilot Scheme in promoting primary care services, in particular preventive care. He did not see the justification for converting the Pilot Scheme into a recurrent programme for the elderly. In his view, the Panel should further discuss the proposed enhancements to the Pilot Scheme in the context of primary care services. Dr Fernando CHEUNG urged the Administration to conduct a more in-depth assessment of the voucher scheme's effectiveness, in particular on how the vouchers altered the healthcare seeking behaviour of the elderly.

24. While welcoming the Administration's proposal of converting the voucher scheme into a recurrent support programme for the elderly, Mr POON Siu-ping urged the Administration to devise objective criteria for adjusting the annual voucher amount in the future.

25. Atg SFH responded that the Pilot Scheme was only one of the series of pilot projects to enhance primary care in the community setting. The elderly and the private healthcare service providers were generally supportive of the Pilot Scheme. In response to calls from different quarters

Action

of the community to increase the voucher amount, the Chief Executive had made a pledge in his election manifesto to raise the voucher amount to $1,000 per year. To further encourage utilization and provision of primary care services, the Administration would step up publicity to promote among the elderly and healthcare service providers the voucher scheme. ADoH (F&EHS) supplemented that according to the findings from the interim review of the Pilot Scheme completed in 2011, the main reasons for not using the vouchers included: the healthcare service providers whom they usually visited had not enrolled in the Scheme; they were used to seeing public doctors; they did not have to consult healthcare professionals; and they could not find an enrolled healthcare professional nearby. Holding the view that effective primary care could improve the health of the elderly in the community setting and reduce their reliance on public specialist outpatient services and hospital care, Dr Helena WONG suggested that the Administration should mandatorily require all private family doctors and CMPs to enrol in the voucher scheme, so as to enable more eligible elderly to use private primary care services in their neighbourhood.

26. Dr Joseph LEE expressed concern about the utilization of the vouchers, in particular whether elderly people would make use of the subsidy to access healthcare services provided by allied health professionals, such as optometrists, in the private sector. ADoH (F&EHS) advised that the majority (about 87%) of the claim transactions were made by medical practitioners, followed by CMPs (about 10%) and dentists (2%). About 70% of the claim transactions were made for management of acute episodic conditions, about 22% for follow-up or management of chronic diseases, and about 8% for preventive or rehabilitative care. Dr Joseph LEE requested the Administration to provide after the meeting details of the respective breakdown by health professions and by reasons of visit of the reimbursement claims under the Pilot Scheme in the past three years. ADoH (F&EHS) agreed.

Admin

27. Dr Joseph LEE sought elaboration on the concrete measures to be introduced by the Administration to encourage more healthcare service providers to enrol in the scheme and the eligible elderly to use the vouchers to seek private healthcare services, so as to lessen the burden on the public healthcare sector. PSFH(H) advised that when the voucher scheme was run on a recurrent basis, more healthcare service providers would be expected to join the scheme, providing more choices for the elderly to use primary care services. In addition, DH would launch a series of promotional activities in early 2013 to further encourage provision and utilization of primary care services. These included broadcasting television and radio announcements in the public interest ("APIs"); distributing posters and

Action

leaflets through public clinics and hospitals, elderly centres, residential care homes for the elderly; and poster campaigns at malls of various public housing developments.

Restrictions on the use of health care vouchers

28. Ms Alice MAK pointed out that many chronically-ill elderly patients preferred to consult the public specialist outpatient clinics ("SOPCs") in order to get access to the highly subsidized drugs. She asked whether consideration could be given to removing the existing restriction on the use of the health care vouchers for the purchase of drugs at pharmacies. PSFH(H) responded that the aim of restricting the use of vouchers for the purchase of drugs at pharmacies was to avoid self-prescription. The Administration could consider Ms MAK's suggestion when fine-tuning the voucher scheme as and when necessary.

Manpower resources requirement

29. Mr POON Siu-ping noted from paragraph 18 of the Administration's paper that the Health Care Voucher Unit under DH currently comprised seven civil service non-directorate posts and 10 non-civil service contract staff posts. He asked whether the non-civil service contract posts would be converted into civil service posts following the conversion of the Pilot Scheme into a recurrent programme. ADoH (F&EHS) replied in the positive.

Conclusion

30. In closing, the Chairman said that members of the Panel were in support of the proposed increase in the annual voucher amount to $1,000 per eligible elderly person with effect from 1 January 2013 under the existing non-recurrent commitment.

V. Construction of Tin Shui Wai Hospital

[LC Paper Nos. CB(2)191/12-13(05) to (06) and CB(2)212/12-13(01)]

31. Atg SFH briefed members on the proposed construction of the Tin Shui Wai Hospital ("TSWH"), details of which were set out in the Administration's paper (LC Paper Nos. CB(2)191/12-13(05)).

Action

Scope of facilities and services of the proposed TSWH

32. Dr KWOK Ka-ki expressed support for the project. He however expressed concern that while the proposed TSWH would serve as a general hospital, its SOPCs only covered the specialties of medicine and geriatrics, rehabilitation medicine and palliative medicine. In his view, the proposed TSWH should at the very least also provide mental health and orthopaedics outpatient services to meet the high demand of the population in the district for these specialties. Noting that the elderly population aged 65 or above in Tuen Mun and Yuen Long districts would increase from around 102 000 in 2011 (or 9.6% of the total population) to around 168 300 in 2019 (or 14.1% of the total population), Ms Alice MAK shared the view that the proposed TSWH should provide orthopaedics outpatient services.

33. Pointing out that residents of the Tin Shui Wai ("TSW") district had been calling for the construction of a public hospital since the 1990s, Mr LEUNG Che-cheung welcomed the proposed construction of TSWH. However, he considered that apart from the services set out in paragraph 10 of the Administration's paper, TSWH should also provide gynaecology and mental health services to cope with the rising need of the population in TSW in this regard. In view of the high proportion of young population in the TSW district, Dr CHIANG Lai-wan opined that the proposed TSWH should provide gynaecology and paediatrics services.

34. Atg SFH, Cluster Chief Executive, NTWC, HA ("CCE, NTWC") and Director (Cluster Services), HA ("Director(CS), HA") made the following response -

(a) the commissioning of the various services, including specialist outpatient services, of the proposed TSWH would be in phases to meet the public healthcare service demand of the catchment population; and

(b) the new TSWH would be supported by the Tuen Mun Hospital ("TMH") as the regional acute general hospital, as well as the Pok Oi Hospital ("POH") in the role of a district general hospital of NTWC, to provide the most appropriate treatment to local residents. To ensure that adequate services would be provided to meet the demand in the region, HA would review the healthcare needs of the population in NTWC about two years before the commissioning of the proposed TSWH, and flexibly adjust the scope of facilities and services of the new hospital based on the outcome of the review and the views of the community. In planning the appropriate services to be

Action

provided by a hospital, each hospital cluster would take into account the demographic profiles of the districts within the cluster, the service utilization pattern of the local residents, as well as the service scope of the hospitals within the cluster.

35. Expressing dissatisfaction with the small size of the proposed site for the construction of TSWH, which he had long called for, Mr Albert CHAN asked whether consideration could be given to reprovisioning the vehicle depot of the Food and Environmental Hygiene Department adjacent to the proposed TSWH to provide space for the hospital's future expansion. Atg SFH agreed to explore the possibility. Dr CHIANG Lai-wan opined that the proposed TSWH should maximize the building height so that more services could be provided to meet the projected rising need of the population in the TSW district for public healthcare services. Director(CS), HA responded that the building block of the proposed TSWH would have more than 10 floors and its design would optimize the use of the floor area. HA would also explore and discuss with the Administration the feasibility for future expansion of TSWH at a nearby site.

36. In response to Mr Albert CHAN's enquiry as to whether the chronic patients in the TSWH district would be followed up by SOPCs at TSWH, Director(CS), HA replied in the positive.

37. Noting that the current provision of general beds in NTWC was 2.0 per 1 000 population while the territory-wide average was 2.9 per 1 000 population, Dr KWOK Ka-ki was of the view that a total of 500 beds, instead of 300 inpatient and day beds as currently proposed by HA, should be provided at the proposed TSWH so as to enable NTWC to catch up with the territory-wide average bed-to-population ratio. Pointing out that the population in TSW New Town had already grown to 287 900 in 2011 and might further increase to about 290 000 in 2016 when the proposed TSWH commenced operation, Dr CHIANG Lai-wan considered that TSWH should provide more than 800 beds in order to meet the territory-wide average bed-to-population ratio. Dr Fernando CHEUNG and Mr LEE Cheuk-yan expressed disappointment at the limited scope of facilities and services of the proposed TSWH. Dr Fernando CHEUNG sought information on the bed-to-population ratio of NTWC when TSWH commenced operation. Dr Helena WONG cast doubt on whether the planned capacity of 300 inpatient and day beds in TSWH was enough to cope with the demand of the population of the TSW district.

38. Director(CS), HA advised that the capacity of inpatient services in NTWC would be expanded in the coming years by phases, as there were plans to open additional beds in TMH and POH. Based on the projected

Action

population growth in NTWC, the total number of beds within the cluster upon completion of the new TSWH should be able to meet the service demand arising from the growth in population. CCE, NTWC supplemented that in the current plan, a total of 780 beds would be provided in NTWC through TMH, POH and TSWH by 2021. Director(CS), HA advised that it was envisaged that by then the provision of general beds in NTWC would be increased to approximately 3.1 per 1 000 population. Mr LEE Cheuk-yan sought clarification on whether TMH and POH had to provide a total of 480 additional beds before 2021 to meet the aforesaid planning requirement. Director(CS), HA advised that at present, a few hundred beds at the rehabilitation block of TMH and the redeveloped POH had yet commenced operation due to the existing healthcare manpower constraint of public hospitals. These beds would come into operation in the coming years by phases.

39. Dr Fernando CHEUNG pointed out that according to the 2011 edition of the Hong Kong Planning Standards and Guidelines ("HKPSG"), the aim was to provide 5.5 beds per 1 000 population. He asked whether HA had any plan to further increase the number of beds in NTWC in order to meet the aforesaid standard.

40. Director (Strategy & Planning), HA explained that the standard adopted by HKPSG included not only hospital beds provided in the public and private healthcare sectors, but also those provided by other institutions, such as nursing homes. Hence, it would not be appropriate to compare the ratios directly. At the request of Dr Fernando CHEUNG, Atg SFH undertook to provide after the meeting information on whether the standard of providing 5.5 beds per 1 000 population as set out in HKPSG could be achieved in NTWC after the commissioning of TSWH.

Admin

41. Mr LEE Cheuk-yan enquired about the maximum number of specialties that could be covered by the 300 beds to be provided at the proposed TSWH. Director(CS), HA said that it was difficult to give a definite answer to the question, as the current trend of the provision of care in each hospital ward would cover various disciplines instead of a single specialty service. That said, it was proposed that the inpatient services of TSWH would mainly be for emergency care, as well as rehabilitation, convalescent and palliative care.

42. While considering that there was no reason to object to the proposed construction of TSWH, Dr Joseph LEE was concerned about the number of beds to be provided in the hospital in the initial phase of operation. CCE, NTWC responded that at the initial stage, the accident and emergency services (including the emergency wards) and specialist outpatient services

Action

of TSWH would first come into operation. In response to Dr LEE's further enquiry on how the rehabilitation needs of patients of the new TSWH would be catered for, CCE, NTWC advised that in the meantime, the rehabilitation block at TMH, which was the regional acute general hospital, would provide appropriate rehabilitation and convalescent services to residents of NTWC.

43. Holding the view that the current provision of about 200 000 annual attendances of general outpatient services by the Tin Shui Wai (Tin Yip Road) Community Health Centre and the Tin Shui Wai Health Centre was still far from adequate to meet the service demand of the TSW district, Dr Fernando CHEUNG asked whether HA had any plan to further increase the number of attendances to be handled by the Community Health Centre before the completion of the new TSWH. Referring to paragraph 14 of the Administration's paper, Ms Alice MAK sought elaboration on how HA would enhance the medical services for residents before the commissioning of the proposed TSWH.

44. CCE, NTWC advised that HA had launched the Tin Shui Wai Primary Care Partnership Project ("the Project") since June 2008, under which patients suffering from specific chronic diseases with stable medical conditions in need of follow-up treatment at the public GOPCs in TSW could opt to receive outpatient services from private medical practitioners in the district with partial subsidy from the Government. The Project had been extended to the entire TSW area since June 2010, benefitting some 1 500 patients. Other patients not participating in the Project would benefit from quotas for consultation in GOPCs freed up by those patients who chose to participate in the Project and be taken care of by private medical practitioners. At present, the Tin Shui Wai (Tin Yip Road) Community Health Centre, which was the first community health centre in the territory, provided one-stop primary care services including general outpatient as well as nurse and allied health services for the district. The cluster would discuss with the HA Head Office to explore whether additional resources could be allocated to the cluster to further enhance its primary care services before the commissioning of TSWH.

Admin

45. At the request of the Chairman, Atg SFH undertook to provide after the meeting detailed information on the provision of additional outpatient clinic places to meet the demand for primary care services in TSW before the commissioning of TSWH.

Action

Traffic impact assessment

46. Mr Albert HO noted that both the vehicular and ambulance ingress and egress points of the proposed TSWH would be at Tin Tan Street, which was connected to Tin Shui Road where the Chung Fu Light Rail Stop ("the LRS") was located at. He was concerned that any occurrence of incidents involving Light Rail Transit carriages at the Chung Fu LRS would disrupt traffic circulation in the area and affect the routing of vehicles (including ambulances) in emergency. To ensure an uninterrupted access to TSWH, Mr Albert HO was of the view that additional vehicular and ambulance ingress and egress routes should be constructed at Tin Ying Road. Mr LEUNG Che-cheung pointed out that similar views were also raised by the Yuen Long District Council when being consulted on the proposed hospital site.

47. Chief Manager (Capital Planning), HA ("CM(CP), HA") advised that results of the traffic impact assessment conducted at the initial planning stage indicated that Tin Tan Street would be able to cope with the traffic flow brought by the commissioning of the proposed TSWH. As explained to the Yuen Long District Council, the construction of an additional access road leading from Tin Ying Road to the proposed TSWH would require another round of planning and technical assessments which would take around four years' time, and hence seriously delaying the completion of the whole project.

48. Mr Albert HO did not subscribe to HA's explanation. Pointing out that 10 members of the Tuen Mun and Yuen Long District Councils had grave concern about the proposed routing to TSWH, Mr Albert HO and Dr Helena WONG maintained the view that HA should consider providing additional vehicular and ambulance ingress and egress points at Tin Ying Road. Mr LEUNG Che-cheung remarked that even if it was difficult for HA to alter the design of the proposed TSWH at this stage, it should formulate appropriate transport infrastructure development plan to allow for future construction of additional vehicular and ambulance ingress and egress points when such a need arose. CM(CP), HA remarked that having regard to the width of Tin Tan Street, the chances of its being completely blocked by traffic accidents were very minimal.

49. Mr Albert CHAN considered it dangerous for the pedestrian entrance of the proposed TSWH be located between the vehicular and ambulance ingress and egress points. CM(CP), HA agreed to take the concern into consideration when carrying out the detailed design works of TSWH.

Action

Manpower requirement

50. Dr Fernando CHEUNG expressed concern about the arrangement to deploy existing staff of NTWC to TSWH for its commissioning of services, which in his view, would further strain the healthcare manpower resources of other hospitals in NTWC. Ms Alice MAK and Mr CHAN Han-pan raised a similar concern.

51. Director(CS), HA advised that there would be a steady increase in the supply of healthcare personnel in the coming years, as there would be an enhanced supply of post-internship local medical graduates by 2015. In addition, the total number of nurses available for appointments to HA in the coming three years was estimated to be around 2 000 each year. In addition, efforts had been and would continue to be made by HA to improve staff retention and strengthen its workforce. CCE, NTWC supplemented that NTWC would recruit additional staff, as well as deploy experienced staff from other hospitals in NTWC, to operate the new beds and run the new services in TSWH. Additional staff, including the yearly intake of medical and nursing graduates, would also be recruited to fill the vacancies so arose in other hospitals in NTWC.

52. In response to Ms Alice MAK's enquiry about whether HA would consider recruiting, as far as possible, residents of the TSW district to take up the supporting staff's positions of the proposed TSWH, Director(CS), HA replied in the positive, adding that the new TSWH would require about 700 supporting staff upon its full commissioning.

53. Dr Joseph LEE sought information about the doctor and nurse-to-bed ratio of the proposed TSWH. CCE, NTWC advised that according to the current planning parameter of HA, an additional 70 doctors and 270 nurses would be required to tie in with the commissioning of the proposed TSWH. Dr Fernando CHEUNG expressed concern that the doctor-to-patient ratio of the proposed TSWH, which stood at 0.23 doctors per 1 000 population, would lag behind the territory average ratio which stood at 0.7 doctors per 1 000 population. Director(CS), HA advised that the services of HA were provided on a cluster basis. Each hospital had its own designated role within each cluster and hospitals within the same cluster would complement and provide support to each other. Hence, the calculation of the doctor-to-patient ratio should be on a cluster, rather than an individual hospital, basis. Dr Fernando CHEUNG requested HA to provide after the meeting information on the existing overall doctor to population ratio of all hospital clusters, and the doctor to population ratio of NTWC after the commissioning of TSWH. Director(CS), HA agreed.

Admin/HA

Action

Project implementation

54. Noting that the design and construction works of the proposed TSWH would take around 39 months and would be completed by mid-2016, Mr Albert HO urged the Administration to expedite the construction and completion of the proposed TSWH to relieve the burden of TMH in meeting the demand from the increasing population of TSW for public healthcare services. Dr Helena WONG and Miss Alice MAK expressed a similar view.

55. Pointing out that the proposed site for the proposed TSWH was in close proximity to two schools, Mr LEUNG Che-cheung was of the view that the outlook and layout of TWSH should be so designed to ease the concerns and anxiety of the students. Dr Helena WONG relayed views of 10 Tuen Mun and Yuen Long District Council members and asked whether the beds of the proposed TSWH could avoid facing the household units directly, and whether the mortuary as well as the car park for vehicles delivering dead bodies could be located underground.

56. CM(CP), HA advised that to expedite the project works, a design-and-build approach (both design and construction to be undertaken by the same contractor) would be adopted so that a single contractor would be selected to undertake both the design and construction works for the hospital building. HA would include as a user requirement for the design of the hospital building to take into account the neighbourhood environment.

Other issues

57. Dr Helena WONG enquired whether consideration could be given to strengthening the provision of woman health services and immunization services for infants and children in the TSW district.

58. Atg SFH advised that at present, the Family Health Service under the Department of Health provided a comprehensive range of health promotion and disease prevention services for children from birth to five years and women at or below 64 years of age through its Maternal and Child Health Centres and Women Health Centres.

Conclusion

59. In closing, the Chairman said that members of the Panel were in support of the proposed construction of TSWH.

Action

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

VI. Proposal for the appointment of a subcommittee on the Health Protection Scheme

[LC Paper No. CB(2)146/12-13(01)]

61. The Chairman said that at the last meeting on 26 October 2012, members supported the proposal for the appointment of a subcommittee to study issues relating to the Health Protection Scheme. He invited members' views on the proposed terms of reference, work plan and time frame of the subcommittee as set out in the paper prepared by the LegCo Secretariat (LC Paper No. CB(2)146/12-13(01)).

62. Members agreed to the proposed terms of reference, work plan and time frame of the Subcommittee. The Chairman requested the Clerk to arrange for the first meeting and invite Panel members to signify membership for the Subcommittee.

(*Post-meeting note:* The first meeting of the Subcommittee has subsequently been scheduled for 12 December 2012 at 10:30 am.)

VII. Proposal for setting up a joint subcommittee on long-term care policy under the Panel on Health Services and the Panel on Welfare Services

[LC Paper No. CB(2)146/12-13(02)]

63. The Chairman invited members' views on Dr Fernando CHEUNG's proposal for the setting up of a joint subcommittee on long-term care policy under the Panel and the Panel on Welfare Services, details of which were set out in Dr CHEUNG's letter dated 29 October 2012 (LC Paper No. CB(2)146/12-13(02)). The Chairman advised that in accordance with rule 22(u) of the House Rules, the formation of the joint subcommittee should be decided by the relevant Panels. In this regard, the Panel on Welfare Services had agreed to the proposal at its meeting on 12 November 2012.

64. Dr Fernando CHEUNG said that the long-term care policy and services straddled welfare and health policies. In view of the aging population, he proposed that a joint subcommittee be formed under the Panel on Welfare Services and the Panel on Health Services to address the imminent needs of monitoring the Government's long-term care policies

Action

and services for the elderly, persons with disabilities and persons with chronic diseases. Members agreed to the proposal.

65. The Chairman then invited members' views on the proposed terms of reference, work plan and time frame of the Joint Subcommittee as set out in Dr CHEUNG's letter. Members raised no queries. Members noted that the Clerk to the Joint Subcommittee would make arrangements for the first meeting and invite members of the two Panels to signify membership for the Joint Subcommittee.

(*Post-meeting note:* The first meeting of the Joint Subcommittee has subsequently been scheduled for 14 December 2012 at 2:00 pm.)

VIII. Dates of future meetings

66. The Chairman reminded members that a joint meeting with the Panel on Food Safety and Environmental Hygiene and a special meeting of the Panel had been scheduled for 20 and 27 November 2012 respectively to receive views from deputations on the "Regulation of formula products and foods for infants and young children" and "Regulation of medical beauty treatments/procedures".

67. There being no other business, the meeting ended at 6:38 pm.

Council Business Division 2
Legislative Council Secretariat
15 January 2013