Panel on Health Services

List of follow-up actions
(Position as at 23 February 2017)

Subject	Date of meeting	Follow-up action required	Administration's response
1. Preparation for winter surge	21 November 2016	The Administration/Hospital Authority ("HA") was requested to provide information on: (a) the financial implications of expanding the 2016-2017 free or subsidized seasonal vaccination schemes to cover all persons with chronic medical problems and all persons aged 50 or above as recommended by the Scientific Committee on Vaccine Preventable Diseases. Separate figures concerning extending the coverage to all persons aged 50 or above, 55 or above, and 60 or above should be provided; (b) a breakdown of the number of influenza-associated admissions by age groups in the past five winter surge periods; (c) a breakdown by hospital clusters of the 500-odd temporary beds to be opened in public hospitals in the 2016-2017 winter surge period;	The Administration's response was issued to members vide LC Paper No. CB(2)681/16-17(01) on 23 January 2017.

Subject	Date of meeting	Follow-up action required	Administration's response
		(d) a breakdown of the existing number of hospital beds and healthcare personnel (i.e. doctors, nurses and allied health professionals) in HA and the increasing number of hospital beds and the above healthcare personnel in 2016-2017 by the departments of A&E, Medicine, Paediatrics and Pathology; and (e) the number of internal administrative meetings held by the HA Head Office and individual public hospitals during the last winter surge period from January to March 2016 and the total number of attendance of the healthcare personnel at these meetings.	
2. Drug management of HA	19 December 2016	The Administration/HA was requested to provide information on: (a) the progress of HA's liaison with the manufacturer on the arrangement to provide Eculizumab for patients with paroxysmal nocturnal haemoglobinuria; (b) the details on how individual public hospitals and clinics would formulate their local drug formularies according to the clinical needs of their patients; and	The Administration will provide a response in due course.

Subject	Date of meeting	Follow-up action required	Administration's response
		(c) the differences in the local drug formularies of different public hospitals and clinics for treating patients with some common chronic diseases such as diabetes mellitus and hypertension.	
3. Proposal to amend the health warnings on packets and retail containers of tobacco products	19 December 2016	The Administration was requested to provide information on: (a) the smoking prevalence trend of the population age group of 15 to 30 over the last decade; and (b) the number of summons or fixed penalty notices issued by the Tobacco Control Office for the offence of smoking in statutory indoor no smoking areas since the coming into effect of the amended Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) (Cap. 600) on 1 January 2007 and 1 September 2009 respectively.	The Administration will provide a response in due course.

Subject	Date of meeting	Follow-up action required	Administration's response
	17 January 2017	The Administration was requested to: (a) provide local statistics and evidence-based analysis to justify that its proposal to increase the area of the graphic health warnings from covering at least 50% to at least 85% of the two largest surfaces of the packets or the retail containers of cigarettes and relevant tobacco products would be effective in reducing smoking prevalence; (b) address the concerns raised by the tobacco industry on the practical implementation issues arising from the proposal of increasing the size of the graphic health warnings, including the authenticity seals of the cigar products would be covered by the graphic health warnings, the limited space left for the sealing of soft pack cigarettes, etc., and the possibility of intensifying the illicit trade in tobacco products; (c) consider, having regard to the practices in some countries such as Germany, adjusting the proposal such that the area of the graphic health warnings should cover at least 65% (but not 85%) of the	The Administration's response was provided vide LC Paper No. CB(2)859/16-17(12) for discussion at the meeting of the Panel on 28 February 2017.

Subject	Date of meeting	Follow-up action required	Administration's response
		two largest surfaces of the packets or the retail containers of cigarettes and relevant tobacco products; (d) provide a response to the suggestion of allowing the tobacco industry to carry out the design work of some graphic health warnings; (e) provide a response to the suggestion of adjusting the proposed adaptation period for implementing the legislative proposals from a period of six months to a period of at least 12 months; (f) provide a response to the issues raised in the submission dated 10 January 2017 from British American Tobacco Company (Hong Kong) Limited (LC Paper No. CB(2)584/16-17(24)), in particular those relating to (i) the legality of the legislative proposals; (ii) the view that the legislative proposals would constitute a deprivation of the property of the trademark owners; (iii) the formulation of the legislative proposals in the absence of public consultation and regulatory impact assessment; (iv) the arrangement that the legislative	

Subject	Date of meeting	Follow-up action required	Administration's response
		proposals would be subject to the negative vetting procedures of the Legislative Council; and (v) the view that the legislative proposals would violate Hong Kong's international obligations under the World Trade Organization Agreements; (g) explain the rationale for maintaining the requirement that packets or retail containers of cigarettes and relevant tobacco products should bear indication of tar and nicotine yields. According to the guidelines published by the World Health Organization for implementing Article 11 of the Framework Convention on Tobacco Control, Parties should not require, among others, quantitative statements on tobacco product packaging and labelling about tobacco constituents and emissions that might imply that one brand was less harmful than another, such as the tar, nicotine and carbon monoxide figures; and (h) advise whether it would conduct a public consultation exercise on the legislative proposals.	

Subject	Date of meeting	Follow-up action required	Administration's response
4. Consultation Report on Voluntary Health Insurance Scheme	16 January 2017	The Administration was requested to provide information on: (a) a breakdown of the use of the $50 billion earmarked for healthcare reform. It was understood that $10 billion of which has been used for setting up the Hospital Authority Public-Private Partnership Fund, and part of which might be used for injecting funds into the High Risk Pool if, after the re-examination of the relevant proposal, it would be established under the Voluntary Health Insurance Scheme ("VHIS") in the future; (b) a breakdown of the expenditure involved on programmes aimed at helping to relieve the pressure on the public healthcare system, such as public-private partnership, and promotion of preventive care and primary care in order to reduce hospital admissions; and (c) a written response to the issues raised by Dr Pierre CHAN on VHIS vide his letter dated 12 January 2017 (LC Paper No. CB(2)600/16-17(01)).	The Administration's response to item (c) was issued to members vide LC Paper No. CB(2)869/16-17(01) on 22 February 2017. The Administration will provide a response to items (a) and (b) in due course.

Subject	Date of meeting	Follow-up action required	Administration's response
5. Review of the fees and charges for public hospital services	16 January 2017	The Administration/HA was requested to provide information on: (a) the number of cases granted with medical fee waivers in the past three years, with a breakdown by whether or not the patients were recipients of Comprehensive Social Security Assistance and the hospital services they received; (b) the timetable for the provision of public general outpatient services in the evening and/or during public holidays in each hospital cluster; and (c) the effectiveness of the introduction of the new charge for the Accident and Emergency services of HA in 2002 in continuously reducing the number of attendances, in particular the number of semi-urgent and non-urgent cases.	The Administration will provide a response in due course.
6. Proposed regulatory framework for medical devices	16 January 2017	The Administration was requested to explain, in the form of a consolidated table, the classification of general medical devices under the proposed regulatory framework according to the recommended classification scheme of the International Medical Device	The Administration will provide a response in due course.

Subject	Date of meeting	Follow-up action required	Administration's response
		Regulators Forum, as well as the use control categories recommended by the consultant commissioned by the Government to study the control of use of selected medical devices for cosmetic purposes.	
7. Briefing by the Secretary for Food and Health on the Chief Executive's 2017 Policy Address	26 January 2017	The Administration was requested to provide information on: (a) the increase in public health expenditure in the light of a growing number of elders aged 65 or above under an ageing population; and (b) programmes to promote preventive care for middle-aged adults in primary care setting and the expenditure involved.	The Administration will provide a response in due course.

Council Business Division 2
Legislative Council Secretariat
24 February 2017