立法會
Legislative Council

LC Paper No. CB(2)1297/13-14
(These minutes have been seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 20 January 2014, from 4:30 pm to 7:00 pm
in Conference Room 3 of the Legislative Council Complex

Members present	**:**	Dr Hon LEUNG Ka-lau (Chairman) Hon Albert HO Chun-yan Hon Vincent FANG Kang, SBS, JP Hon WONG Ting-kwong, SBS, JP Hon CHAN Kin-por, BBS, JP Dr Hon Priscilla LEUNG Mei-fun, SBS, JP Hon CHEUNG Kwok-che Hon Albert CHAN Wai-yip Hon Charles Peter MOK Hon Alice MAK Mei-kuen, JP Dr Hon KWOK Ka-ki Dr Hon Fernando CHEUNG Chiu-hung Dr Hon Helena WONG Pik-wan Hon POON Siu-ping, BBS, MH Dr Hon CHIANG Lai-wan, JP
Members attending	**:**	Hon WONG Kwok-hing, BBS, MH Hon Michael TIEN Puk-sun, BBS, JP
Members absent	**:**	Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN (Deputy Chairman) Hon Mrs Regina IP LAU Suk-yee, GBS, JP Hon CHAN Han-pan Dr Hon Elizabeth QUAT, JP

Public Officers attending	:	Items III and IV Dr KO Wing-man, BBS, JP Secretary for Food and Health Mr Richard YUEN, JP Permanent Secretary for Food and Health (Health) Professor Sophia CHAN Siu-chee, JP Under Secretary for Food and Health Dr W L CHEUNG Director (Cluster Services) Hospital Authority Item III Dr P Y LEUNG, JP Chief Executive Hospital Authority Dr Constance CHAN Hon-yee, JP Director of Health Item IV Ms Clara CHIN Director (Finance) Hospital Authority Dr Deacons YEUNG Chief Manager (Financial Planning) Hospital Authority
Clerk in attendance	:	Ms Maisie LAM Chief Council Secretary (2) 5
Staff in attendance	:	Ms Mina CHAN Senior Council Secretary (2) 5 Ms Priscilla LAU Council Secretary (2) 5

Ms Michelle LEE
Legislative Assistant (2) 5

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I. Information paper(s) issued since the last meeting
[LC Paper Nos. CB(2)541/13-14(01) and CB(2)694/13-14(01)]

Members noted that the following papers had been issued since the last meeting -

(a) Information paper on the latest developments of the legislative proposals to enhance the regulation of pharmaceutical products in Hong Kong provided by the Administration; and

(b) Letter dated 15 January 2014 from the Administration providing supplementary information on the legislative proposals to enhance the regulation of pharmaceutical products in Hong Kong.

II. Items for discussion at the next meeting
[LC Paper Nos. CB(2)671/13-14(01) and (02), CB(2)578/13-14(01), CB(2)670/13-14(01), CB(2)710/13-14(01) and CB(2)724/13-14(01)]

Items for discussion at the next regular meeting

2. Members agreed to discuss the following items at the next regular meeting scheduled for 17 February 2014 at 4:30 pm -

(a) Redevelopment of Queen Mary Hospital (Phase 1); and

(b) General Out-patient Clinic Public-Private Partnership Programme in Kwun Tong, Wong Tai Sin and Tuen Mun Districts and progress of the Chronic Disease Management Shared Care Programme.

3. For item (b) in paragraph 2 above, Dr Fernando CHEUNG requested the Administration to set out in its discussion paper the justifications for its proposal of extending the Tin Shui Wai General Out-Patient Clinic Public-Private Partnership Programme to Kwun Tong, Wong Tai Sin and Tuen Mun districts, including concrete evidence on how far the Programme had achieved its intended objectives. SFH agreed.

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(*Post-meeting note:* At the request of the Administration and with the concurrence of the Chairman, the agenda item on "General Out-patient Clinic Public-Private Partnership Programme in Kwun Tong, Wong Tai Sin and Tuen Mun Districts and progress of the Chronic Disease Management Shared Care Programme" of the meeting on 17 February 2014 has been reworded as "General Out-patient Clinic Public-Private Partnership Programme in Kwun Tong, Wong Tai Sin and Tuen Mun Districts and progress of other public-private partnership initiatives on chronic disease management".)

Legislative proposals to enhance the regulation of pharmaceutical products

4. Referring to the letter dated 27 December 2013 from Mr Vincent FANG requesting the Panel to further discuss the legislative proposals to enhance the regulation of pharmaceutical products in Hong Kong (LC Paper No. CB(2)578/13-14(01)), the Chairman drew members' attention that the Administration's plan was to introduce the bill into the Legislative Council ("LegCo") in the first quarter of 2014.

5. Mr CHAN Kin-por and Dr CHIANG Lai-wan enquired about the latest position of the Administration on the legislative proposals. Secretary for Food and Health ("SFH") advised that in response to views of some members and the trade and having taken into consideration that the manpower supply of registered pharmacists in the coming few years might not be sufficient to cope with the manpower demand arising from the proposal of requiring the registered premises of an Authorized Seller of Poisons ("ASP") to be under the personal control of a registered pharmacist whenever the registered premises were open for business, coupled with the fact that the Administration's original intention was not to implement this proposal shortly, the Administration had decided not to pursue this proposal in this legislative exercise. As regards the requirement of placing orders of pharmaceutical products in written form which was another key area of concern of the trade, it should be noted that the requirement would only be incorporated into the codes of practice for the relevant licenced drug traders by the Pharmacy and Poisons Board after consultation with the trade and the relevant stakeholders. The legislative proposals did not cover this requirement.

6. Mr Vincent FANG maintained the view that the Panel should hold a special meeting for members to further discuss with the Administration the various concerns raised by the deputations on the legislative proposals at the meeting on 10 December 2013. While supporting the early implementation of the legislative proposals, Dr KWOK Ka-ki concurred with Mr FANG's view that a further discussion with the Administration would be necessary.

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7. The Chairman suggested and members agreed that a special meeting be held before the February regular meeting to further discuss the legislative proposals with the Administration. The Chairman said that the Clerk would follow up on the meeting arrangements.

Issues relating to the surgical outcomes of public hospitals

8. The Chairman referred members to the following proposals from Members on subjects that should be discussed by the Panel at its future meetings -

(a) "Treatment provided by the Prince of Wales Hospital for a survivor of the Philippine hostage incident" as proposed by Dr KWOK Ka-ki in his letter dated 10 January 2014 (LC Paper No. CB(2)670/13-14(01));

(b) "Surgical Outcomes Monitoring and Improvement Programme of the Hospital Authority" as proposed by Dr KWOK Ka-ki in his letter dated 16 January 2014 (LC Paper No. CB(2)710/13-14(01)); and

(c) "Hospital Authority's handling of a complaint against a cardiologist" as proposed by Mr James TO and Dr KWOK Ka-ki in their joint letter dated 16 January 2014 (LC Paper No. CB(2)724/13-14(01)).

For items (a) and (c) above, the Chairman advised that a panel normally should monitor and examine policy matters instead of individual cases. Pointing out that these two items were related to the outcomes of plastic and cardiac surgeries performed by the Prince of Wales Hospital ("PWH"), he suggested that the Panel could hold a discussion on item (b) above to cover, among others, public concerns about the audit findings revealed in the fifth Surgical Outcomes Monitoring and Improvement Programme ("SOMIP") report released by the Hospital Authority ("HA") in early January 2014, as well as the outcomes of plastic and cardiac surgeries performed by PWH.

9. Members agreed to the suggestion. Dr KWOK Ka-ki proposed to invite representatives of PWH, Tuen Mun Hospital ("TMH"), the New Territories East Cluster, the New Territories West ("NTW") Cluster and the Chinese University of Hong Kong to the meeting to be scheduled. The Chairman said that the Clerk would follow up on the meeting arrangements and members would be informed of the meeting date in due course.

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(*Post-meeting note:* A special meeting has subsequently been scheduled for 10 February 2014 at 2:30 pm to revisit the legislative proposals to enhance the regulation of pharmaceutical products and discuss SOMIP of HA. At the suggestion of Dr KWOK Ka-ki and with the concurrence of the Chairman, deputations have been invited to attend the meeting to give views on the latter subject.)

III. Briefing by the Secretary for Food and Health on the relevant policy initiatives featuring in the Chief Executive's 2014 Policy Address

[LC Paper Nos. CB(2)671/13-14(03), CB(2)736/13-14(01) and The 2014 Policy Address]

10. 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)671/13-14(03)). The speaking note of SFH (LC Paper No. CB(2)736/13-14(01)) was tabled at the meeting.

Healthcare services for elders and people with disabilities

Elderly Health Care Voucher Scheme

11. Mr WONG Kwok-hing urged the Administration to lower the eligible age for Elderly Health Care Voucher ("EHV") Scheme from 70 to 65 to enable more elders to benefit from the Scheme. Mr POON Siu-ping raised a similar request, adding that elders aged between 65 and 69 could receive an annual voucher value of $1,000, instead of $2,000, to minimize the financial implications of lowering the eligible age for the Scheme.

12. SFH advised that as a first step to enhance the EHV Scheme to render it more effective in providing primary care services to the elders, the annual voucher amount would be increased from $1,000 to $2,000 within this year. The Administration would continue to monitor the operation of the Scheme, with a view to introducing improvements in other aspects as appropriate. That said, in considering the appropriate eligible age for the EHV Scheme, due regard would be given to the factors that there was no income and asset assessment of EHV users and the current average life expectancy of people in Hong Kong was around 80 years.

13. While welcoming the plan of the Administration to raise the annual voucher value, Mr WONG Kwok-hing asked whether consideration could be given to making a corresponding two-fold adjustment to the financial ceiling on unspent voucher value for each EHV user, i.e. from the present level of

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$3,000 to $6,000, instead of to $4,000 as currently proposed. SFH responded that the proposed financial ceiling of $4,000 could achieve a balance between enabling the elders to carry forward the unspent voucher amount and encouraging them to make more frequent use of the vouchers for primary care services including both curative and preventive care.

14. Miss Alice MAK noted that the Administration had launched various initiatives in recent years, such as the Guangdong Scheme and the proposed pilot residential care service scheme in Guangdong, to facilitate those Hong Kong elderly persons who chose to retire on the Mainland to continue enjoying certain welfare benefits. She asked whether consideration could be given to providing an option for those elders residing on the Mainland who were eligible for the EHV Scheme to make use of the vouchers to cover their use of private primary care services provided on the Mainland. Dr Priscilla LEUNG also expressed concern about the healthcare needs of those Hong Kong elders who chose to retire on the Mainland.

15. SFH explained that all vouchers under the EHV Scheme were handled through the eHealth System developed for this purpose. The participating service providers would be reimbursed of the voucher value deducted on a monthly basis. Hence, the proposed arrangement would require a thorough study on various pertinent issues, such as access of the healthcare service providers on the Mainland to the eHealth System and the exchange rate of Renminbi against Hong Kong Dollar. As a first step, the Administration would examine the feasibility of subsidizing Hong Kong elders' use of primary care services provided by the University of Hong Kong-Shenzhen Hospital and those Mainland clinics or hospitals which were set up by non-governmental organizations ("NGOs") of Hong Kong under the Mainland and Hong Kong Closer Economic Partnership Arrangement.

Dental care services for the elderly

16. While welcoming the Administration's plan to turn the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres into a recurrent programme in 2014, Dr KWOK Ka-ki expressed grave concern about the dental care needs of the non-institutionalized older persons, particularly those who lived alone and were not on Comprehensive Social Security Assistance ("CSSA"). He asked whether consideration could be given to providing elders with separate vouchers for dental care services under the EHV Scheme or introducing a separate scheme on dental care. Miss Alice MAK raised a similar question.

17. Dr KWOK Ka-ki further suggested that the Administration should provide primary dental care services for elders living in districts with lower

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household income, such as Kowloon East ("KE") and NTW, on a pilot basis. Mr CHEUNG Kwok-che considered that the Administration should also provide dental outreach services for needy singleton elders not on CSSA and elders waitlisted for places of those residential care homes for the elderly ("RCHEs") licensed by the Social Welfare Department ("SWD"). Mr Albert CHAN called on the Administration to strengthen the public dental care services for elders in the community. Dr Helena WONG considered that the Administration should increase the number of disc allocated per general public sessions at the government dental clinics.

18. SFH advised that the Community Care Fund ("CCF") had launched an Elderly Dental Assistance Programme in September 2012 to provide free dentures and related dental services for elders who were users of the two home care services schemes subvented by SWD (i.e. those with economic difficulties but not covered by CSSA nor residing in RCHEs). The CCF Task Force under the Commission on Poverty would continue to monitor the progress of the Programme and consider further expanding the pool to benefit more elders who had financial difficulties.

19. In response to Dr Priscilla LEUNG's enquiry about whether the Administration would consider providing mobile dental services for elders living in the community, SFH advised that mobile dental clinics operated by NGOs were eligible to enrol in the Elderly Dental Assistance Programme to provide dental services for needy elders.

Integrated Elderly Centre

20. Mr CHEUNG Kwok-che sought elaboration about the rationale for and the implementation details of the proposed Integrated Elderly Centre. Permanent Secretary for Food and Health (Health) ("PSFH(H)") advised that the proposal was aimed at addressing the existing problems of fragmentation of healthcare and social services for elders at the community level and the rising demand for hospital services in the face of an ageing population. The Food and Health Bureau would work with the Labour and Welfare Bureau to explore the feasibility of including the element of provision of one-stop, multi-disciplinary healthcare, residential care and/or social services in those RCHEs or community elderly services centres to be developed by NGOs subvented by SWD.

Elderly Health Assessment Pilot Programme

21. Noting that only some 500 elders had joined the Elderly Health Assessment Pilot Programme, which was targeted to subsidize about 10 000 elders aged 70 or above to receive basic health check during the two-

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year pilot period starting from July 2013, Mr CHEUNG Kwok-che urged the Administration to step up publicity on the Programme. SFH responded that the Administration would do so in collaboration with the participating NGOs.

Services for persons having long-term care needs

22. Pointing out that many of the current long-term care services were generally targeted at persons who were aged 65 or above, Dr Fernando CHEUNG urged the Administration to formulate a long-term care policy and relevant programmes to provide better support for persons with different disabilities, such as people with dementia, regardless of the age groups they belonged to.

23. SFH advised that while certain healthcare services or programmes were targeted for persons of specific age groups, such as the EHV Scheme, there were also cases that the target users of some services or programmes were disease specific. The mental health service which covered prevention, early identification, timely intervention, treatment and rehabilitation was a case in point. Meanwhile, the Review Committee on Mental Health was studying, among others, the future service model for people with dementia.

Private hospital development

24. While not objecting to the proposal of developing a Chinese medicine hospital in Hong Kong, Dr KWOK Ka-ki expressed concern about the Administration's decision to reserve the site in Tseung Kwan O which was originally earmarked for private hospital development for setting up the proposed Chinese medicine hospital. In his view, this ran contrary to the third term Government's policy to promote the growth of medical services and would render the middle class having fewer choices of private hospital services.

25. SFH advised that instead of focusing its effort on promoting the development of private medical services, the current term Government would ensure that the twin-track healthcare system, which encompassed both public and private elements, be developed in a balanced and sustainable manner. In addition, it was hoped that more NGOs would be involved in private hospital development. SFH added that up to 2020, there would be around 40% increase in the number of private hospital beds upon the implementation of the proposals from various interested organizations to develop private hospitals at private lands, and completion of the various expansion or redevelopment projects of existing private hospitals. The Administration would exercise prudence in facilitating the development of private hospital services by carefully monitoring whether the service

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capacity would surge significantly within a very short time span, as past experience revealed that this might result in problems such as a drain on healthcare manpower from the public to the private sector.

26. Pointing out that a 40% increase in the number of private hospital beds would only be equivalent to an increase of around 1 000 beds, Mr CHAN Kin-por considered that this was far from adequate to meet the increasing demand for private healthcare services arising from an ageing population. He asked whether consideration could be given to reserving more sites of a smaller scale for the development of private hospitals, and putting in place measures to facilitate the return of overseas-trained doctors to practise in Hong Kong so as to address the current shortfall of medical doctors.

27. SFH advised that the number of private hospital beds would be increased by more than 1 000 beds in the coming years. For instance, the Gleneagles Hong Kong Hospital to be developed at the Wong Chuk Hang site would provide 500 hospital beds. The Chinese University of Hong Kong had raised a proposal to develop a private teaching hospital within its campus, which would provide about 200 beds at the time it commenced operation and would increase to 500 beds at a later stage. There were also proposals put forward by NGOs to develop private hospitals in Kwun Tong and Central respectively. These hospitals would each have a capacity of several hundred beds. This apart, the various expansion or redevelopment projects of existing private hospitals would bring in another several hundred hospital beds. As regards the shortfall of medical doctors, SFH advised that the Hong Kong Medical Council ("MCHK") had agreed that the Licensing Examination would be increased to twice a year and consideration would be given to introducing more flexibility in internship arrangements for overseas-trained doctors.

Public hospital development

28. Miss Alice MAK sought clarification as to whether the Queen Elizabeth Hospital ("QEH") would continue its role as an acute hospital to serve the population in the Kowloon Central region after the development of the new acute hospital in Kai Tak Development. Dr Fernando CHEUNG raised a similar question.

29. SFH replied in the positive, adding that the Administration planned to redevelop QEH to renew its aging infrastructure. Given its proximity to the new major acute hospital in Kai Tak Development, the redevelopment of QEH would be planned in conjunction with the new hospital so that the existing services for patients in QEH would be, where necessary, decanted to

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the new hospital during the period of redevelopment to ensure that there was no disruption of services.

30. Dr Fernando CHEUNG sought elaboration about the support among the new acute hospital in Kai Tak Development, the Centre of Excellence in Paediatrics ("CEP") to be developed also in that area, and the proposed neuroscience centre. SFH advised that given their proximity, CEP and the new acute hospital would share the resources of administrative support. To better utilize resources, the centre in neuroscience would be set up under the new acute hospital.

Development of Chinese medicine

31. The Chairman enquired about the regulatory regime for monitoring the operation of and the services provided by the Chinese medicine hospital to be developed in Tseung Kwan O. Mr POON Siu-ping sought elaboration about the operation mode of this hospital, which, according to the Administration, would be operated on a self-financing basis. Dr Priscilla LEUNG enquired whether reference would be made to the operation mode of those Chinese medicine hospitals in Guangzhou.

32. SFH advised that same as those private hospitals providing Western medical services, the Department of Health ("DH") would monitor compliance of the Chinese medicine hospital with the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165). The Administration had established a Steering Committee on Review of the Regulation of Private Healthcare Facilities in October 2012 to conduct a review on the regulatory regime for private healthcare facilities with a view to strengthening the regulatory standards. The review would cover, among others, the regulatory approach for private healthcare facilities providing Chinese medicine inpatient services. The Administration would consult the public on the various regulatory proposals put forward by the Steering Committee and prepare for the necessary legislative procedures in accordance with the results of the consultation.

33. SFH further said that the operation mode of the proposed hospital would be different from that of those Chinese medicine hospitals on the Mainland. It was expected that the proposed hospital would provide integrated Chinese-Western medicine services, rather than pure Chinese medicine services. While members of the public could seek treatment from the Chinese medicine hospital direct, public hospitals would also refer patients to the hospital for follow-up treatment where appropriate. Taking into account the Mainland and international scientific evidence on the effectiveness of integrated Chinese-Western medicine in pain management,

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palliative care for cancer and stroke rehabilitation, HA would carry out practical research projects on the provision of integrated Chinese-Western medicine treatments for HA patients suffering from these diseases. These experiences would serve as the basis for formulating the mode of operation of the proposed Chinese medicine hospital.

34. The Chairman enquired whether X-ray examinations and diagnostic imaging services, which were required to be performed by trained professionals in Western medicine, would be provided by the proposed Chinese medicine hospital. SFH responded that given that the hospital would adopt integrated Chinese-Western medicine and employ medical practitioners and other professionals in Western medicine, there was no cause for concern about the meeting of the professional requirements for operating the modern medical equipment for diagnosis and treatment on patients if these equipments would be made available in the hospital.

35. In response to Dr Priscilla LEUNG's enquiry about the timetable for the setting up of the proposed Chinese medicine hospital, SFH advised that subject to the completion of the works procedures, the construction of the hospital was expected to be completed in four to five years' time.

Healthcare services provided by HA

36. Mr Albert CHAN was of the view that the proportion of resources allocated by HA to the NTW Cluster was lower than that of other hospital clusters with reference to the respective population size. This had affected the quality of services provided by TMH and Pok Oi Hospital. He urged HA to make use of the one-off grant of $13 billion provided by the Government to HA for carrying out minor works projects to improve the environment and facilities of these two hospitals.

37. SFH assured members that funding would be provided under the grant to improve the hospital facilities of the NTW Cluster for effective patient care. This apart, HA was exploring the feasibility to enhance the capacity of the operating theatres of TMH. It should also be noted that the scope of review conducted by the Steering Committee on Review of the Hospital Authority ("the Review Committee") set up by the Government in 2013 covered, among others, HA's cluster and resource management systems.

38. Mr POON Siu-ping enquired whether the arrangement to provide special honorarium for healthcare personnel of the Accident and Emergency ("A&E") Departments to work overtime to provide additional consultation sessions during peak hours applied to all A&E Departments under HA. Director (Cluster Services), HA ("D(CS), HA") replied in the positive,

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adding that a pilot scheme had also been put in place to recruit additional medical and nursing staff to provide treatment to those patients who were triaged as semi-urgent and non-urgent.

39. Miss Alice MAK urged HA to introduce more target therapy drugs for treating cancers and new psychiatric drugs as standard drugs in its Drug Formulary. Dr Priscilla LEUNG was of the view that more antihypertensive agents and drugs for treating dementia should be listed as standard drugs in the Drug Formulary. SFH advised that appraisal of new drugs and review of the prevailing drug list of the Drug Formulary of HA would be conducted regularly under an established mechanism. The Government planned to allocate additional funding to HA in 2014-2015 to provide second-generation psychiatric drugs to more patients in need.

40. Noting that one of the ongoing initiatives of the Administration was to improve the services of HA to provide citizens with quality public healthcare services, Dr Helena WONG sought information about the relevant measures put in place by HA and the performance indicators in this regard. Chief Executive, HA advised that the relevant details, such as the number of additional acute beds to be opened, measures to augment mental health services and improve patients' access to radiological services, etc., would be announced in the 2014-2015 Budget. D(CS), HA supplemented that it was expected that with an increase in the number of medical graduates in the longer term, the healthcare manpower shortage problem and in turn the services of HA would be further improved.

Colorectal cancer screening

41. While welcoming the Administration's plan to subsidize colorectal cancer screening for specific age groups under a pilot programme, Dr Helena WONG considered that the Administration should also conduct population-based breast cancer screening for women aged over 40 as breast cancer among women was on a gradual rising trend in Hong Kong and had become the third leading cause of cancer deaths for women in Hong Kong.

42. SFH advised that at present, colonoscopy, sigmoidoscopy and faecal occult blood test had proven to be effective for screening colorectal cancer. However, there had not been a broad consensus among the local health professionals to support the introduction of population-based mammography screening for breast cancer. As a first step, DH would conduct certain research studies with a view to formulating locally validated model to identify women with high risk to breast cancer. These research studies might take two to three years for completion.

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43. In response to Mr WONG Kwok-hing's enquiry about the target participants and the selection criteria for the pilot programme for colorectal cancer screening, SFH advised that the pilot programme would be targeted at specific age groups. The detailed arrangement was being worked out.

Health Protection Scheme

44. Mr Albert CHAN surmised that given the high administrative fees charged by the private health insurers, any provision of public funding to subsidize people from taking out private health insurance under the Health Protection Scheme ("HPS") would benefit more the insurers than the insured. Mr CHAN Kin-por held another view. He considered that without making use of the $50 billion fiscal reserve earmarked to support the implementation of HPS to provide direct premium subsidy or discount, the proposal of offering tax deduction for premiums paid alone could not incentivize the purchase of HPS plans by the young and healthy population and encourage the insured to stay on. He also called on the Administration to work with the insurance industry to verify the estimation of the Consultant that the average standard premium per insured person under the HPS Standard Plan would only be around 10% higher than the average premium of existing individual-based indemnity hospital insurance policies in the market. SFH assured members that the Administration would work with the insurance industry closely in the implementation of HPS.

45. Dr Priscilla LEUNG asked whether the offering of tax deduction for premiums paid for HPS plans would cover those policies purchased by the children on behalf of their parents. SFH responded that this arrangement was being actively considered by the Administration.

Electronic Health Record Sharing System

46. Noting the Administration's plan to introduce the Electronic Health Record Sharing System ("eHRSS") Bill into LegCo in the first quarter of 2014 and launch eHRSS by the end of 2014, Mr Charles MOK hoped that the Administration could arrange a visit to provide Members with a better understanding of the design and operation of eHRSS. PSFH(H) advised that the Administration would be happy to arrange such a visit, and it would liaise with the LegCo Secretariat accordingly.

(*Post-meeting note:* The visit on the design and operation of eHRSS has subsequently been scheduled for 28 February 2014.)

47. Mr Charles MOK was concerned about whether all private hospitals were involved in the pilot run of the Clinical Management System ("CMS")

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Adaptation modules, and the protection of personal data privacy in eHRSS. PSFH(H) advised that pilot runs of the CMS Adaptation modules had been started in a number of private hospitals. The Administration was working closely with the Office of the Privacy Commissioner for Personal Data in the course of developing eHRSS and the drafting of the legislation. The first and second phases of Privacy Impact Assessment had been completed. The third phase of the Assessment was expected to commence in the first quarter of 2014. Mr Charles MOK called on the Administration to step up publicity on eHRSS to encourage both the private healthcare service providers and the public to participate in eHRSS when it came into operation. PSFH(H) assured members that efforts would be made to do so nearer the time.

Recognition of sick leave certificates issued by registered chiropractors

48. Dr Priscilla LEUNG urged the Administration to recognize the sick leave certificates issued by registered chiropractors as valid sick leave certificates under labour-related legislation. SFH responded that at present, only certificates issued by registered medical practitioners or registered Chinese medicine practitioners would be recognized for the purpose of granting sick leaves to employees.

IV. Resources allocation among hospital clusters by the Hospital Authority

[LC Paper Nos. CB(2)671/13-14(04) and (05)]

49. SFH and Director (Finance), HA briefed members on the framework of resource management in HA, including matters relating to resources allocation and the related monitoring arrangement, details of which were set out in the Administration's paper (LC Paper No. CB(2)671/13-14(04)).

50. Members noted the updated background brief entitled "Resources allocation among hospital clusters by the Hospital Authority" (LC Paper No. CB(2)671/13-14(05)) prepared by the LegCo Secretariat.

51. Dr KWOK Ka-ki expressed disappointment that neither the newly appointed Chairman nor the Chief Executive of HA attended the meeting to answer questions from members regarding resource management in HA. Holding the view that the Administration's paper was too brief, the Chairman requested the Administration to provide after the meeting the relevant papers of the Review Committee on matters concerning the resources management system within HA.

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Existing mechanism for allocating resources among hospital clusters

52. Dr KWOK Ka-ki was of the view that the long existence of fiefdoms and the uneven distribution of resources in terms of population ratio among the seven hospital clusters had resulted in variation in the quality of services provided by different hospital clusters and hospitals. The much longer waiting time for specialist outpatient ("SOP") services in the NTW Cluster and the low nursing staff to patient ratio in TMH were cases in point. He was particularly concerned about the healthcare needs of patients residing in Tuen Mun and Tin Shui Wai, as the long travelling time and high transportation cost involved for travelling from these districts to hospitals in other hospital clusters had made cross-cluster referrals undesirable to these patients. Mr POON Siu-ping enquired about the implementation of the measure to rotate the postings of Cluster Chief Executives ("CCEs") to address the problem of existence of fiefdoms among hospital clusters.

53. Miss Alice MAK shared the view of Dr KWOK Ka-ki that the NTW Cluster was disadvantaged in HA's internal resource allocation exercise. Pointing out that the lack of provision of private outpatient and hospital services in the NTW Cluster had resulted in high demand of the population in the district for public healthcare services, she called on HA to address squarely the pressure of work in hospitals belonged to the NTW Cluster. Citing the respective share of the total allocation of recurrent funding of the Kowloon Central and KE Clusters for 2013-2014 (i.e. 13.9% and 10.7% respectively) and the proportion of patients handled by these two Clusters in the corresponding period (i.e. 13.3% and 13.1% respectively) as an example, Dr Helena WONG expressed concern that the distribution of funding across hospital clusters was not proportional to the percentage of patients handled by respective hospital clusters.

54. SFH stressed that the decision to set up the Review Committee to conduct an overall review of HA had reflected the determination of the Administration to improve the operation of HA in response to the call of the community. The study of the Review Committee would cover the management and cluster arrangement, resources allocation, human resources management, service levels and overall cost effectiveness of HA. On the postings of CCEs, SFH advised that where appropriate, HA would rotate the postings of CCEs and Hospital Chief Executives to fill the vacancies arising from natural wastage.

55. Dr KWOK Ka-ki was of the view that arrangement should be made to facilitate patients in those hospital clusters with longer waiting time, such as the New Territories East, NTW and KE Clusters, to seek treatments in those hospital clusters with shorter waiting time. The Chairman considered that

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the lack of adequate resources was the main reason why the services of some hospital clusters required a much longer waiting time. Before the availability of a fair mechanism for allocating resources across hospital clusters, patients of HA should be allowed to seek treatment from hospital clusters of shorter waiting time if they wished to do so.

56. SFH advised that HA had implemented a series of measures in managing the waiting time of its SOP clinics, including, among others, piloting cross-cluster referrals in certain specialties to provide those patients in hospital clusters of longer waiting time with an option to receive treatments in those clusters of shorter waiting time. Pointing out that cross-cluster referral arrangement was currently not made available for the specialties of medicine and psychiatry, Miss Alice MAK called on HA to improve the waiting time for these SOP services.

57. Mr POON Siu-ping sought information about the findings of the internal examination conducted by HA in August 2012 on its Pay-for-Performance ("P4P") model. D(CS), HA advised that under the P4P model, resources of HA were allocated on the basis of the output and workload of hospitals which was measured by the number of cases treated by the hospitals, adjusted by case complexity, through a casemix system. It was considered that the P4P model might not be comprehensive enough as the casemix system only covered acute inpatient workload but not workload arising from other service areas, such as outpatient and rehabilitation services. Under its latest Strategic Plan 2012-2017, HA would determine the resource allocation to its hospital clusters having taken into account the resources needed to sustain their baseline operations, additional resources required to deliver the new services, and any other resources needed to address specific pressure areas or gaps. It should be noted that the KE and NTW Clusters had been given a higher percentage increase in the amount of funding in the past five years in order to address the gaps in facility and service availability.

58. Citing the median waiting time for new booking of routine cases in the orthopaedics and traumatology clinics in the KE and Hong Kong West ("HKW") Clusters, which long stood at around 100 weeks and 15 weeks respectively, as an example, the Chairman remarked that it was evident that the current internal resource allocation mechanism of HA had failed to align resources to areas of need. At the request of the Chairman, D(CS), HA agreed to provide after the meeting information on the amount of funding allocated to each public hospital in the past five years, with a breakdown by (i) the funding to sustain the baseline operations of respective hospitals; (ii) additional funding to deliver the new services that had been supported during the annual service planning process; and (iii) other funding to address

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specific pressure areas or gaps. The information on (i), (ii) and (iii) had to include a further breakdown by manpower, drugs, equipment, facilities and other operating needs.

The review conducted by the Review Committee

59. The Chairman expressed concern that most of those members of the Review Committee who were from the medical profession were surgeons and belonged to the HKW Cluster. Mr POON Siu-ping asked whether the Review Committee would be able to expedite its work so as to complete the review before the original timetable of August 2014. Miss Alice MAK urged the Review Committee to recommend at an earlier time a formula to ensure optimal and fair allocation of resources by HA to its hospital clusters.

60. SFH advised that it took time for the Review Committee to conduct a comprehensive review on the operation of HA, which included, among others, the resource management system of HA which was a complicated matter. He could not commit at this stage when the Review Committee would complete its study in this regard. Dr KWOK Ka-ki considered that the Administration should revert to the Panel on the outcome of the interim review conducted by the Review Committee.

61. Pointing out that there was a view in the community that HA had a practice of "fattening the top and thinning the bottom" in allocating its manpower and financial resources, Dr Helena WONG enquired whether the Review Committee would look into the matter. SFH responded that human resources management of HA, including the senior management structure, would be an area to be studied by the Review Committee.

62. Dr Helena WONG considered that the Review Committee should study whether the share of the total recurrent funding from the Government to HA, which amounted to $44 billion in 2013-2014, accounted by drugs, medical equipment and remuneration of healthcare personnel was on par with that of the public healthcare sectors in overseas countries. SFH explained that since the drug procurement policies and salary structures for healthcare personnel were different across countries, it would be difficult to make a comparison. As regards procurement of medical equipment, funding would be allocated to HA on a non-recurrent basis.

Manpower resources of HA

63. Expressing concern over the persistent wastage of doctors in public hospitals and brain drain of doctors from Hong Kong to overseas countries, Mr Michael TIEN sought information about measures put in place by HA

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and the Administration to retain doctors in public hospitals and attract those local doctors who were practising outside Hong Kong, as well as overseas-trained doctors, to return to practise in Hong Kong. Pointing out that the number of local medical graduates would be increased to 320 in 2015 and to 420 in 2018, Dr KWOK Ka-ki considered that the Administration should give due regard to the employment opportunities of local graduates before introducing any measures to attract foreign medical graduates to practise in Hong Kong.

64. SFH advised that there had not been a significant drain on doctor manpower from Hong Kong to overseas countries over the past two decades. To attract and retain doctors, HA had introduced a series of measures, such as creating additional promotion positions, in recent years. With the implementation of these measures, the turnover rate of doctors in HA had dropped from about 5% in the past few years to about 3% the latest. HA had also recruited non-local doctors to practise with limited registration as one of the additional and short-term measures to address the manpower problem. This apart, MCHK had decided to increase the number of Licensing Examinations from once to twice a year from 2014, with a view to facilitating those overseas-trained Hong Kong residents to return to have examination and practise in Hong Kong. Considerations would also be given to introducing more flexibility in the internship arrangements for overseas-trained doctors. SFH further said that while there were views that MCHK should waive the licensing examination requirement for overseas-trained doctors, it should be noted that this proposal might not be able to resolve the manpower constraint problem in HA as these doctors would not be required to practise in the public sector.

65. Mr Michael TIEN considered it necessary for HA to provide financial incentive to attract doctors to work in public hospitals located at remote areas, in particular those belonged to the NTW Cluster.

66. SFH responded that the suggestion of Mr TIEN would require careful consideration. While he personally considered that more flexibility could be provided in remunerating the healthcare personnel of public hospitals to address the manpower constraint issue, he understood the need for HA to maintain a fair and unified pay package across hospital clusters. It should be noted that in recent years, HA had already adopted a more flexible approach to address the manpower constraint issues through employment of part-time doctors and enhancement of its Special Honorarium Scheme to facilitate operation of extra service sessions to meet operational needs of individual hospitals under special projects.

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67. Dr KWOK Ka-ki considered that HA Head Office should flexibly deploy doctors among hospital clusters to address specific pressure areas. SFH responded that while cluster arrangement was necessary for better management of public healthcare services, he expected that at the central level, HA would flexibly and suitably deploy its manpower and other resources among hospital clusters as appropriate.

[At this juncture, the Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion of this item.]

68. The Chairman was of the view that more funding should be allocated to those hospital clusters having inadequate manpower so that they could incentivize their doctors to work extra service sessions through the special honorarium scheme, offer higher remuneration to attract doctors to join the workforce, and employ more part-time doctors to enhance manpower support. He further said that there was no cause for HA's concern that there would be serious drainage of full-timers to part-time employment if the latter's employment package was not set on a 70% pro-rata basis to the equivalent full-time package, as the medical manpower demand of the private market would become saturated at a certain level of supply.

69. SFH clarified that the pay package for part-time doctors of HA would depend on the work patterns of these doctors. For those part-time doctors who were not required to take up fractional overnight on-call duties, their pay package was set on a 70% pro-rata basis to the equivalent full-time package. For part-time doctors who were required to take up both fractional day-time and on-call duties, their hourly remuneration would be same as that of a full-timer. In response to the Chairman's enquiry as to whether the above arrangement applied to part-time doctors at the Consultant rank, D(CS), HA replied in the positive.

Conclusion

70. In closing, the Chairman requested the Administration to revert to the Panel on the outcome of the interim review by the Review Committee in respect of resources allocation among hospital clusters by HA.

V. Any other business

71. The Chairman advised that the Panel on Welfare Services ("the WS Panel") agreed at its meeting on 9 December 2013 that the Subcommittee on Strategy and Measures to Tackle Domestic Violence appointed under the

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WS Panel would not activate for the time being when a slot was vacated by the Joint Subcommittee on Long-term Care Policy under the WS Panel and the Panel on Health Services on 14 March 2014, so that the Joint Subcommittee would be able to reactivate immediately after expiry of the three-month period on 14 March 2014 until completion of its work by end of July 2014. Members agreed to the arrangement.

72. There being no other business, the meeting ended at 7:08 pm.

Council Business Division 2
Legislative Council Secretariat
11 April 2014