

立法會
Legislative Council

LC Paper No. CB(2)99/15-16
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 16 March 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 CHEUNG Kwok-che
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

Members absent : Hon Vincent FANG Kang, SBS, JP
Hon Christopher CHUNG Shu-kun, BBS, MH, JP

Public Officers attending : Item III

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

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

Miss Janice TSE Siu-wa, JP
Deputy Secretary for Food and Health (Health) 1
Food and Health Bureau

Professor FOK Tai-fai, SBS, JP
Pro-Vice-Chancellor
The Chinese University of Hong Kong

Dr FUNG Hong
Executive Director
Chinese University of Hong Kong Medical Centre

Item IV

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

Mr Chris SUN Yuk-han, JP
Deputy Secretary for Food and Health (Health) Special Duties
Food and Health Bureau

Dr Sarah CHOI Mei-yee, JP
Assistant Director of Health (Special Health Services)
Department of Health

Dr WAN Yuen-kong
Principal Medical and Health Officer (5)
Department of Health

Item V

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

Mr Davey CHUNG
Deputy Secretary for Food and Health (Health) 2

Dr W L CHEUNG
Director (Cluster Services)
Hospital Authority

Dr K M CHOY
Chief Manager (Service Transformation)
Hospital Authority

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

Staff in attendance : Item IV
Ms Elyssa WONG
Head (Information Services)

Miss Tiffany NG
Research Officer 1

Ms Ivy CHENG
Research Officer 3

All items

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)888/14-15(01)]

Members noted that a referral memorandum from the Public Accounts Committee on issues relating to food labelling and nutrition labelling of infant and special dietary foods had been issued since the last meeting.

II. Items for discussion at the next meeting
[LC Paper Nos. CB(2)993/14-15(01) and (02)]

2. Members agreed to discuss the item "Cross-cluster referral arrangement for public specialist outpatient services of the Hospital Authority", which was originally scheduled for discussion at this meeting but was subsequently deferred to make way for the discussion of item III, at the next regular meeting scheduled for 20 April 2015 at 4:30 pm. Members also agreed to discuss the item "Revision of fees and charges for services not

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directly affecting people's livelihood under the purview of the Department of Health" proposed by the Administration at the next regular meeting.

III. Proposed loan for the development of the Chinese University of Hong Kong Medical Centre

[LC Paper Nos. CB(2)993/14-15(03) and (04)]

3. 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 the funding proposal before they spoke on the subject.

4. Secretary for Food and Health ("SFH") briefed members on the proposal to create a Government loan of \$4.033 billion for the provision of a loan to the CUHK Medical Centre Limited, a wholly-owned subsidiary of the Chinese University of Hong Kong ("CUHK"), for the purpose of developing a non-profit making private teaching hospital, to be named the CUHK Medical Centre ("CUHKMC"), details of which were set out in the Administration's paper (LC Paper No. CB(2)993/14-15(03)).

5. Members noted the updated background brief entitled "Private hospital development" prepared by the Legislative Council ("LegCo") Secretariat (LC Paper No. CB(2)993/14-15(04)).

Private hospital development and the positioning of CUHKMC

6. Mr Albert HO asked whether it was a new healthcare policy of the current term Government that loan would be provided to tertiary institutions and non-profit-making organizations to facilitate the financing of the development costs of private hospitals developed by them. Holding the view that there had not been a thorough discussion on such a policy and service enhancement was more imminent for the public healthcare sector, he said that he would not support the proposal at this stage. Noting that CUHKMC would be run as a non-profit-making private teaching hospital whereas the Prince of Wales Hospital ("PWH") would continue to serve as a public teaching hospital for medical students of CUHK, Dr Helena WONG expressed concern that teaching resources of CUHK would be jeopardized. She could not see why there was a need to use public money to facilitate the development of a private teaching hospital but not to develop another public hospital.

7. Mr POON Siu Ping asked whether the development of CUHKMC as a private teaching hospital would bring any negative impact on PWH which

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also served as a teaching hospital for CUHK. Dr Fernando CHEUNG raised a similar question. While supporting the development of more private hospitals to meet the healthcare needs of the middle class, he considered that the low-income and underprivileged groups would likely to be benefited to a greater extent if the same amount of public money was used to improve the public system instead of providing a loan to facilitate the development of CUHKMC. Dr KWOK Ka-ki said that he did not object to the development of more private healthcare facilities ("PHFs"). He, however, was concerned that with the development of CUHKMC, clinical professors of the Faculty of Medicine of CUHK would become more inclined to engage in private clinical practice in CUHKMC for patients who were more well-off at the expense of those underprivileged public patients on the long waiting list of PWH. While agreeing that the development of CUHKMC could enhance the service capacity of the healthcare system, Mr Albert CHAN expressed concern that patients who were more well-off could concurrently wait for the public hospital services and the private hospital services provided by CUHKMC or other private hospitals for the same treatment.

8. Holding the view that there was currently a serious shortage of private hospital beds to serve the community demand, Mr CHAN Kin-por expressed support for the development of CUHKMC which would consist of 516 beds. In addition, the interest forgone by the Government in the five-year interest-free period (i.e. \$533 million at 2014 prices) for the proposed loan would be fully offset by the cost savings of the Hospital Authority ("HA") by referring specialist outpatient ("SOP") and day procedure cases to CUHKMC, which was projected to be about \$1,058 million at 2014 prices. Miss Alice MAK and Mr YIU Si-wing supported the Administration's proposal to provide a loan for the development of CUHKMC so as to help alleviate the pressure of the public healthcare sector. Miss Alice MAK, however, was concerned that CUHKMC might drain experienced clinical professors of CUHK currently serving in PWH.

9. SFH stressed that the healthcare system of Hong Kong had long been running on a dual-track basis encompassing both public and private healthcare sectors. There was a need to ensure that the dual-track system could develop in a balanced and sustainable manner to meet the local service demand. As part of the efforts of the healthcare reform, the Administration would reinforce the public healthcare sector, which served as the cornerstone of the healthcare system and the safety net for the whole population, by enhancing its services and effectiveness. On the service capacity of the public system, the Administration had briefed the Panel on the redevelopment and expansion plans of public hospitals, with a view to increasing the number of public hospital beds by 6 000 to 8 000 in the long term. These included, among others, the phase two redevelopment of PWH to meet the increasing

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healthcare service demand in the New Territories East Cluster. The works expenditure of those hospital projects already under construction or planning was estimated at \$81 billion. A total of 2 800 additional beds would be provided upon completion of these projects. In parallel to the continued investment in the public healthcare sector, the Administration would facilitate the development of the private healthcare sector, which was an integral part of the dual-track system, to provide more choices of personalized and more accessible services for those who were willing and could afford to use its services. The Chief Executive's manifesto pledged that the Government should examine measures to encourage non-profit-making organizations to establish hospitals and operate them on a self-financing basis. It was hoped that with the introduction of the proposed new regulatory regime for PHFs and the proposed Voluntary Health Insurance Scheme, those who were willing and able to use private healthcare services would make greater use of such services, thereby indirectly alleviating the pressure on the public sector and enhancing the long-term sustainability of the healthcare system.

10. SFH advised that while CUHKMC itself was a private hospital providing quality private healthcare services at affordable prices, it had a teaching element because the project was initiated by CUHK. He assured members that CUHK would continue to use PWH as a teaching hospital without cutting back on its involvement in PWH. Pro-Vice-Chancellor, CUHK ("PVC, CUHK") supplemented that full-time doctors working for CUHKMC would be employed by CUHKMC instead of CUHK. According to the existing regulations of CUHK, its clinical professors were permitted to engage in private clinical practice only for two half-day sessions (or eight hours of work) per week to ensure that public duties were not compromised. These regulations would not be changed with the development of CUHKMC, which would be one among the various private healthcare facilities where clinical professors of CUHK could conduct private clinical practice. This apart, the teaching capacity of the Faculty of Medicine of CUHK would be strengthened as doctors employed by CUHKMC had to contribute towards the teaching and research activities of CUHK. There was no cause for concern that the development of CUHKMC would drain the teaching manpower of the Faculty of Medicine of CUHK, as many of the clinical professors were committed to their academic duties (i.e. teaching and research) in addition to clinical duties.

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11. At the request of the Chairman, SFH undertook to provide after the meeting detailed explanations on how the net benefit brought about by the proposed loan to the public would outweigh the interest foregone by the Government in the five-year interest-free period.

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12. Dr KWOK Ka-ki expressed concern that there were cases of malpractice concerning private clinical practice by clinical professors of the medical faculties of the two universities in the past. Expressing a similar concern, Mr Albert CHAN called on CUHK to ensure that a transparent mechanism would be put in place to govern the arrangement of CUHKMC in this regard. PVC, CUHK advised that CUHKMC would be operated by the CUHK Medical Centre Limited. The governing board of CUHKMC comprised a balanced mix of representatives, which included members from the Faculty of Medicine of CUHK, the management of CUHK and members independent of CUHK. Efforts had been and would continuously be made to ensure proper governance of CUHKMC, including the monitoring of the private clinical practice performed at the hospital.

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13. Dr KWOK Ka-ki requested the Administration to provide in writing information on (a) how CUHKMC could help to increase the overall training capacity for healthcare professionals in Hong Kong; (b) the mechanism in place to ensure the devotion of time on the part of the clinical professors of the Faculty of Medicine of CUHK to private clinical practice would not adversely affect their teaching and research activities and the provision of public services in PWH; and (c) the income generated from private patient services provided by the clinical professors in PWH in the past five years.

Healthcare manpower training provided by CUHKMC

14. Dr Helena WONG asked whether the provision of a private healthcare setting through CUHKMC for the medical students of the Faculty of Medicine of CUHK to undergo clinical training would create a precedent that should be followed by the Faculty of Medicine of the University of Hong Kong ("HKU"). Miss Alice MAK expressed concern that patients of CUHKMC might wish to receive more value-for-money services with better quality and did not wish to be taken care of by medical or nursing students under clinical placements. Mr YIU Si-wing raised a similar concern. He suggested that CUHKMC should consider serving as an additional venue for the training of healthcare professionals after it had operated for several years and had built a reputation for high quality private healthcare services.

15. SFH explained that it was an established arrangement that medical, nursing and allied health students from the local tertiary institutions would be assigned during their course of study to hospitals or clinics in both public and private sectors to obtain practical clinical experience. For instance, the Hong Kong Sanatorium & Hospital was one of the training venues for medical students of HKU. While these students would not engage in clinical practice, the hospitals or medical clinics concerned would seek informed consent for the arrangement from the patients concerned. PVC, CUHK supplemented

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that according to their experience, patients of existing private hospitals in general were receptive to such arrangement. Executive Director, CUHKMC ("ED, CUHKMC") added that CUHKMC would provide a training platform for the provision of more personalized healthcare services, which was different from the pressurized public hospital working environment.

Minimum requirements

16. Dr LEUNG Ka-lau declared that he was a Honorary Clinical Assistant Professor of the Faculty of Medicine of CUHK. He asked whether the inpatient and outpatient services of CUHKMC would cover the specialty of paediatrics. ED, CUHKMC replied in the positive, adding that all specialties covered in the Faculty of Medicine of CUHK would be included in the service scope of CUHKMC.

17. Referring to the past cases whereby the land grant conditions to some non-profit-making private hospitals had not always been strictly observed by the grantees as set out in the Director of Audit's No. 59 Report, Mr Albert HO was concerned about whether the Conditions of Grant ("Land Lease") to be modified for the development of CUHKMC could ensure that services of the hospital would cater for the needs of the general public. Miss Alice MAK raised a similar concern. Expressing particular concern about the transparency of charges of private hospitals, she enquired how the Administration could ensure that CUHK would honour its extra commitment that CUHKMC would provide 50% of its inpatient bed-days for services provided through standard beds at packaged charges upon commencement of its operation (and the level of commitment would rise progressively up to 70% by the tenth year of operation of CUHKMC).

18. SFH advised that the Administration had taken actions to rectify the non-compliance cases following the publication of the Director of Audit's No. 59 Report and the Public Accounts Committee Report No. 59. For the case of CUHKMC, CUHK had accepted a set of minimum requirements (covering aspects of land use, scale of development, date of commencement of operation, service scope, price transparency, service targets, provision of standard beds at packaged charges, service standards and reporting obligations) ("Accepted Minimum Requirements") and the entailing enforcement measures. These requirements and their enforcement measures, as well as the extra commitments undertaken by CUHKMC, would be reflected in the modified Land Lease and/or the service deed to be signed between the Government on the one hand and CUHK and/or CUHK Medical Centre Limited ("the Service Deed") on the other hand as appropriate. SFH added that the extra commitment undertaken by CUHK on provision of inpatient services at packaged charges, along with the proposals on price

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transparency put forth in the Consultation Document on Regulation of PHFs, would help enhancing price transparency and budget certainty for private hospital services.

19. Dr LEUNG Ka-lau was concerned about whether request from the patient concerned for undergoing an investigation or procedure at a specified time would be regarded as falling outside the scope of the service packages and required extra charges. SFH responded that CUHKMC would take note of the concern in hammering out the details of its service packages.

20. Mr CHAN Kin-por opined that the Accepted Minimum Requirements and the extra commitments undertaken by CUHK as set out in Annexes B and C to the Enclosure of the Administration's paper would indirectly help the Administration to take forward its healthcare reform, including, among others, the implementation of VHIS and the formulation of a more transparent price disclosure regime for better protection of private hospital consumers. He sought clarification as to whether the standard beds covered under packaged charges referred to those inpatient beds in the class for which the lowest level of occupancy fees were charged. ED, CUHKMC replied in the positive.

21. Dr LEUNG Ka-lau sought elaboration about whether a modification of the Land Lease and/or Service Deed would be allowed in case only a small proportion of patients of CUHKMC subscribed to the packages that the financial sustainability of CUHKMC would be adversely affected if the commitment of CUHK in this regard had to be maintained at the originally proposed level. ED, CUHKMC advised that having taken into account the local and overseas experiences in the provision of service packages for certain procedures, CUHKMC was confident that the proposal would be feasible.

22. Dr KWOK Ka-ki asked whether the Administration would request CUHKMC to provide a certain number of low charge beds. Replying in the negative, SFH advised that CUHK had instead committed to help alleviate the current pressure on the public healthcare sector by taking up referrals of SOP and day surgery cases from HA in the specialties of gynaecology, orthopaedics, gastroenterology cum colorectal surgery and urology.

Partnership arrangement between HA and CUHK

23. Mr POON Siu-ping sought clarification as to whether HA had agreed with the proposed partnership arrangement between CUHK and HA that CUHKMC would receive from HA a minimum of 3 520 new SOP cases and 1 320 new day surgery cases in its first year of operation, and up to 17 600 new SOP cases and 6 600 new day surgery cases each year from the fifth year of operation of the hospital onwards. SFH replied in the positive.

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24. In response to Dr Helena WONG's enquiry about the fees payable by the patients under the partnership arrangement, SFH advised that patients referred to CUHKMC for treatment would continue to be charged at HA's standard fees and charges.

25. Dr Helena WONG sought clarification as to whether public patients could choose to receive treatment at CUHKMC under the partnership arrangement. Dr LEUNG Ka-lau expressed concern about the range of services to be provided by CUHKMC to public patients referred by HA, in particular whether the service level would be same as those private patients of CUHKMC, as this would have a direct bearing on the costs to be incurred by CUHKMC. SFH advised that CUHK was in the course of discussing the referral arrangements with HA.

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26. Dr LEUNG Ka-lau requested the Administration to provide in writing prior to the Finance Committee ("FC") meeting at which the funding proposal was to be considered information on the operational details of the partnership arrangement, including, among others, definition of "new cases", the referral criteria, the range of services to be provided by CUHKMC and the service monitoring mechanism.

Financial arrangements

27. Referring to the Administration's proposal to provide a loan of \$4,033 million to fund part of the development costs of CUHKMC which was estimated to be \$6,333 million (in 2014 prices), Mr POON Siu-ping asked whether the Government would need to bear additional costs in case the actual development costs of CUHKMC turned out to be greater than the estimation. Replying in the negative, ED, CUHKMC advised that CUHK would identify means to meet any funding shortfall.

28. Mr POON Siu-ping was concerned about whether CUHKMC could be operated on a non-profit-making basis in the longer term. SFH and ED, CUHKMC advised that CUHK was confident that CUHKMC could achieve a balanced budget in meeting the rising healthcare service demand of an ageing population.

Conclusion

29. In closing, the Chairman concluded that the Panel supported that the proposal be submitted to FC for consideration.

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IV. Research study on regulation of aesthetic practices in selected places

[LC Paper Nos. CB(2)818/14-15(07) and RP01/14-15]

30. Under Secretary for Food and Health ("USFH") briefed members on the Administration's response to the research report entitled "Regulation of aesthetic practices in selected places" prepared by the LegCo Secretariat, details of which were set out in the Administration's paper (LC Paper No. CB(2)818/14-15(07)).

Development of a regulatory regime for the beauty industry

31. Dr Helena WONG asked what follow-up actions had been taken by the Administration pursuant to the motion passed by the Panel at its meeting in November 2013 urging the Government to set up a steering committee on regulation of beauty industry to assist the beauty industry in formulating a comprehensive set of regulatory and training regime so as to enhance the quality of the industry and provide safeguard for consumers. She relayed the view of the beauty industry that a regulatory regime for the beauty industry should be developed through the joint efforts of various Bureaux.

32. USFH advised that while some practices of the beauty industry might involve high-risk procedures, most of the practices were non-invasive and posed low health risks to customers. Instead of regulating the beauty industry indiscriminately, the Administration had adopted a risk-based approach to focus on the high risk procedures that might cause unnecessary harm or complications to consumers if performed by a person without proper training or qualification. The Working Group on Differentiation between Medical Procedures and Beauty Services ("the Working Group") set up under the Steering Committee on Review of Regulation of Private Healthcare Facilities ("the Steering Committee") had made recommendations on cosmetic procedures that should only be performed by registered medical practitioners or registered dentists because of their inherent risks. These recommendations were endorsed by the Steering Committee. In addition, it was proposed in the Consultation Document on Regulation of Private Healthcare Facilities that facilities providing high-risk medical procedures in ambulatory setting should be subject to regulation under the new regulatory regime for private healthcare facilities.

33. On the regulation of medical devices, USFH advised that a voluntary Medical Device Administrative Control System had already been established by the Department of Health ("DH"). A Business Impact Assessment on Statutory Regulation of Medical Devices ("the BIA") had been conducted from April 2011 to January 2013 to assess the business impact of establishing

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a statutory regulatory framework for medical devices on the trade. On the recommendation of the Working Group which had examined the safety and health risks of devices commonly used in beauty procedures, DH was now in the process of engaging an external consultant to conduct a detailed study to examine overseas experience and practices and the scope of control of the use of these medical devices. The consultant would also gauge the views of the local beauty and medical sectors in this regard. Upon completion of the study by end of 2015, the Administration would report to the Panel on the outcome of the consultancy study and the details of the legislative proposal.

34. Dr KWOK Ka-ki was concerned about the recent adverse incident involving illegal practice of medicine by beauty service providers. In his view, the Food and Health Bureau should, apart from introducing the above measures, join hands with the Commerce and Economic Development Bureau to introduce a licensing system to regulate the beauty industry. Miss Alice MAK pointed out that many adverse incidents were caused by professional misconduct on the part of the medical practitioners concerned. The Administration should ensure that registered medical practitioners associating with beauty centres would act in the patients' best interests when performing cosmetic procedures in their professional practice. She was in support of the Administration's proposal that facilities providing high-risk medical procedures in ambulatory setting should be regulated under a new regulatory regime for private healthcare facilities. Given the voluntary nature of the Qualifications Framework ("QF") which set out the skills, knowledge and outcome standards required of employees in different functional areas of, among others, the beauty industry, she urged for the early introduction of the proposed regulatory framework for medical devices to provide the beauty practitioners with a clear set of statutory competency requirements for using the cosmetic-related medical devices.

Specification of Competency Standards under QF

35. Dr Helena WONG noted that under the Specification of Competency Standards ("SCS") under QF, trade test was only available for operators of intense pulsed light devices on a voluntary basis. Pointing out that 45% (or 2 250) of the some 5 000 beauty salons in Hong Kong were operating both intense pulsed light devices and laser equipment according to the BIA, she asked whether the Administration would accede to the request of the beauty sector for the provision of trade test for the operation of lasers to facilitate beauty practitioners' safety operation of such devices. Assistant Director of Health (Special Health Services), DH ("ADH(SHS)") advised that the regulatory control on, and the competency requirements for, the use of lasers would be covered under the consultancy study.

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36. Mr POON Siu-ping sought information about the proportion of beauty practitioners who had participated and acquired qualifications recognized under QF, and the measures to increase the participation rate. USFH agreed to relay the request to the Education Bureau and provide the information after the meeting.

Enforcement actions

37. Miss Alice MAK urged the Administration to step up enforcement actions under the Trade Descriptions Ordinance (Cap. 362) and the Undesirable Medical Advertisements Ordinance (Cap. 231) prior to the introduction of new regulatory regimes for PHFs and medical devices. Noting that a penalty of a fine ranging from \$3,500 to \$20,000 had been imposed against the beauty centres involved in four convicted cases under the Undesirable Medical Advertisements Ordinance during the period of October 2012 to 26 January 2015, Mr POON Siu-ping considered that the level of penalty should be increased so as to enhance the deterrence effect. USFH took note of the suggestions.

38. Noting from paragraph 20 of the Administration's paper that DH had referred a total of 11 cases of suspected illegal practice of medicine or dentistry to the Police for further investigation during the period of October 2012 to 26 January 2015, Mr POON Siu-ping sought information about whether these cases were identified pursuant to inspection by DH or upon receipt of complaints. ADH(SHS) advised that these cases were identified through enhanced screening of beauty service advertisements, follow up of enquiries on beauty services and information provided by the Consumer Council on complaints. There was, however, no breakdown of the figures by sources.

Way forward

39. Dr Helena WONG and Dr KWOK Ka-ki suggested that the Panel should hold a special meeting to receive views from deputations on the regulation of beauty services, and invite representatives of the Food and Health Bureau, the Commerce and Economic Development Bureau and the Education Bureau to attend the meeting to answer questions from members. Members agreed.

(Post-meeting note: With the concurrence of the Chairmen of the Panel on Health Services and the Panel on Commerce and Industry, a joint meeting of the two Panels has been scheduled for 23 June 2015 from 3:00 pm to 7:00 pm to receive views from deputations on "Regulation and development of beauty services".)

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V. Progress of the General Outpatient Clinic Public-Private Partnership Programme

[LC Paper Nos. CB(2)993/14-15(05) and (06)]

40. USFH and Director (Cluster Services), HA ("D(CS), HA") briefed members on the progress of the General Outpatient Clinic Public-Private Partnership Programme ("GOPC PPP"), details of which were set out in the Administration's paper (LC Paper No. CB(2)993/14-15(05)).

41. Members noted the background brief entitled "General Outpatient Clinic Public-Private Partnership Programme and Tin Shui Wai General Outpatient Clinic Public-Private Partnership Programme" prepared by the LegCo Secretariat (LC Paper No. CB(2)993/14-15(06)).

Implementation of GOPC PPP

42. Miss Alice MAK asked whether any participating patients of GOPC PPP had opted out of the programme. USFH advised that as at early-March 2015, a total of 42 participating patients had withdrawn from GOPC PPP for reasons such as a change of mind or clinical conditions and deaths. In response to Dr LEUNG Ka-lau's enquiry about the number of participating patients who still resorted to GOPCs of HA, D(CS), HA advised that HA would conduct an analysis in this regard under the interim review for GOPC PPP to be conducted in mid-2015.

43. Noting that the initial plan of HA was to enrol about 6 000 patients under the pilot which was launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts, Dr LEUNG Ka-lau enquired about the estimated number of HA patients with specific chronic diseases and in stable clinical condition across the territory. D(CS), HA responded that the initial scope of GOPC PPP was stable patients having hypertension (with or without hyperlipidemia) and later those stable diabetes mellitus patients on selected oral medications. While there were several hundred thousand patients suffering from hypertension and/or diabetes mellitus being taken care of by the public system, it should be noted that the scope of chronic diseases might be expanded in the planning of future expansion of GOPC PPP.

44. Dr Helena WONG noted that HA would consider, among others, the median household income in planning for the expansion of GOPC PPP to the remaining 15 districts by phases. She urged HA to accord priority to those districts with a high population of the underprivileged group, in particular the Kowloon City, Sham Shui Po and Yau Tsim Mong districts.

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45. D(CS), HA advised that HA would give due regard to the views of individual District Councils, as well as other relevant factors including the median household income, service demand for public general outpatient services, the proportion of ageing population and readiness of the private doctors within the districts in the planning of future expansion of GOPC PPP.

Drugs prescribed under GOPC PPP

46. The Chairman sought clarification as to whether medication for participating patients were dispensed by the participating private doctors' clinics instead of HA's general outpatient clinics ("GOPCs"). D(CS), HA replied in the positive. Miss Alice MAK asked whether there were any complaints from participating patients that they could not obtain from the participating private doctors the medications they used to obtain from HA to treat the designated chronic diseases. D(CS), HA advised that a platform was in place to enable participating private doctors to purchase from HA's drug suppliers the drugs listed for the Programme ("Programme Drugs") at specified prices, so that the private doctors could prescribe such medications to the participating patients. HA would consider whether the coverage of Programme Drugs could be expanded under the interim review. At the request of Dr LEUNG Ka-lau, D(CS), HA undertook to provide after the meeting a list of the Programme Drugs categorized by their respective clinical indications.

Admin/HA

47. In response to the Chairman's enquiry as to whether the participating private doctors could dispense the Programme Drugs purchased from HA's drug suppliers to their own patients, replying in the positive, D(CS), HA added that HA had introduced a tiering mechanism pegging to ranges of patient enrolment numbers and would specify, for each tier, the maximum amounts of Programme Drugs that could be purchased by a participating private doctor from the drug suppliers per annum.

48. Dr LEUNG Ka-lau enquired about the medication arrangements for participating patients if they developed other chronic diseases, such as functional constipation, in addition to the designated chronic diseases during the programme period. D(CS), HA advised that participating private doctors could, as part of any private arrangement between them and the participating patients, dispense medications outside the scope of the Programme Drugs at the patients' own cost.

Effectiveness of GOPC PPP

49. Dr LEUNG Ka-lau asked whether HA had monitored the clinical conditions of the participating patients, such as the blood glucose level of the

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patients and the proportion of patients who had developed complications, to ensure the quality of patient care provided by participating private doctors. D(CS), HA advised that participating private doctors were required to enter relevant clinical information in the patients' records after each consultation using the Public-Private Interface-Electronic Patient Record system. In addition, participating patients might be referred at any time to undergo relevant blood tests for investigation of their relevant illnesses, such as Haemoglobin A1c. These laboratory tests would be undertaken by the relevant HA hospitals or clinics.

50. Noting that 3 043 patients had started receiving medical care from the participating private doctors as at early March 2015, the Chairman sought information about how far GOPC PPP had reduced the waiting time for public general outpatient services in the three pilot districts. D(CS), HA advised that the first batch of patient invitations was issued in July 2014, with subsequent batches sent out every three to six weeks. It was roughly estimated that about 30 000 GOPC quotas would become available as each of the 3 043 participating patients could receive up to 10 subsidized consultations (for chronic follow-up of the designated chronic diseases and/or episodic illnesses) from a participating private doctor in a year.

51. Miss Alice MAK considered that HA should conduct a survey to collect feedback from participating patients during the interim review. USFH advised that HA would look into the key implementation issues and operating experiences in the interim review. The Chairman requested the Administration to revert to the Panel on the findings of the interim review.

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VI. Any other business

52. There being no other business, the meeting ended at 6:53 pm.

Council Business Division 2
Legislative Council Secretariat
23 October 2015