

立法會
Legislative Council

LC Paper No. CB(2)2033/14-15

(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

**Minutes of policy briefing cum meeting
held on Monday, 19 January 2015, at 4:30 pm
in Conference Room 3 of the Legislative Council Complex**

- Members present** : Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN (Chairman)
Dr Hon LEUNG Ka-lau (Deputy Chairman)
Hon Albert HO Chun-yan
Hon WONG Ting-kwong, SBS, JP
Hon CHAN Kin-por, BBS, JP
Hon Albert CHAN Wai-yip
Hon YIU Si-wing
Hon Charles Peter MOK, JP
Hon CHAN Han-pan, JP
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
- Member attending** : Hon WONG Kwok-hing, BBS, MH
- Members absent** : Hon Vincent FANG Kang, SBS, JP
Hon CHEUNG Kwok-che
Hon Christopher CHUNG Shu-kun, BBS, MH, JP

**Public Officers : Item III
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)

Professor Sophia CHAN Siu-chee, JP
Under Secretary for Food and Health

Dr Constance CHAN Hon-yea, JP
Director of Health

Dr LEUNG Pak-yin, JP
Chief Executive
Hospital Authority

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

Item IV

Professor Sophia CHAN Siu-chee, JP
Under Secretary for Food and Health

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

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

Dr LO Su-vui
Director (Strategy and Planning)
Hospital Authority

Dr T Y CHUI
Cluster Chief Executive, Kowloon East Cluster
Hospital Authority

Mr Donald LI
Chief Manager (Capital Planning)
Hospital Authority

Clerk in attendance : Ms Maisie LAM
Chief Council Secretary (2) 5

Staff in attendance : Ms Janet SHUM
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 No. CB(2)672/14-15(01)]

Members noted that a referral from the meeting between Legislative Council ("LegCo") Members and Wong Tai Sin District Council members on 27 November 2014 regarding the redevelopment of Our Lady of Maryknoll Hospital and provision of public healthcare services in Wong Tai Sin District had been issued since the last meeting. The Chairman informed the meeting that the subject "Resources allocation among hospital clusters" was on the list of outstanding items for discussion by the Panel.

II. Items for discussion at the next meeting
[LC Paper Nos. CB(2)612/14-15(01) and (02)]

2. Members agreed to discuss the following items at the next regular meeting scheduled for 16 February 2015 at 4:30 pm -

- (a) Research study on regulation of aesthetic practices in selected places;
- (b) Private patient services provided by the teaching staff of the two local universities with medical faculties at the two teaching hospitals; and

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- (c) Progress of the General Outpatient Clinic Public-Private Partnership Programme ("the GOPC Partnership Programme").

(Post-meeting note: On the instruction of the Chairman, the agenda for the February regular meeting has subsequently been revised to include the discussion on "Measures for the prevention and control of seasonal influenza" and "Sentinel and serious untoward event management in the Hospital Authority". The discussion of items (b) and (c) above has been deferred to a future meeting. The meeting time of the February meeting was extended to end at 7:00 pm to allow sufficient time for discussion.)

III. Briefing by the Secretary for Food and Health on the relevant policy initiatives featuring in the Chief Executive's 2015 Policy Address

[LC Paper Nos. CB(2)612/14-15(03), CB(2)682/14-15(01) and The 2015 Policy Address]

3. Members noted the paper entitled "Policy Initiatives of the Food and Health Bureau" provided by the Administration (LC Paper No. CB(2)612/14-15(03)). The speaking note of the Secretary for Food and Health ("SFH") (LC Paper No. CB(2)682/14-15(01)) was tabled at the meeting.

Healthcare services for the elderly

Dental care

4. Noting that the phased expansion of the Elderly Dental Assistance Programme launched under the Community Care Fund ("CCF") to cover elders who were recipients of Old Age Living Allowance ("OALA") ("the Expanded Programme") would start with those elders aged 80 or above in the first phase, Mr WONG Kwok-hing asked about the timetable for CCF to include those OALA recipients between the age of 70 to 79 in the Expanded Programme. Dr KWOK Ka-ki sought explanation as to the reason why the target age group of the expansion was set at 80 years or above and not otherwise. He considered that the age limit should be lowered to cover elders aged 65 or above whose oral health condition would start to deteriorate. Expressing dissatisfaction that only around 1 100 elders had completed their dental treatments under the Elderly Dental Assistance Programme since its launch in 2012, Mr Albert CHAN was concerned about the target number of elders to benefit from the Expanded Programme. In his view, more funding should be injected into CCF to expedite the progress in providing assistance to needy elders who required dental care.

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5. SFH explained that the beneficiary group of the first phase of the Expanded Programme was worked out in consultation with the Hong Kong Dental Association, which was the implementing agency of the Programme, and having regard to the number of participating dentists and dental clinics. In view that only about 300 private dentists and dental clinics operated by non-governmental organizations ("NGOs") had enrolled as community care dentists under the Elderly Dental Assistance Programme, it would be prudent for the Expanded Programme to start with those OALA recipients who were at the age of 80 or above (involving around 130 000 elders) in the first phase. Permanent Secretary for Food and Health (Health) ("PSFH(H)") supplemented that subject to the progress of the preparatory work, the Expanded Programme would be rolled out in the second half of 2015. Having regard to the experience gained and the capacity of the participating dentists and dental clinics, it was hoped that the Expanded Programme could be progressively expanded to include those OALA recipients aged 70 or above in the longer term. Mr WONG Kwok-hing urged the Administration to make effort to increase the enrolment rate for community care dentists.

6. Dr KWOK Ka-ki held the view that outreach dental care services should be provided for elders aged 80 or above under the Expanded Programme, as many of them were physically weak with frail conditions, hence making it difficult for them to visit the dental clinics by themselves. SFH explained that curative dental treatments, such as dentures, had to be performed at dental clinics. As far as outreach dental care services were concerned, the Outreach Dental Care Programme for the Elderly implemented by the Department of Health ("DH") in collaboration with NGOs had taken care of the dental care needs of those elders residing in residential care homes or receiving services in day care centres and similar facilities. Under the Programme, follow-up treatments would be provided to individual elders at the respective NGO dental clinics where necessary with transport and escort arranged by the outreach teams.

7. Miss Alice MAK was of the view that the Administration should provide separate dental care vouchers for the elderly as the annual value of the vouchers under the Elderly Health Care Voucher Scheme ("the EHV Scheme") (i.e. \$2,000) would not be sufficient to cover both the medical and dental expenses. In response, SFH said that elders should be able to use the vouchers under the EHV Scheme to seek primary care services in the private sector, including regular dental check-up and extractions. For more costly dental treatments such as fillings and dentures, it was expected that the Expanded Programme should be able to take care of the needs of those needy elders in this regard.

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The EHV Scheme

8. Miss Alice MAK asked about the scope of the comprehensive review of the EHV Scheme to be conducted in mid-2015. She was particularly concerned about whether consideration could be given to lowering the eligible age of the EHV Scheme from 70 or above to 65 or above, as well as expanding the scope of the EHV Scheme to subsidize elderly persons participated in the Guangdong Scheme to use private primary care services provided on the Mainland.

9. SFH advised that the review would cover the operation of the EHV Scheme and the way forward for further expanding the Scheme to benefit more elderly persons. Given that the EHV Scheme was administered through the eHealth System, the Administration was studying the technical issues involved in enabling those elders resided on the Mainland to use the Vouchers to cover their use of private primary care services provided on the Mainland, such as access of the healthcare service providers on the Mainland to the eHealth System and exchange rate of Renminbi against Hong Kong Dollar, with a view to implementing the arrangement in 2015 the earliest.

Elderly Health Centres

10. Referring to the Director of Audit's Report No. 63 on the provision of health services for the elderly, Dr KWOK Ka-ki asked whether, and if so, how the waiting time for enrolments for first-time assessment at the 18 Elderly Health Centres, which could be as long as over five years in some districts, would be shortened. Director of Health ("DoH") responded that DH would take into account the Director of Audit's recommendations in reviewing the EHC's capacity. An additional clinical team would be created in each of the EHCs in Lek Yuen and Wan Chai in 2014-2015 and 2015-2016 respectively to enhance service capacity.

Palliative care services

11. The Chairman sought elaboration about the plan of the Hospital Authority ("HA") to strengthen its palliative care services for elderly patients as was announced in the 2015 Policy Address. Chief Executive, HA ("CE, HA") advised that HA would strengthen the Community Geriatric Assessment Team service in phases to provide better support for residents of residential care homes for the elderly ("RCHEs"), particularly for the terminally ill residents to improve the quality of end-of-life care. In the longer term, this would require legislative amendments concerning deaths outside hospital settings as well as improvement of RCHEs' care facilities.

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Long-term care

12. Dr Fernando CHEUNG called on the Administration to formulate a holistic long-term care policy which straddled between the Food and Health Bureau ("FHB") and the Labour and Welfare Bureau ("LWB") in view of an ageing population and the increasing number of chronic disease patients which currently stood at 1.37 million persons.

13. SFH assured members that the Administration had attached great importance to the collaboration between the medical and social sectors in the provision of long-term care services. An expert group had been set up under the Review Committee on Mental Health ("the Review Committee") to study dementia care in parallel. PSFH(H) supplemented that the relative risk of an elder aged 65 or above being hospitalized was about six to eight times that of a non-elderly person. Many frail elderly persons also suffered from chronic diseases and limited mobility. Hence, a way forward under consideration was to enhance community support through closer collaboration between the medical and social sectors so that the medical needs of elders could be met outside hospitals to reduce the frequency for them to repeatedly admit into hospitals. This could be achieved by, among others, enhancing the geriatric outreach services provided to patients residing at RCHEs, improving the care facilities of RCHEs, extending the GOPC Partnership Programme which covered both chronic and acute care to the remaining 15 districts, and strengthening community support for elderly persons with dementia living in the community through the elderly centres. It should also be noted that the Elderly Commission, which comprised representatives of FHB, LWB, HA and the Social Welfare Department, was in the progress of developing an Elderly Services Programme Plan. The Chinese University of Hong Kong ("CUHK") had also been commissioned to study the long-term service model for chronic disease patients through collaboration between the medical and social sectors.

Mental health services

14. The Chairman enquired about the progress of the Review Committee which was set up in 2013 to study the existing policy on mental health with a view to mapping out the future direction for the development of mental health services in Hong Kong.

15. SFH advised that for patients with severe mental illness, one of the directions was to strengthen the personalized and intensive community support for those patients residing in the community through the Case Management Programme which covered all 18 districts in the territory. As regards patients with common mental disorders ("CMD"), an initial view of

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the Review Committee was that the role of primary care in treating these patients could be further explored. HA would also enhance the capacity of its CMD clinics and engage more psychiatric nurses, clinical psychologists and allied health professionals to provide active intervention for CMD patients. As advised in the earlier part of the meeting, an expert group had been set up under the Review Committee to study dementia care in parallel. Another expert group set up under the Review Committee was tasked to study mental health services for children and adolescents, including those with intellectual disability and learning disability. Given the intensive care needs of patients with severe intellectual disability, HA would increase the number of psychiatric beds in the Siu Lam Hospital, with a view to clearing up cases of severe intellectual disability on the waiting list in phases in the coming three years. LWB would also strengthen the rehabilitation services for children with special educational needs.

Capacity of public hospital services

16. Mr Albert HO sought information about the public healthcare services to be provided at the Kai Tak Development Area ("KTDA"), in particular the timetable for constructing the new acute hospital at KTDA. Noting that the construction of phase one of the new acute hospital, which would include the setting up of an oncology centre and the provision of inpatient and ambulatory services, was due to be completed in 2021, Dr Helena WONG asked about the schedule for the phase two construction of the hospital.

17. SFH advised that the plan of the third term Government was to establish two centres of excellence in the respective specialty of paediatrics and neuroscience and a public hospital of a smaller scale at KTDA. With the funding approval from the Finance Committee ("FC") of LegCo in June 2013, the construction works of the Hong Kong Children's Hospital ("HKCH") (formerly known as the Centre of Excellence in Paediatrics) had been commenced in 2013 for completion in 2017. It would commence operation in 2018 in phases. The current term Government had, after review, decided to build a new acute hospital, which would have around 2 000 beds and provide clinical services of major specialties, at KTDA. The new hospital would also house a state-of-the-art neuroscience centre to provide specialty services of neuroscience.

18. CE, HA supplemented that the construction of the new acute hospital at KTDA would be carried out in two phases. The Panel would be consulted and funding approval would be sought from FC for carrying out phase one construction of the hospital for provision of some 800 beds, which was expected to complete in 2021. HA would work with the Administration to plan for phase two development of the new hospital in parallel with the

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carrying out of the phase one construction works. When fully developed, the new hospital would provide clinical services of major specialties, including Accident and Emergency ("A&E") services. CE, HA added that the development of the new hospital would be planned in conjunction with the redevelopment of the Queen Elizabeth Hospital ("QEH") given the proximity of their location, so as to ensure that effective and efficient healthcare services would be provided to the local community. In response to Mr Albert HO's enquiry, CE, HA affirmed that QEH would continue to meet the A&E service needs of the population of the Kowloon Central Cluster before the full operation of the new acute hospital at KTDA.

19. Dr KWOK Ka-ki expressed disappointment that the number of public hospital beds would only be increased by 250 in 2015-2016, which, in his view, was far from adequate to meet the rising service demand in the face of an ageing population. He pointed out that the current ratio of 3.69 beds per 1 000 population was lower than the planning ratio of 4.2 as proposed by the Medical Development Advisory Committee in the 1980s. Mr YIU Si-wing asked whether the existing manpower and space of the relevant public hospitals could support an increase of hospital beds. Dr Elizabeth QUAT sought elaboration about the overall development and expansion plans of public hospitals, in particular the progress of phase two redevelopment of the Prince of Wales Hospital ("PWH").

20. SFH replied in the positive to Mr YIU Si-wing's question. He added that as advised at the meeting of the Panel in July 2013, HA had been planning a number of hospital projects with a view to enhancing its inpatient capacity to meet the service needs arising from a growing and ageing population. For instance, HA had started the planning for the phase two redevelopment project of PWH in the light of the latest projection of population growth and expected changes in demographic structure in the New Territories East ("NTE") Cluster. In addition, future expansion of the Tai Po Hospital in the NTE Cluster had been catered for by reserving the residual development potentials of the site between the Tai Po Hospital and the Alice Ho Miu Ling Nethersole Hospital. As regards the New Territories West ("NTW") Cluster, taking into account that the planned capacity of 300 beds of the new Tin Shui Wai Hospital would be insufficient to meet the future growing demand in the Yuen Long district, HA had reserved the adjoining site of the Hospital for its possible future expansion in the long run. The Administration would revert to the Panel on the latest overview of the redevelopment and expansion plans of public hospitals as and when appropriate.

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Capacity of private hospital services

21. Mr CHAN Kin-por was concerned about whether the private hospital sector had sufficient capacity to meet the rising demand for private hospital services as evidenced by the fact that there were around 1.8 million memberships under individual private health insurance ("PHI") policies and 1.7 million memberships under group PHI policies.

22. PSFH(H) advised that many of the existing private hospitals, which at present provided about 4 000 hospital beds in total, were undergoing or had plans to undergo redevelopment or expansion. In addition, the Gleneagles Hong Kong Hospital to be developed in Wong Chuk Hang, which was expected to commence operation by 2017, would provide 500 beds. CUHK had also raised with the Administration a plan to develop a private teaching hospital with around 500 beds within its campus. It was expected that the new hospital would commence operation in around 2020. Hence, there would be around 40% to 50% increase in the number of private hospital beds in the next five to six years. It should also be noted that the proposals put forth in the Consultation Document on Voluntary Health Insurance Scheme to include prescribed ambulatory procedures and advanced diagnostic imaging tests in the benefit coverage of the proposed Voluntary Health Insurance Scheme ("VHIS") would have the effect that cases that had hitherto occupied private beds for claims reason could be released for the benefit of those who were genuinely in need of hospitalization. Mr CHAN Kin-por remarked that some PHI products currently offered in the market had similar features.

23. In response to Mr CHAN Kin-por's enquiry about the target patients of the private teaching hospital proposed by CUHK, SFH advised that the hospital would be managed and run by a CUHK's wholly owned subsidiary on a self-financing and non-profit making basis. It would provide private healthcare services at affordable prices for the middle class and would also be run as a teaching hospital to provide training opportunities for healthcare professionals. Dr Elizabeth QUAT welcomed CUHK's plan to develop a private teaching hospital within its campus.

Healthcare services provided by HA

Healthcare manpower of HA

24. Mr CHAN Han-pan expressed concern that the severe doctor shortage problem in HA in recent years had affected the provision of services in certain public hospitals upon their commissioning of services, such as the Pok Oi Hospital and the North Lantau Hospital. Holding the view that the

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future implementation of the proposed VHS might aggravate brain drain from the public to private hospital sector, he asked about HA's measures to reduce doctor wastage and to retain talents, in particular those experienced doctors. Dr Elizabeth QUAT remarked that the timing for the provision of obstetric services in the Tseung Kwan O Hospital also hinged on, among others, the supply of healthcare personnel. Mr WONG Ting-kwong asked whether consideration could be given to recruiting more non-local healthcare professionals, in particular doctors, to address the problem of manpower shortage in HA.

25. SFH admitted that HA was encountering the problem of healthcare manpower shortage in recent years. For instance, the shortfall of doctor in HA had long maintained at the level of around 250 to 300, partly because of the significant reduction in local medical graduates from 310 a year in 2007 to 280 in 2010 and further to 250 in 2011. There was also an overall increase in demand for healthcare manpower due to the increased service needs. HA had recruited non-local doctors under limited registration to supplement local recruitment drive. To ensure the sustainability of the overall healthcare system, the Administration was undertaking a strategic review on healthcare manpower planning and professional development. Given that increasing local supply alone would not be able to address the doctor shortage in time, the Medical Council of Hong Kong ("MCHK") had increased the frequency of the Licensing Examination from once to twice a year since 2014. The Administration was also in discussion with the medical schools of the two local universities on a review of their mode of examination which had posed difficulty for overseas-trained doctors to pass the Licensing Examination. In addition, MCHK had agreed in principle to introduce more flexibility into the internship arrangement so as to facilitate more overseas-trained doctors to register for practice in Hong Kong.

26. CE, HA supplemented that HA had implemented a number of measures to augment its medical manpower in recent years. These included, among others, enhancement of promotion prospect, enhancing professional training opportunities and retaining some of the leaving and retiring doctors to work part time for HA. HA would also review the mode of re-employment of retirees. An option under consideration was to re-employ retiring doctors on a full-time basis under contract terms. This would not only help relieving manpower shortage at service front, but also help retaining experienced staff for coaching new recruits. Mr CHAN Han-pan expressed concern about the number of retiring doctors willing to continue to serve in public hospitals given the competing demands for experienced doctors in the private sector. CE, HA advised that there was no cause for such concern. A case in point was that some senior and experienced serving consultants in the paediatric specialty who were due to retire in the next few

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years had already indicated their willingness to serve in HKCH when it commenced operation.

27. In response to Mr POON Siu-ping's enquiry about the timetable for the Administration to complete the strategic review on healthcare manpower planning and professional development, SFH advised that the review covered 13 healthcare professions which were subject to statutory regulation. It was expected that the manpower projections for doctors, nurses and dentists would be available in mid-2015, and the whole review would be concluded in 2015.

General outpatient, specialist outpatient and A&E services

28. Dr Helena WONG was concerned about the effectiveness of HA's measures of providing special honorarium for healthcare personnel to work overtime to provide additional consultation sessions during peak hours and providing additional operating theatre sessions in shortening the waiting time for A&E services and allaying the waiting list for surgeries respectively. In her view, the problem of long waiting time for various healthcare services of HA could only be addressed by recruiting more doctors to work in HA.

29. CE, HA advised that the special honorarium scheme aimed to recruit additional medical staff to work extra hours on voluntary basis with payment of special honorarium to increase the capacity of various services of HA, including that of the A&E departments and certain special outpatient clinics ("SOPCs") such as the Orthopaedics and Traumatology specialty. It was expected that the medical manpower shortage problem would improve when the number of local medical graduates started to go up to 320 in 2015 to 420 in 2018. As regards the non-local medical manpower pool, with the increase of the number of licensing examination run by the Medical Council of Hong Kong to twice a year starting from 2014, the number of candidates passing the Examination had increased from about 20 to more than 40 persons a year. HA planned to recruit around 420 doctors in 2015-2016 to further increase its manpower strength.

30. Mr POON Siu-ping sought information about the targets of HA in shortening the waiting time for various healthcare services. CE, HA advised that for A&E services, it was expected that around 3 800 additional sessions would be provided in 2014-2015 for handling the semi-urgent and non-urgent cases. As regards specialist outpatient services, HA's targets were to maintain the median waiting time for cases in priority 1 (urgent) and priority 2 (non-urgent) categories within two weeks and eight weeks respectively. It was hoped that with the implementation of the various measures to manage SOPC

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waiting time, such as enhancing the manpower and the public primary care services, the waiting time for cases in the routine category could be improved.

31. Dr KWOK Ka-ki sought elaboration about the initiative to increase the episodic quota for GOPCs in the Kowloon Central, Kowloon East ("KE"), Kowloon West, NTE and NTW Clusters. CE, HA advised that the episodic quota for GOPCs, which had already been increased by 45 000 and 32 000 in 2013-2014 and 2014-2015 respectively, would be further increased by 55 000 in 2015-2016. Subject to the availability of manpower, it was planned that the number of episodic quota would be further increased in 2016-2017.

32. Mr WONG Kwok-hing enquired about the participation rate of patients under the GOPC Partnership Programme, which was launched by HA in Kwun Tong, Wong Tai Sin and Tuen Mun districts in mid-2014 on a pilot basis, and the timetable for extending the Programme to cover the remaining 15 districts. Director (Cluster services), HA advised that HA initially aimed to benefit about 6 000 patients under this pilot. The initial response was positive as more than 2 300 invited patients had opted to enrol in the Programme in the first six months of its implementation. HA would conduct an interim review in mid-2015 to look into the key implementation issues and operating experiences of the Programme. Taking into account the responses from private doctors and patients and the findings from the interim review, HA would map out a detailed roll-out plan for extending the Programme.

33. Expressing concern about the long waiting time for various services of HA, Dr Elizabeth QUAT urged the Administration to take forward the proposal of the Democratic Alliance for the Betterment and Progress of Hong Kong ("DAB") to provide healthcare vouchers for young children and primary school students so as to facilitate the greater use of private healthcare services. SFH took note of the suggestion.

Drug Formulary of HA

34. Noting that HA would expand the coverage of its Drug Formulary in 2015-2016, Miss Alice MAK asked whether HA would shorten the time required for processing applications for inclusion of new drugs in the Drug Formulary to benefit more patients. SFH advised that more resources would be allocated to HA for expanding the Drug Formulary. It should however be noted that HA had established mechanism to regularly appraise new drugs for inclusion in the Drug Formulary in the light of latest scientific evidence and international developments.

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Hospital beds

35. Mr YIU Si-wing asked whether HA would consider changing all the manually operated hospital beds at wards to electric beds so as to alleviate the workload of its frontline nursing staff. CE, HA responded that with the funding support from the Hong Kong Jockey Club, more than 10 000 electric beds were currently in use in public hospitals. The plan of HA was to change the remaining manually operated hospital beds, except those at psychiatric wards, to electric beds by phases in one to two years' time.

Review of HA's operation

36. Mr Albert CHAN urged the Administration and HA to address the problem of uneven distribution of resources among the seven hospital clusters of HA. In his view, the long waiting time for the specialist outpatient services of the NTW Cluster was due to the fact that the amount of resources allocated to the Cluster was disproportionately lower than other hospital clusters when compared in terms of their size of population. Mr POON Siu-ping enquired about the schedule for the Steering Committee on Review of HA ("the Steering Committee") to complete the review.

37. SFH advised that the Steering Committee had reviewed, inter alia, HA's management and organization structure, resource management and staffing arrangement. It had held three public fora to gather public views in this regard. The Steering Committee had completed the initial discussions on various aspects of the review on HA, and would consolidate and conclude the discussions and recommendations in due course with a view to completing the report in mid-2015. It should be noted that the Steering Committee had been working along the direction of enhancing the HA Head Office's coordinating role to ensure greater consistency and fairness in the management and practices in and between hospital clusters.

Development of Chinese Medicine

38. Mr YIU Si-wing relayed the grave concern of the Chinese medicines industry as to whether the Administration would introduce mandatory Good Manufacturing Practice ("GMP") requirements to proprietary Chinese medicines ("pCms") after the setting up of the testing centre for Chinese medicines ("the testing centre") to be managed by DH. SFH clarified that the Administration had no intention to link the introduction of mandatory GMP requirements to pCms to the setting up of the testing centre which would specialize in scientific research on Chinese medicines, including, among others, the formulation of more Hong Kong Chinese Materia Medica Standards ("HKCMMS").

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39. Pointing out that research work on Chinese Materia Medica ("CMM") were at present mainly undertaken by local universities, Mr CHAN Han-pan sought elaboration about the role of the testing centre. DoH advised that the research programme on HKCMMS, which was launched in 2002, was aimed at serving as a credible reference in providing authentication and quality control for the CMM testing and certification industry. Research work for 200 CMM, which was conducted by eight research institutions (including six local universities, the National Institutes for Food and Drug Control and a university of Taiwan), had been completed so far. It should, however, be noted that the existing research capacity was limited to about 30 CMM each year. There was also a call from the industry that the Administration should go further to develop standards for decoction pieces. DH would continue to study and formulate more HKCMMS through the testing centre. It was hoped that the setting up of the testing centre would help the local testing and certification industry to build up technical capabilities to authenticate Chinese herbal medicines according to HKCMMS. The testing centre would also conduct high-end research of Chinese medicines. It could not be ruled out that the testing centre would cooperate with the local universities in conducting some research of Chinese medicines.

40. Mr CHAN Han-pan asked about how far the standards on safety, quality and testing methods of CMM could be further enhanced with the setting up of the testing centre, given that the Pharmacopoeia of the People's Republic of China had already set out the standards on quality control, safety and efficacy for most traditional Chinese medicines. DoH advised that it was common for different places to develop their own pharmacopoeia, such as the British Pharmacopoeia and the European Pharmacopoeia, to serve as official standards for their medicinal products and pharmaceutical substances. The testing centre would, through various platforms and collaboration with the relevant international and Mainland organizations, help promote HKCMMS and the reference standards for testing of Chinese medicines as authoritative international benchmarks to pave way for the internationalization of Hong Kong's Chinese medicines industry.

41. Expressing concern that the development of Chinese medicine in Hong Kong would be western medicine-led, Mr WONG Ting-kwong asked about the development direction of a Chinese medicine hospital in Hong Kong, in particular as to whether the hospital would adopt the model of some Chinese medicine hospitals on the Mainland whereby Chinese medicine practitioners practised therein were allowed to deliver services which were provided by Western medicine doctors in the case of Hong Kong.

42. SFH responded that the operation mode of Chinese medicine hospitals on the Mainland would not be applicable to Hong Kong. Given that the

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development of a Chinese medicine hospital required detailed and thorough study and planning, the Government had commissioned HA to implement an Integrated Chinese-Western Medicine Pilot Programme to help gather experiences on the operation of integrated Chinese-Western medicine and for the development of Chinese medicine inpatient service. The timetable for the development of a Chinese medicine hospital in Hong Kong would be mapped out upon completion of phase 1 of the Pilot Programme in 2015.

Prevention and control of diseases

43. Dr Elizabeth QUAT asked whether the Administration would consider DAB's proposals of setting up a data bank for rare and hereditary diseases and introducing a breast cancer screening programme for women. SFH advised that there was no conclusive local and international evidence on the effectiveness of population-based breast cancer screening in preventing and controlling the disease. As a first step, the Administration would commission a local university to conduct a local clinical study in this regard. SFH added that the implementation of a pilot programme to subsidize colorectal cancer screening for specific age groups and a screening programme in the public healthcare system for newborn babies for inborn errors of metabolism, as announced by the Chief Executive in the 2014 and 2015 Policy Addresses respectively, were two initiatives in disease prevention and control.

44. Dr Elizabeth QUAT asked whether consideration could be given to introducing the non-invasive prenatal DNA test developed by researchers at CUHK for the screening of Down syndrome (i.e. the safeT21 test) in the public healthcare system. SFH explained that the Administration had to address the issue of intellectual property right of the technology prior to introducing the test in the public sector. CE, HA supplemented that HA's plan was to provide the test in the future HKCH.

45. In response to Dr Elizabeth QUAT's enquiry about the measures in place for monitoring and improving the physical health of children, SFH advised that DH's Student Health Service and Student Dental Care Service currently provided preventive health programmes for primary and secondary school students, and basic and preventive dental care to primary school students as well as students aged below 18 studying in special schools respectively. In addition, DH had been working closely with local primary schools to promote healthy eating habits in schools, and encouraged collaboration among family, school and community to reduce the risk of obesity and non-communicable diseases among children. This apart, the Government would shortly establish a committee on reduction of salt and sugar in food for the formulation of strategy to reduce the intake of salt and sugar by members of the public, including children, and reduce salt and

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sugar in food to promote a healthy diet. The Administration would also strengthen the regulatory control on the sale of cigarettes as there was an increase in smoking prevalence in primary school students.

Use of the \$50 billion earmarked for healthcare reform

46. Miss Alice MAK sought information about how the Administration would use the remaining sum of the \$50 billion earmarked for healthcare reform other than injecting about \$4.3 billion into the High Risk Pool ("HRP") under VHIS. SFH clarified that the amount of \$4.3 billion was only the estimated total cost to the Government for funding the operation of HRP for a 25-year period. The funding arrangements for HRP beyond the 25-year period would have to be considered in due course having regard to operational experience. As regard the use of the remaining sum of the \$50 billion, the initial thought of the Government was to use part of the sum for setting up a fund for HA to make use of the investment returns for public-private partnership initiatives, so as to alleviate pressure on the public healthcare system. Any remaining sum of the \$50 billion would be reserved for general use, including provision of support for public hospital projects.

IV. Expansion of United Christian Hospital

[LC Paper Nos. CB(2)612/14-15(04) and (05)]

47. The Chairman reminded members that in accordance with Rule 83A of the Rules of Procedures, they should disclose the nature of any direct or indirect pecuniary interests relating to this funding proposal before they spoke on the subject.

48. Under Secretary for Food and Health ("USFH") briefed members on the proposed main works for the expansion of United Christian Hospital ("UCH"), details of which were set out in the Administration's paper (LC Paper No. CB(2)612/14-15(04)).

49. Members noted the background brief entitled "Expansion of United Christian Hospital" (LC Paper No. CB(2)612/14-15(05)) prepared by the LegCo Secretariat.

50. Mr POON Siu-ping expressed support for the project. Noting that the total bed capacity of UCH would be increased from about 1 400 to around 1 960 upon the completion of the project in 2023, he asked whether the enhanced capacity would be able to meet the service demand having taken into account a projected growth of about 12 000 persons each year in the population of the Kwun Tong and Sai Kung districts (viz. from around

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1.08 million in 2013 to 1.19 million in 2021). Replying in the affirmative, USFH added that the 1 960 beds included both inpatient beds and day beds.

51. Miss Alice MAK said that the Hong Kong Federation of Trade Unions supported the expansion of UCH. She, however, expressed concern about the inconvenience caused by the traffic control measures implemented in the vicinity of UCH during the preparation works stage to visitors of patients. Chief Manager (Capital Planning), HA ("CM(CP), HA") advised that given the insufficient parking spaces of UCH, there might be certain periods of time that no parking spaces could be provided to visitors. It was hoped that measures such as provision of clear signage would minimize inconvenience caused to the public during the project period.

52. Miss Alice MAK sought explanation as to the reason why there was a need to seek funding approval for the main works of UCH from FC in two phases as set out in paragraphs 9 and 10 of the Administration's paper. Mr CHAN Han-pan raised a similar question.

53. USFH advised that given the complex nature of this large-scale expansion project which would require no less than eight years to complete, HA proposed to adopt phased implementation of the main works in order to minimize the risk of higher-than-expected tender prices due to additional premium allowed for long contract periods, and reduce both programme and cost risks. CM(CP), HA supplemented that it was necessary for HA to conduct two separate tender exercises in 2015 and 2019 respectively for the demolition and substructure works and construction works for the main works of the project. In consideration of the long project period for the main works, HA considered it more appropriate to seek funding approval from FC in two phases to dovetail with the implementation programme.

54. Dr Elizabeth QUAT said that DAB expressed support for the project. She was, however, concerned that the use of filibuster by some Members might stall the funding proposals for the project submitted to FC causing an increase in the estimated cost of the proposed demolition and substructure works and an undue delay to the completion of the project. Mr POON Siu-ping expressed similar concern.

55. USFH responded that subject to members' support, the Administration hoped to obtain funding approval from FC for demolition and substructure works in the second quarter of 2015 as presently scheduled. CM(CP), HA supplemented that HA would invite tender for demolition and substructure works in February 2015. The tender validity period would last until July 2015. In the event that the contract could not be awarded by July 2015,

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HA would need to discuss with the tenderers as to whether the original tender could be extended for a certain period of time.

56. Mr POON Siu-ping called on the Administration to endeavour to shorten the project period. He asked whether there were any contingency plan in the provision of clinical services to the catchment population in case there was a delay in the completion of the project. Cluster Chief Executive, KE Cluster advised that UCH would remain functional at all times during the whole project period. It should also be noted that the hospital clusters of HA would conduct an annual planning exercise each year. Efforts would be made by UCH and the two other hospitals in the KE Cluster (i.e. Tseung Kwan O Hospital and Haven of Hope Hospital) to ensure that the overall clinical services would not be affected during the project period.

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57. In response to Mr CHAN Han-pan's enquiry about the timetable for expansion of the Tuen Mun Hospital, USFH advised that as a first step, it was planned that the existing Operating Theatre Block of the Hospital would be expanded to meet the rising service demand. The Chairman requested the Administration to advise in writing the relevant timetable.

58. In closing, the Chairman concluded that the Panel supported the submission of the proposal to the Public Works Subcommittee and FC for consideration.

V. Any other business

59. The Chairman reminded members that the next regular meeting would be held on 16 February 2015 at 4:30 pm, and a special meeting had been scheduled for 17 February 2015 from 9:30 am to 12:30 pm to receive public views on the Consultation Document on Regulation of Private Healthcare Facilities.

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