

立法會
Legislative Council

LC Paper No. CB(2)759/12-13
(These minutes have been seen
by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 21 January 2013, 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
Dr Hon Priscilla LEUNG Mei-fun, JP
Hon CHEUNG Kwok-che
Hon Mrs Regina IP LAU Suk-yee, GBS, JP
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 absent** : Hon Vincent FANG Kang, SBS, JP
Hon Albert CHAN Wai-yip
- Members attending** : Hon Emily LAU Wai-hing, JP
Hon WONG Kwok-hing, MH
Hon Ronny TONG Ka-wah, SC

Public Officers : Item IV
attending

Dr KO Wing-man, BBS, JP
Secretary for Food and Health

Mr Richard YUEN Ming-fai, JP
Permanent Secretary for Food and Health (Health)

Dr LEUNG Pak-yin, JP
Chief Executive
Hospital Authority

Dr Constance CHAN Hon-ye, JP
Director of Health

Items IV and V

Professor Sophia CHAN, JP
Under Secretary for Food and Health

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

Item V

Ms Angela LEE
Principal Assistant Secretary for Food and Health
(Health)²

Dr Joseph LUI
Cluster Chief Executive
Kowloon East Cluster
Hospital Authority

Dr K T TOM
Hospital Chief Executive
Tseung Kwan O Hospital
Hospital Authority

Clerk in : Ms Elyssa WONG
attendance : 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

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I. Confirmation of minutes
[LC Paper No. CB(2)484/12-13]

The minutes of the meeting held on 19 November 2012 were confirmed.

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

2. Members noted that no information paper had been issued since the last meeting.

III. Items for discussion at the next meeting
[LC Paper Nos. CB(2)486/12-13(01) and (02) and CB(2)537/12-13(01)]

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 18 February 2013 at 4:30 pm -

- (a) Development of Chinese medicine;
- (b) Ward renovation in Kwai Chung Hospital; and
- (c) Elderly Health Assessment Pilot Programme.

Regarding item (a), the Chairman suggested that members of the Panel on Commerce and Industry ("the CI Panel") would be invited to join the discussion, as issues relating to the research and development of Chinese medicines also fell within the purview of the CI Panel. Members did not raise objection.

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(Post-meeting note: At the request of the Administration and with the concurrence of the Chairman, the discussion of the item on "Development of Chinese medicine" has been deferred to the regular meeting in March 2013.)

Mental health policy and service programmes

4. Referring to the letter from Dr KWOK Ka-ki requesting the Panel to discuss the mental health policy and service programmes (LC Paper No. CB(2)537/12-13(01)) which was tabled at the meeting, the Chairman said that arising from the discussion on community mental health services at the joint meeting with the Panel on Welfare Services ("the WS Panel") on 31 March 2012, the subject of "Mental health services" had already been included in the list of outstanding items for discussion by the Panel. The Administration had yet recommended a proposed timing for discussion of this item.

5. Dr Fernando CHEUNG agreed with Dr KWOK Ka-ki's proposal to convene a special meeting to discuss the subject which was a matter of wide public concern. He requested the Administration to brief members on the progress of the Case Management Programme launched by the Hospital Authority ("HA") in 2010 for persons with severe mental illness, support services for discharged mental patients, operation of the Integrated Community Centre for Mental Wellness, co-ordination between the health and social welfare sectors, and the work progress of the Working Group of Mental Health Services. Dr Joseph LEE considered that given that the subject of mental health straddled the policy areas of the Food and Health Bureau and the Labour and Welfare Bureau, representatives of the latter should also attend the special meeting to answer questions from members. Mr CHEUNG Kwok-che suggested inviting members of the WS Panel to the meeting to join the discussion.

6. Noting members' views, the Chairman said that the Panel would hold a special meeting to discuss the matter and the Clerk would follow up on the meeting arrangements. Members would be informed of the meeting date in due course.

(Post-meeting note: The special meeting has been scheduled for 25 February 2013 at 2:30 pm.)

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IV. Briefing by the Secretary for Food and Health on the Chief Executive's 2013 Policy Address

[LC Paper No. CB(2)486/12-13(03), The 2013 Policy Address]

7. Secretary for Food and Health ("SFH") briefed members on the policy initiatives in respect of health matters, details of which were set out in the Administration's paper (LC Paper No. CB(2)486/12-13(03)).

A dual-track public and private healthcare system

8. Dr Joseph LEE noted from the Administration's paper that the vision of the healthcare system of Hong Kong was to pursue a dual-track healthcare system encompassing both public and private elements. Pointing out that the healthcare system of Hong Kong had long been running on a dual-track basis, he sought elaboration on how the current term Government could ensure that those who were able to afford to use private healthcare services would choose private services as an alternative to the high-quality and highly subsidized public services. Mr Albert HO asked whether there would be a change in the policy of promoting the growth of medical services, including the grant of land for private hospital development, as adopted by the previous term Government. Referring to a view cited by the media that quality public healthcare services would attract patients into the public system and aggravate the present imbalance between the public and private systems, Dr Fernando CHEUNG was concerned about how a supply-demand equilibrium in the two systems could be attained.

9. SFH explained that the dual-track healthcare system of Hong Kong had undergone different stages of evolution. In the 1990s, in particular at times when Hong Kong was experiencing an economic downturn, the quality healthcare services offered by public hospitals had channelled patients to the public healthcare system. The private healthcare sector had then expressed concern that they were operating their business with great difficulties. When the local economy started to recover in 2004, demand for private healthcare services grew robustly over the years. In the light of the announcement of the then Chief Executive ("CE") in the 2009-2010 Policy Address to promote the growth of medical services, which was identified as one of the six industries where Hong Kong enjoyed clear advantages, members of the public expected that the Administration would focus its effort on promoting the development of private healthcare services. However, the increasing use of obstetric services in Hong Kong by Mainland women in recent years had revealed that the manpower as well as the overall capacity of the healthcare system in Hong Kong were not ready to support the development of medical services at this stage. Hence, the

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newly set up Economic Development Commission would review the overall industrial development strategies and policies in order to draw up relevant proposals. In the meantime, any effort to promote private healthcare development would be aimed at meeting the local demand.

10. SFH further advised that it was difficult, if not impossible, to set out a proper distribution of services in the public and private healthcare systems. The Administration would strive to meet the demand for public healthcare services on the one hand, and on the other hand introduce a voluntary Health Protection Scheme ("HPS") to encourage individuals who were able and willing to choose and pay for private healthcare to subscribe to private health insurance ("PHI"), and enable them to use private healthcare on a sustained basis, thus relieving the long-term demand for public services.

11. Dr KWOK Ka-ki expressed disappointment that the current term Government lacked clear commitment to healthcare when compared with the then CE, who pledged in his 2007-2008 Policy Address to increase Government expenditure on healthcare from 15% to 17% of recurrent Government expenditure by 2011-2012. He sought information on the work of the Health and Medical Development Advisory Committee ("HMDAC") which was tasked to assist the Government in identifying solutions to challenges faced by the healthcare system.

12. SFH said that while he appreciated the financial commitment of the previous term Government to healthcare, it should be noted that given the finite public resources, it was difficult to further increase the proportion of the total Government recurrent expenditure on health at this stage. As pointed out earlier, the vision of the current term Government was to ensure that the dual-track healthcare system remained strong and robust, and developed in a balanced and sustainable manner. The Administration would suitably adjust the balance between public and private healthcare services through various healthcare policies and measures, including, among others, the implementation of HPS. A detailed proposal for implementing HPS was currently being mapped out by the Working Group on HPS set up under HMDAC. It was expected that the Working Group would submit its recommendations in 2013. The Administration would then study and take forward the proposal, with a view to implementing HPS within the current term Government.

13. While agreeing on the need to enhance regulatory control over the PHI market, Mr Albert HO said that the Democratic Party considered that the \$50 billion fiscal reserve earmarked to support healthcare reform should be used to improve the public healthcare system, instead of using it to

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encourage the taking-out of health insurance plans under HPS. He asked whether consideration could be given to providing a tax deduction for PHI premium as an alternative form of incentive. Pointing out that CE had made a pledge in his election manifesto to introduce tax incentives to encourage the taking-out of health insurance cover, the Chairman asked about the implementation timetable in this regard.

14. SFH advised that tax incentives would be part and parcel of HPS, as offering a tax deduction for premium would serve as a major incentive to attract individuals, in particular the middle class, to join HPS so as to make it financially viable. He however stressed that subject to the findings from the consultancy study on HPS, it could not be ruled out that it was still necessary to use part of the \$50 billion to inject into the high-risk pool ("HRP") mechanism to be set up under HPS to absorb excessive risks. Tax incentives, coupled with the proposed HRP with government injection, would facilitate the implementation of the proposed key features of HPS which were devised to address the perceived shortcomings of existing voluntary health insurance products and enhance consumer protection and confidence in both PHI and private healthcare markets. By making PHI and private healthcare services a more attractive option to the public, HPS could help divert to the private healthcare sector some of the healthcare needs that would otherwise had to be met by the public healthcare system, and hence address the existing imbalance between the public and private sectors in hospital services.

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15. Dr Elizabeth QUAT sought information on the capital works projects to develop, expand or renew the public hospitals being or to be undertaken by HA, as well as the increase in the number of beds and service capacity upon completion of these projects. SFH agreed to provide the information in writing after the meeting.

16. Mr POON Siu-ping noted from paragraph 160 of the 2013 Policy Address that HA would study the feasibility of further service outsourcing, with a view to optimizing the use of healthcare resources in both public and private sectors. He sought elaboration on the types of services to be outsourced and the implementation timetable. SFH advised that the initial thought was to allow chronic disease patients currently under the care of the public healthcare system, such as diabetes mellitus and hypertension patients who were in stable conditions, to be followed up by private doctors, thereby helping to relieve the burden on the public healthcare system. In any case, HA would continuously evaluate the services outsourced in order to ensure the service quality and effectiveness of the arrangements.

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Chinese medicine

17. Mr WONG Kwok-hing welcomed the Administration's proposal to set up a Chinese Medicine Development Committee to study the policies and measures to further the development of the Chinese medicine industry. However, he expressed concern that existing licensed Chinese medicine traders who were carrying out their business on domestic premises, such as those Chinese herbal medicine retailers and wholesalers who had been operating at Ko Shing Street in Sheung Wan for about a century, were required to relocate to suitable premises by 31 December 2013 to continue their business. Given that there had not been any consultation with the trade on the above requirement, he asked whether consideration could be given to shelving the requirement.

18. SFH responded that while the Administration was endeavoured to promote the development of Chinese medicine in Hong Kong, the Chinese medicine traders also had to take steps to modernize their practice and ensure the safety of their products. The Administration would provide assistance to traders where appropriate. However, it could not be ruled out that in the process, the operation of some traders would be merged or terminated. Director of Health ("DoH") supplemented that in 2011, the Medicines Board of the Chinese Medicine Council of Hong Kong had decided that it was not suitable for Chinese medicine traders to continue conducting Chinese medicine business on domestic premises, in contravention of relevant ordinances. Only the licenses of those traders who were still carrying out their business on domestic premises would be renewed until 31 December 2013. The Administration had maintained communication with the trade on the above arrangement. A number of traders had also relocated their business to suitable premises in order to comply with the requirement. Mr CHAN Han-pan urged the Administration to address the problem of lack of employment opportunities of the Chinese medicine graduates in the public healthcare sector. Mr WONG Kwok-hing urged the Administration to address the concern of the traders. The Chairman requested the Administration to provide supplementary information in this regard after the meeting.

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Public out-patient and accident and emergency services

19. Citing the high attendance rate of the Wan Tsui General Out-patient Clinic ("GOPC") as an example, Mr WONG Kwok-hing called on the Administration to optimize the land resources reserved for the development of GOPCs, such as the vacated site located nearby the Siu Sai Wan Complex, so as to enhance the provision of community-based primary care services. Agreeing to the general principle to optimize resources, SFH

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advised that efforts had been and would continuously be made by HA to ensure that the medical needs of the community were met according to priority. Chief Executive, HA ("CE, HA") affirmed that there was a need to provide public out-patient service in Siu Sai Wan. HA would explore and discuss with the Administration the planning work.

20. Expressing concern that many elderly people had difficulties in using the system of the GOPC Telephone Appointment Service, Dr Fernando CHEUNG urged the Administration to further improve the system. He was also concerned about the long waiting time for public specialist out-patient and accident and emergency ("A&E") services, and was of the view that the waiting time for appointments in each specialist out-patient clinic of HA should be made transparent. While welcoming the continuous efforts made by the Administration and HA to shorten the waiting time for specialist out-patient and A&E services, Mr CHAN Han-pan asked whether the long waiting time for colonoscopy and cataract surgery, which to his understanding could be up to five and three years respectively, could be shortened.

21. SFH advised that under the existing triage system of the A&E Departments of public hospitals, patients were triaged into five categories, namely, critical; emergency; urgent; semi-urgent; and non-urgent according to their clinical conditions. In handling critical, emergency and urgent cases, HA was able to meet its performance pledge of meeting the target waiting time. For the remaining two categories, the high service demand might be due to the fact that HA's existing charge for A&E services, i.e. \$100 per attendance which was introduced in 2002, was lower than the average out-patient service charge of private medical practitioners. In addition, about half of the GOPC consultation slots were currently taken up by chronic disease patients with stable conditions who required regular follow-up consultations. While the imbalance between public and private services had to be addressed in the long run, HA would provide healthcare staff with a special overtime honorarium with a view to increasing the number of consultation sessions of A&E Departments during peak hours.

22. As regards the waiting time for specialist out-patient services, SFH advised that the waiting time for colonoscopy would depend on the clinical conditions of the patients concerned. Those patients suspected of suffering from colorectal cancer would be given priority to undergo a diagnostic examination. With the introduction of the Cataract Surgeries Programme since 2008 in which cataract patients were subsidized for receiving surgeries in the private sector as well as an increase in the number of surgeries conducted within HA, the waiting time for cataract surgery had been shortened to less than 12 months in some instances. In response to

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Mr Albert HO's enquiry as to whether consideration could be given to making public the waiting time for various specialist out-patient services and allowing patients to seek consultations across clusters, SFH said that he agreed in principle to the proposed arrangement.

Infirmary and rehabilitative nursing care

23. Dr Elizabeth QUAT enquired about the longer-term measures, in addition to the provision of an additional 130 convalescent beds in public hospitals in the coming year, to be introduced by the Administration to meet the growing demand for infirmatory care and rehabilitation services.

24. SFH advised that the Administration would consider converting the Wong Chuk Hang Hospital, which was now mainly providing extended care as well as rehabilitation and convalescent services, into an institution providing services which embraced the elements of infirmatory and nursing care in order to make available more places to take care of persons who were in stable conditions but required long term infirmatory and nursing care services. This would enable persons awaiting central medical infirmatory placement to receive the necessary service earlier and reduce their need of using acute beds for the time being due to insufficient infirmatory beds. Expressing concern about the long waiting time for infirmatory care and rehabilitation services, Dr Fernando CHEUNG suggested making public the number of persons on the waiting list and the estimated waiting time for the services.

Mental health services

25. Dr Joseph LEE was concerned that there was no mention of the mental health services in the 2013 Policy Address. Referring to the Case Management Programme launched by HA in 2010 to provide intensive and personalized community support to patients with severe mental illness and had now been rolled out to 12 districts, Mr CHEUNG Kwok-che enquired about the timetable to extend the Programme to the remaining six districts. SFH assured members that HA would actively consider extending the Programme to all districts in the territory as soon as practicable. CE, HA supplemented that the plan of HA was to extend the Programme to Wong Tai Sin, Sai Kung and North District in 2013, and to explore with the Administration the feasibility to further extend the Programme to Yau Tsim Mong, Tai Po and Tsuen Wan in 2014.

26. Ms Alice MAK sought elaboration on whether the expansion of the coverage of the Drug Formulary in 2013-2014 would cover more new psychiatric drugs to ensure better clinical outcomes.

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27. SFH advised that in recent years, HA had taken steps to introduce more new psychiatric drugs in the Drug Formulary for provision to patients at standard charges, and revise the prescription guidelines to enable more mental patients to be treated with new psychiatric drugs. In addition, the Samaritan Fund was in place to provide financial assistance to needy patients to meet their expenses on designated drugs, including psychiatric drugs, categorized as self-financed items in the Drug Formulary. In 2012, a non-recurrent grant of \$10 billion was provided to the Fund to sustain its operation for the next 10 years or so.

Woman health services

28. Dr Elizabeth QUAT asked whether consideration could be given to increasing the number of Women Health Centres ("WHCs") to cover all 18 districts; providing regular gynaecological check-ups for all women; and introducing a cervical cancer vaccination programme for girls in the relevant age group, which the Democratic Alliance for the Betterment and Progress of Hong Kong had long been calling for.

29. SFH advised that apart from existing WHCs, 10 Maternal and Child Health Centres ("MCHCs") under the Department of Health ("DH") also provided woman health service for women aged 64 or below. While consideration had been given to introducing a population-based cervical cancer vaccination programme, this had not been pursued in the light of the huge financial implications involved (i.e. around \$3,000 per person). In addition, the Cervical Screening Programme launched by DH since 2004 to encourage women to have cervical smears on a regular basis had substantially reduced the incidence of cervical cancer in recent years.

30. Dr Helena WONG pointed out that breast cancer was currently the most common cancer among women in Hong Kong that one per 21 women had a risk of developing breast cancer. In the light of this, she called on the Administration to conduct population-based breast cancer mammography screening for women aged over 40 as recommended by the Hong Kong Breast Cancer Foundation.

31. SFH advised that there had not been a broad consensus among the health professionals to support the introduction of population-based breast cancer screening. At present, doctors of WHCs and MCHCs might arrange mammography for women at high risk. In view of the time constraint, further details in this regard could be provided in writing after the meeting.

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Health services for the elderly

32. Making reference to the Guangdong Scheme to be introduced by the Social Welfare Department ("SWD") in the second half of 2013, Mr CHEUNG Kwok-che asked whether consideration could be given to extending the coverage of elderly health care vouchers to clinics set up by Hong Kong medical practitioners in Guangdong for the benefit of the Hong Kong elderly residing there. SFH responded that pending SWD's evaluation of the effectiveness of the Guangdong Scheme upon its implementation, he was open-minded and would be prepared to look into this. In the meantime, the Administration would explore with Guangdong the cross-boundary patient transfer arrangements between Shenzhen and Hong Kong to make it more convenient for Hong Kong patients residing in the Mainland to return to Hong Kong for medical treatment.

33. Mr CHEUNG Kwok-che asked whether the service capacity of the Elderly Health Centres ("EHCs") could be expanded given the long waiting time for enrolling as a Centre member. Dr KWOK Ka-ki also expressed concern about the development of EHCs. While highlighting that public resources were finite, SFH agreed to explore whether additional resources could be allocated for an expansion of the service. DoH supplemented that an Elderly Health Assessment Pilot Programme would be launched in 2013 to subsidize the elderly to receive basic health check, details of which would be provided at the next regular meeting of the Panel on 18 February 2013.

Dental care services

34. Ms Alice MAK noted with concern that at present, only those elderly people residing in residential care homes or receiving services in day care centres who voluntarily chose to participate in the pilot project on outreach primary dental care and oral health care services could receive dental care services provided by the participating non-governmental organizations. She urged the Administration to also take care of the needy elderly people living in the community who were in need of dental care services. Dr Helena WONG expressed disappointment that while CE had made a pledge in his election manifesto to provide additional resources to develop public dental services for the elderly and school children, there was no mention in the 2013 Policy Address on the progress in this regard.

35. SFH advised that an Elderly Dental Assistance Programme had been rolled out by the Community Care Fund in September 2012 to subsidize eligible elderly people, who were users of the Integrated Home Care Services or Enhanced Home and Community Care Services subvented by SWD, to receive dentures and other necessary dental services provided by

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the participating dentists or dental clinics. Subject to the availability of manpower in the dental profession, the Administration would actively explore further measures to address the dental care needs of other elderly people. As regards dental care services for school children, basic and preventive dental treatment was currently provided to primary school children through the School Dental Care Service. SFH stressed that at present, curative dental services were mainly provided by the private sector. The public dental services focused mainly on emergency dental treatment and addressing the need of target population groups. The Administration had no plan to expand the scope of the public services.

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36. Expressing concern that the conditions of persons with disabilities, in particular the mentally handicapped persons and persons suffering from autism, often debarred them from accessing conventional dental care services, Dr Fernando CHEUNG requested the Administration to provide after the meeting a response on whether, and if so, how the Administration would address the dental care needs of these persons.

Development of primary care

37. Dr Joseph LEE expressed concern that the 2013 Policy Address was silent on the development of primary care, in particular preventive care, with a view to improving the overall population health. SFH advised that having regard to an ageing population and the increasing demand for healthcare services, a long-term development strategy for primary care had been mapped out. A number of pilot projects had also been implemented in the past few years, details of which were set out in paragraph 59 of the Administration's paper.

Healthcare manpower planning

38. Dr Elizabeth QUAT enquired whether the increase in the number of first-year first-degree places in medicine by 100 to 420, nursing by 40 to 630 and allied health professions by 146 for the triennial cycle starting from 2012-2013 was adequate to meet the healthcare manpower demand in the coming years. Ms Alice MAK asked whether the healthcare manpower was adequate to meet the rising demand arising from the public hospital construction, redevelopment and expansion projects carried out by HA.

39. SFH advised that a high-level steering committee had been set up in 2012 to conduct a strategic review on healthcare manpower planning and professional development, with a view to ensuring the healthy and sustainable development of the healthcare system in Hong Kong. The committee aimed to complete the review and submit its recommendations to the Administration in 2013. As regards the short-term healthcare

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manpower demand, SFH advised that HA would make plan for the provision of manpower to prepare for the opening of Tin Shui Wai Hospital and the Centre of Excellence in Paediatrics in the first place, as their construction works would be completed in mid 2016 and late 2017 respectively. The manpower provision for other redeveloped public hospitals would be worked out at a later stage.

40. Pointing out that no employment advertisement on part-time doctors had been uploaded onto the website of HA, the Chairman was sceptical about the efforts made by HA to enhance the employment scheme of part-time doctors in order to strengthen its doctor manpower in the short run.

Review of HA's operation

41. Ms Alice MAK welcomed the Administration's proposal to set up a steering committee to review the role and positioning of HA under the twin-track system of public and private healthcare. She sought information about the target timetable and schedule for completion of the review. SFH advised that he would not be able to come up with a timetable at this stage, as the details had to be worked out after the establishment of the committee.

42. Citing the lack of 24-hour percutaneous transluminal coronary angioplasty procedures in the New Territories West Cluster as an example, Dr KWOK Ka-ki urged HA to address the uneven distribution of resources among hospital clusters.

Drug Formulary

43. Dr KWOK Ka-ki was of the view that the Drug Formulary should be scrapped to ensure delivery of effective treatment to patients. He urged the Administration to conduct a review on the Drug Formulary.

44. SFH said that he could not agree to Dr KWOK's view, as drug utilization should be based on clinical efficacy, safety and cost effectiveness and guided by the best available scientific evidence. Before the introduction of the Drug Formulary, individual public hospitals or hospital clusters maintained their own drug formularies, and there were variations in practice across public hospitals in terms of clinical use of certain new drugs and situations under which patients should purchase drugs at their own cost. The introduction of the Drug Formulary had standardized drug utilization in the public sector to ensure that patients in similar clinical conditions would have equitable access to cost effective drugs of proven efficacy and safety. Dr KWOK Ka-ki, however, maintained the view that the implementation of the Drug Formulary warranted a thorough review. The Chairman remarked that the subject

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"Drug Formulary of HA and the Samaritan Fund" had already been included in the list of outstanding items for discussion by the Panel. The Panel could hold further discussion with the Administration on the subject.

Development of the Electronic Health Record Sharing System

45. Mr Charles MOK was concerned about the development progress of the territory-wide patient-oriented Electronic Health Record ("eHR") Sharing System. Holding the view that personal data privacy issues were the main concern of the members of the public towards the eHR Sharing System, he urged the Administration to ensure data privacy and system security in the development of the sharing infrastructure so as to instill public confidence in the System.

46. SFH advised that under the Electronic Patient Record Sharing pilot project launched in 2006 in collaboration with HA, participating private doctors and healthcare providers and other related institutions had already been allowed to view their patients' medical records kept at HA, subject to the patients' consent. The Administration had also launched a two-month public consultation exercise on the Legal, Privacy and Security Framework for eHR Sharing on 12 December 2011, and the Panel was briefed on the outcome of the public consultation exercise and the way forward at the meeting on 11 June 2012. At present, the Administration was drafting the eHR legislation. Its plan was to introduce the bill into the Legislative Council ("LegCo") in the 2013-2014 legislative session and commence the eHR Sharing System by end 2014. In response to Mr Charles MOK's request for enhancing communication with the information technology sector on the development progress of the eHR Sharing System, SFH said that he would step up efforts in this regard, adding that the Administration would brief the Panel on the work progress before mid 2013.

47. Mr Charles MOK pointed out the need to strengthen the professional and technical manpower in HA to support the launch of the eHR Sharing System. SFH responded that HA had secured additional manpower for the development of the System.

V. Provision of obstetric services in the Tseung Kwan O Hospital
[LC Paper Nos. CB(2)486/12-13(04) and (05) and CB(2)537/12-13(02)]

48. Under Secretary for Food and Health ("USFH") briefed members on the provision of obstetric services in the Tseung Kwan O Hospital ("TKOH"), details of which were set out in the Administration's paper (LC Paper No. CB(2)486/12-13(04)).

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49. Members noted the background brief entitled "Provision of obstetric services in the Tseung Kwan O Hospital" (LC Paper No. CB(2)486/12-13(05)) prepared by the LegCo Secretariat. Members also noted the letter dated 18 January 2013 from Mr James TIEN to SFH on the subject (LC Paper No. CB(2)537/12-13(02)) which was tabled at the meeting.

50. Dr KWOK Ka-ki pointed out that the TKOH expansion project had already included, among others, the establishment of the obstetric wards, neonatal intensive care units ("NICU") and special care baby units. While he understood that there was currently a shortfall of healthcare personnel in HA, the Administration should at the very least commit a timetable for the opening of delivery services at TKOH, say, in 2014-2015. Dr Elizabeth QUAT made a similar request. She also criticized that the funding proposal on the expansion of TKOH (including the provision of obstetric service in the hospital) submitted by the Administration to the Finance Committee in July 2008 resembled a blank cheque. Pointing out that the long travelling time from Tseung Kwan O ("TKO") to the United Christian Hospital ("UCH") might adversely affect the conditions of the expectant mothers who were in urgent need or about to give birth, she called on the Administration to look squarely the need of these women. Ms Alice MAK expressed dissatisfaction that HA had failed to honour its commitment to providing sufficient manpower for commissioning the expanded services in TKOH upon completion of the expansion project in 2013.

51. USFH and Director (Cluster Services), HA ("Director(CS), HA") responded as follows -

- (a) for 2012, the shortfall of doctor in HA was around 250 and the shortfall was expected to continue in the coming years due to reduced number of medical graduates and an increasing demand from the ageing population. The situation would only improve when the number of medical graduates started to go up to 320 in 2015 and to 420 in 2018. As for nurses, the shortfall of nurses in HA was around 850 in 2012 and was expected to continue until 2014;
- (b) when planning the overall healthcare services for the Sai Kung District ("SKD") (including TKO), due regard had to be given to the population growth and the trend of ageing in the district. Under the current healthcare manpower constraint, it would be necessary for HA to prioritize the services provision to best suit the needs and demands of the community. At present, it was considered that the priority should be accorded to the enhancement of inpatient, ambulatory and other supporting specialized services in TKOH; and

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- (c) it was recognized that there was a need for obstetric services in TKOH in the longer term. With due regard to the manpower constraint and the safety issue in connection with the provision of delivery and NICU services, HA would continue to make plan for the provision of manpower to prepare for the opening of such services in TKOH at an opportune time as and when sufficient manpower was available and safety standard could be assured. That said, it was not optimistic that the services could be commissioned in one to two years' time. Before the obstetric and NICU services could be provided in TKOH, UCH would continue to provide the obstetrics and gynaecology ("O&G") in-patient and delivery services for the catchment area of the Kowloon East Cluster.

52. Dr Helena WONG was of the view that HA should not use the healthcare services needs of the elderly population in SKD as justification to compromise the service demand of the expectant mothers in the district. While urging for the provision of orthopaedics, haemodialysis and Magnetic Resonance Imaging services and enhancement of the specialist out-patient services in TKOH to cater for the medical needs of the elderly population in the district, Dr Elizabeth QUAT considered that the needs of expectant mothers should not be compromised under any circumstances. Ms Alice MAK sought information about the existing services provided by TKOH to suit the needs of the community.

53. Cluster Chief Executive of Kowloon East Cluster, HA advised that the total number of beds in TKOH had increased by 28% from 425 in 2008 to 543 in 2012, among which 40 were added in the third quarter of 2012. Additional beds would also be opened in 2013 to further expand the capacity of TKOH. In addition, the hospital's haemodialysis and Magnetic Resonance Imaging services had been commissioned in 2012.

54. Referring to the planning reference set by HA's Expert Committee on O&G Services for the provision of obstetric services in a public hospital (i.e. 3 000 delivery per annum), Dr KWOK Ka-ki was of the view that the Administration's projected number of births in public hospitals by Hong Kong residents for SKD (i.e. 2 300 to 2 500 per annum from 2013 to 2015) was close to the level of 3 000. Mr CHAN Han-pan doubted the accuracy of the figure as, according to the Administration, the number of births in SKD as projected in 2008 could support the provision of obstetric services in TKOH in 2013. Dr Helena WONG and Ms Emily LAU were concerned that the quality of O&G services in UCH had been deteriorated in recent years in view of the high attendance rate. Holding the view that the Administration might have underestimated the number of births by Hong

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Kong residents in SKD as many expectant mothers in TKO had chosen to deliver in public hospitals in other clusters by using a false residential address, Dr Helena WONG requested the Administration to provide after the meeting information on the number of female population of child-bearing age in SKD. Dr Elizabeth QUAT also remarked that some expectant mothers in TKO had moved to other districts to give birth due to the lack of obstetric services in TKOH and the poor service standard of UCH.

55. Director(CS), HA admitted that it was not satisfactory that UCH had to handle around 5 600 cases of delivery each year in view of the surge in the number of non-local women seeking to give birth in Hong Kong, in particular via A&E Departments of public hospitals, in the past two years. Following HA's decision to cease accepting booking from non-local women for obstetric services in 2013 and the implementation of the enhanced boundary control measures to prevent non-local pregnant women without booking with private hospitals from entering Hong Kong, the number of births in UCH was projected to drop to about 4 400 to 4 600 cases per annum. It was envisaged that the obstetric services of UCH would improve in the near future.

56. Mr Ronny TONG asked whether consideration could be given to recruiting more experienced obstetricians and gynaecologists with limited registration to address the problem of manpower shortage in HA, with a view to providing delivery services in TKOH according to the original schedule.

57. Director(CS), HA explained that all public hospitals providing obstetric services had to be equipped with appropriate supportive facilities, both in terms of hardware and software, covering the O&G as well as the paediatric specialties so as to provide the public with safe services. It was estimated that the number of additional doctors and nurses required for commissioning the obstetric and NICU services in TKOH would be 30 and 120 respectively. HA had explored whether it was necessary to recruit more doctors with limited registration to strengthen the workforce, and had come to the view that it was difficult to recruit an adequate number of non-locally trained doctors under the limited registration scheme of the Hong Kong Medical Council in the short term. Mr Ronny TONG was not convinced by the Administration's explanation. He considered that the problem of manpower shortage could be resolved if the remuneration package of HA was attractive enough to retain talents and entice both non-locally trained doctors and local doctors in the private sector. He requested HA to provide after the meeting information on the measures carried out by HA to retain and attract obstetricians and gynaecologists in recent years.

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58. Noting the Administration's response, Ms Alice MAK asked whether delivery services could only be provided in TKOH in 2017-2018 when there was a substantial increase in the number of medical graduates. Mr CHAN Han-pan requested a definite timetable for the provision of the delivery and NICU services in TKOH. He remarked that in 2013, private hospitals had stopped accepting bookings for obstetric services from non-local pregnant women whose husbands were non-Hong Kong residents. In face of a slump in demand for obstetric services in the private sector, some departed healthcare personnel might return to the public sector. As such, the manpower pressure in the O&G specialty of public hospitals could be relieved. USFH explained that the timing for the provision of the delivery and NICU services in TKOH hinged on factors such as the overall service demand, the supply of healthcare personnel and the overall allocation of healthcare resources. She assured members that when considering the timeline, the Administration would also take heed of the views of the population in TKO in this regard.

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

60. Ms Emily LAU found it unacceptable that the Administration could not provide a timetable for the provision of the obstetric services in TKOH. Dr Fernando CHEUNG urged the Administration not to drag its feet in coming up with a timeline. In his view, TKOH should serve as a general hospital providing, among others, obstetric services to cope with the service demand from the growing population in TKO, which was projected to increase from around 400 000 in 2012 to around 500 000 in 2018. In addition, according to the 2011 Population Census, persons of child-bearing age (i.e. between the age of 25 and 44) accounted for the largest proportion of the population in SKD (i.e. 34.6%), which was the highest among all districts in the territory.

61. Director(CS), HA advised that the expansion project of TKOH was expected to complete by late 2013. While HA was endeavoured to provide the delivery and NICU services in TKOH in the longer term, a timetable for commissioning the services could not be mapped out at this stage. HA would review in 2014 the changes in the birth rate and the public and private obstetric services utilization pattern under the fading out of the effects of the "Year of the Dragon" and the policy of no delivery bookings of Mainland pregnant women. It would also closely monitor the impact of its various measures to retain and attract staff, as well as the demand from the population of SKD for different types of healthcare services. In the

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course of determining the appropriate timing for the commissioning of the obstetric and NICU services, HA would continue to communicate with the Sai Kung District Council and revert to the Panel on the progress.

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Dr Fernando CHEUNG requested HA to provide in writing the factors that it had to take into account in determining the timetable for the provision of the obstetric and NICU services in TKOH.

62. The Chairman held a contrary view that there had not been a notable shortage of doctors and nurses in HA's obstetric and paediatric departments in the past few years. In his view, the reason of not commissioning the obstetric services in TKOH was an excessive healthcare manpower supply, which was demonstrated by the fact that the existing capacity of UCH was able to handle around 5 600 cases of delivery each year, but there would be a drop in service demand under the policy of no delivery bookings from non-local women for public obstetric services.

63. Director(CS), HA advised that currently there was shortfall in manpower on O&G services. The estimated shortfall would be less than 10. However, many of the staff departed were experienced professionals. This had put HA's obstetric and paediatric services under pressure. This, coupled with the heavy demand for obstetric services from non-local women in recent years, had made the O&G services of public hospitals unsatisfactory. With the introduction of the policy of no delivery bookings of Mainland pregnant women, it would be opportune for HA to enhance the quality of its O&G services to suit the needs of local women. The Chairman said that he was not convinced by HA's response. At the request of the Chairman, Director(CS), HA undertook to provide after the meeting information on (a) a breakdown of the number of births by public hospitals in the past three years and the corresponding projection for the next two years; (b) a breakdown of the monthly capacity of and the monthly bookings for obstetric services from February to December 2013 by the eight public hospitals providing obstetric services; (c) the total number of NICU beds in public hospitals in the past three years and the corresponding projection for the next two years; and (d) the total number of doctors and nurses for the O&G and paediatric specialties of HA in the past three years and the corresponding manpower projection for the next two years.

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64. Concluding the discussion, the Chairman suggested and members agreed to follow up discussion of the subject matter at a future meeting, and the subject would be included in the list of outstanding items for discussion by the Panel.

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VI. Any other business

65. There being no other business, the meeting ended at 6:42 pm.

Council Business Division 2
Legislative Council Secretariat
15 March 2013