

**立法會**  
**Legislative Council**

LC Paper No. CB(2)1205/17-18

(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of meeting**  
**held on Monday, 20 November 2017, at 4:30 pm**  
**in Conference Room 3 of the Legislative Council Complex**

**Members present** : Prof Hon Joseph LEE Kok-long, SBS, JP (Chairman)  
Dr Hon Pierre CHAN (Deputy Chairman)  
Hon Tommy CHEUNG Yu-yan, GBS, JP  
Hon WONG Ting-kwong, GBS, JP  
Hon Starry LEE Wai-king, SBS, JP  
Hon CHAN Kin-por, GBS, JP  
Hon Mrs Regina IP LAU Suk-ye, GBS, JP  
Hon Paul TSE Wai-chun, JP  
Hon YIU Si-wing, BBS  
Hon Charles Peter MOK, JP  
Hon CHAN Chi-chuen  
Hon CHAN Han-pan, JP  
Hon Alice MAK Mei-kuen, BBS, JP  
Dr Hon KWOK Ka-ki  
Dr Hon Fernando CHEUNG Chiu-hung  
Dr Hon Helena WONG Pik-wan  
Dr Hon Elizabeth QUAT, BBS, JP  
Hon POON Siu-ping, BBS, MH  
Dr Hon CHIANG Lai-wan, JP  
Hon CHU Hoi-dick  
Dr Hon Junius HO Kwan-yiu, JP  
Hon SHIU Ka-fai  
Hon SHIU Ka-chun  
Hon KWONG Chun-yu

**Public Officers attending** : Item V  
Prof Sophia CHAN Siu-chee, JP  
Secretary for Food and Health

Ms Elizabeth TSE Man-ye, JP  
Permanent Secretary for Food and Health (Health)  
Food and Health Bureau

Mr Howard CHAN Wai-kee, JP  
Deputy Secretary for Food and Health (Health) 1  
Food and Health Bureau

Miss Amy YUEN Wai-yin  
Deputy Secretary for Food and Health (Health)2  
Food and Health Bureau

Ms Ida LEE Bik-sai  
Head, Electronic Health Record Office  
Food and Health Bureau

Mr FONG Ngai  
Head, Healthcare Planning and Development Office  
Food and Health Bureau

Ms Winnie YEUNG Su-jung  
Principal Executive Officer (Health)  
Food and Health Bureau

Item VI

Dr CHUI Tak-yi, JP  
Under Secretary for Food and Health

Miss Linda LEUNG  
Principal Assistant Secretary for Food and Health  
(Health) 2  
Food and Health Bureau

Dr WONG Ka-hing  
Controller, Centre for Health Protection  
Department of Health

Dr Alan CHAN  
Consultant Chest Physician, Centre for Health Protection  
Department of Health

Dr Liza TO  
Head (Programme Management and Professional  
Development Branch), Centre for Health Protection  
Department of Health

Dr Albert AU  
Principal Medical and Health Officer (Surveillance  
Section), Centre for Health Protection  
Department of Health

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

Dr Ian CHEUNG  
Chief Manager (Cluster Performance)  
Hospital Authority

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

**Staff in attendance** : Item III  
  
Ms Ivy CHENG  
Senior Council Researcher 3

All items

Miss Kay CHU  
Senior Council Secretary (2) 5

Ms Priscilla LAU  
Council Secretary (2) 5

Miss Maggie CHIU  
Legislative Assistant (2) 5

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**I. Information paper(s) issued since the last meeting**  
[LC Paper No. CB(2)344/17-18(01)]

Members noted that a letter dated 15 November 2017 from Mr CHAN Han-pan requesting the Panel to hold an urgent discussion on measures for the prevention and control of pulmonary tuberculosis ("TB") had been issued since the last meeting.

2. At the invitation of the Chairman, Secretary for Food and Health ("SFH") advised that representatives from the Department of Health ("DH") would give a verbal response to the issues raised in Mr CHAN Han-pan's

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letter during the discussion of agenda item VI "Preparation for winter surge" at the later part of the meeting. The Administration could, where necessary, provide a written response after the meeting.

**II. Items for discussion at the next meeting**

[LC Paper Nos. CB(2)296/17-18(01) to (02)]

3. The Chairman informed members that he and the Deputy Chairman had met with SFH on 30 October 2017 to discuss the work plan of the Panel for the 2017-2018 legislative session. Most of the discussion items proposed by members at the Panel meeting on 12 October 2017 had been scheduled for discussion in the 2017-2018 legislative session. Among the remaining items, the Chairman proposed to discuss the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021) formulated by the Hong Kong Advisory Council on AIDS" (i.e. item 35 on the list of outstanding items for discussion of the Panel) at the next regular meeting scheduled for 18 December 2017 at 4:30 pm. Together with the subject "Review of the Hospital Authority ("HA")" as proposed by the Administration, there would be two items for discussion at the meeting. Members agreed.

*(Post-meeting note: At the request of the Administration and with the concurrence of the Chairman, the agenda item "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021) formulated by the Hong Kong Advisory Council on AIDS" has been rephrased as "HIV and AIDS response measures formulated in relation to the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)".)*

**III. Matter arising from the meeting on 16 October 2017**

[FS06/16-17]

Proposal for conducting an overseas duty visit to study rare disease policies

4. The Chairman advised that the proposal for conducting an overseas duty visit to study rare disease policies was first raised by a member at the special meeting of the Panel on 11 April 2017. Subsequently, the Research Office of the Information Services Division of the Legislative Council ("LegCo") Secretariat had prepared a fact sheet on rare disease policies in selected places (FS06/16-17) for members' reference. Taking into account that the Administration had scheduled the discussion of the subject "Ultra-expensive drugs including drugs for uncommon diseases" at the regular meeting of the Panel in June 2018, the Chairman suggested that the Panel could, where necessary, consider the proposal after the said meeting.

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5. While expressing respect for the Chairman's suggestion, Mr CHAN Han-pan hoped that the duty visit could be conducted as soon as possible. He remarked that there had already been a discussion by the Panel in the 2016-2017 legislative session that the experience of Japan and Taiwan would provide useful reference for Hong Kong in developing a policy to address issues faced by rare disease patients. The Chairman remained of the view that it would be more appropriate for the Panel to consider the proposal after receiving an update from the Administration on its latest measures to support patients requiring ultra-expensive drug treatment. Members raised no objection.

**IV. Proposed continuation of work of the Joint Subcommittee on Long-term Care Policy**

[LC Paper No. CB(2)171/17-18]

6. Members noted the paper entitled "Proposed continuation of work of the Joint Subcommittee on Long-term Care Policy" prepared by the LegCo Secretariat (LC Paper No. CB(2)171/17-18).

7. At the invitation of the Chairman, Dr Fernando CHEUNG, in the capacity of the Chairman of the Joint Subcommittee on Long-term Care Policy under the Panel and the Panel on Welfare Services ("the WS Panel"), said that pursuant to the arrangements for the extension of period of work of subcommittees on policy issues in the Sixth LegCo agreed by the House Committee ("HC") at its meeting on 7 July 2017, the Joint Subcommittee would have to vacate its slot upon completion of its 12-month period of work on 15 December 2017. Since there were a number of outstanding subjects for discussion by the Joint Subcommittee, he appealed to members' support for the proposal of the Joint Subcommittee to continue its work and, for such purpose, to seek HC's endorsement for the Joint Subcommittee to be put on the waiting list for re-activation. Mr SHIU Ka-chun, in the capacity of the Chairman of the WS Panel, remarked that the WS Panel had endorsed the Joint Subcommittee's proposal at its meeting on 13 November 2017. Members raised no objection to the proposal.

**V. Re-organization of Health Branch, Food and Health Bureau**

[LC Paper No. CB(2)296/17-18(03)]

8. SFH and Permanent Secretary for Food and Health (Health) ("PSFH(H)") briefed members on the re-organization of the Health Branch of the Food and Health Bureau ("FHB") which involved, among others, the regularization of three of the existing four time-limited directorate positions

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and the creation of a new directorate position, details of which were set out in the Administration's paper (LC Paper No. CB(2)296/17-18(03)).

Creation of a Chinese Medicine Unit

9. Mr POON Siu-ping expressed support for the proposed re-organization of FHB's Health Branch. He noted that one of the proposals was to create a team (i.e. Team 7/Chinese Medicine Unit ("Team 7/CMU")) to be headed by a new five-year time limited supernumerary post (i.e. from 1 April 2018 to 31 March 2023) designated as Principal Assistant Secretary for Food and Health (Health) 7/Head (Chinese Medicine Unit) ("PAS(H)7/Head(CMU)") to, among others, take over the policy matters of Chinese medicine. Separately, a new Chinese Medicine Hospital Project Office was proposed to be set up to oversee the Chinese medicine hospital project and take forward the planning, tendering and construction of the first Chinese medicine hospital in the reserved site in Tseung Kwan O under the headship of a Project Director to be seconded from HA. Pointing out that one of the duties of PAS(H)7/Head(CMU) was to decide the positioning of Chinese medicine in the public healthcare system, Mr POON Siu-ping sought clarification about the respective roles of PAS(H)7/Head(CMU) and the Project Director in this regard.

10. SFH advised that the Project Director of the Chinese Medicine Hospital Project Office would solely be responsible to oversee the Chinese medicine hospital project, whereas PAS(H)7/Head(CMU) was responsible to oversee the overall development of Chinese medicine in Hong Kong, which included, among others, the putting into clinical practice the Integrated Chinese-Western Medicine model with Chinese medicine having the predominant role which would serve as the basis for formulating the mode of operation of the Chinese medicine hospital. In response to Dr KWOK Ka-ki's enquiry, PSFH(H) advised that the Project Director, who would be seconded from HA, would not be included in the headcount on civil service establishment.

11. While expressing support for the proposed re-organization of FHB's Health Branch, Mr SHIU Ka-chun questioned about the reason why the Chinese Medicine Unit, which was responsible for policy matters relating to the long-term development of Chinese medicine in Hong Kong, would be headed by a five-year time-limited post holder. PSFH(H) stressed that the Administration had to exercise due prudence in creating directorate posts. The current proposal provided flexibility for the Administration to consider the way forward, including the service needs for the post and if so, the level of directorate support required, in 2021-2022 having regard to operational exigencies at that time.

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12. While welcoming the proposal to create a dedicated unit on the development of Chinese medicine, Mr CHAN Han-pan considered it not satisfactory that PAS(H)7/Head(CMU) would be responsible to formulate, co-ordinate and implement policies on both development of Chinese medicine and regulation and registration of Chinese medicines and traders. In his view, these two duties should be discharged by two separate units.

13. SFH and Deputy Secretary for Food and Health (Health) 1 ("DS(H)1") advised that the role of PAS(H)7/Head(CMU) in this regard was confined to the policy level. For the regulation and registration of Chinese medicines and traders, DH was the enforcement authority of the Chinese Medicine Ordinance (Cap. 549) which provided for the regulation of the practice of Chinese medicine practitioners and the use, manufacture and trading of Chinese medicines. The Chinese Medicine Council of Hong Kong was established under the Ordinance to implement the regulatory measures for Chinese medicine. It should be noted that a sound regulatory framework of Chinese medicines and traders would in turn help further the development of the Chinese medicine industry. Mr CHAN Han-pan maintained the view that the two duties should be discharged by two separate units in the long run.

14. Expressing support for the proposal to create a dedicated team to take over the policy matters on Chinese medicine, Mr SHIU Ka-fai called on the Administration to allocate more resources to promote the development of Chinese medicine in Hong Kong. Mr CHAN Han-pan was concerned that there had not been much increase in the annual financial provision allocated to the 18 Chinese Medicine Centres for Training and Research over the years. SFH advised that the Administration would review, among others, the remuneration package and the promotion opportunities of Chinese medicine practitioners working in these Centres.

15. In response to Mr POON Siu-ping's enquiry about the non-directorate support for Team 7/CMU and the Chinese Medicine Hospital Project Office respectively, PSFH(H) advised that the former would be supported by eight non-directorate posts and experienced Chinese medicine practitioner would be engaged to provide input for the team through non-civil service contracts. For the Chinese Medicine Hospital Project Office, there would be four non-directorate posts and nine HA secondees. These posts were expected to be created for nine years, i.e. from 2018-2019 to 2026-2027. Referring to the Administration's plan that the age threshold for elderly Comprehensive Social Security Assistance recipients to receive higher standard rates would be raised from 60 to 65 years so as to align with its policy of encouraging young-olds to join the workforce, Mr SHIU Ka-chun asked whether the Administration would consider

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recruiting persons aged between 60 and 64 years to take up the above positions. The Chairman remarked that treating an applicant less or more favourably because of his or her age might constitute age discrimination. DS(H)1 advised that all qualified candidates for civil or non-civil vacancies would be selected on the basis of merits. Since 1 June 2015, the retirement age for new recruits to the civilian grades had been raised to 65 years of age. The Post-retirement Service Contract Scheme also enabled bureaux and departments to employ retired or retiring civil servants to meet their service needs. Separately, there was no prescribed retirement age for non-civil service contract staff.

16. Mr SHIU Ka-fai relayed the concern of the trade and members of the public that the Chinese medicine hospital was proposed to be operated by a non-profit-making organization. In his view, the Administration should provide recurrent subvention to the hospital to ensure that its services would be affordable to most patients and it would fully fulfill its role to support the teaching, clinical training and scientific research of the Chinese medicine education institutions in Hong Kong. SFH advised that the Administration had earlier invited non-profit-making organizations which were interested in developing and operating the Chinese medicine hospital to submit a non-binding expression of interest covering various issues relating to the development of the hospital. After thorough deliberation of the views collected, the Administration subsequently decided to finance the construction of the hospital and invite HA to assist in identifying by way of a tender a suitable non-profit-making organization to take forward and operate the Chinese medicine hospital. A consultation exercise conducted by a consultant was undergoing to gauge views from local stakeholders and overseas experts on the mode of development of the hospital. The plan of the Administration was to brief the Panel in the first half of 2018 on the positioning of the hospital and the development framework for major areas of the hospital upon completion of the consultation and the analysis report.

17. Dr Pierre CHAN asked why it was necessary for the Administration to invite HA to assist in identifying by tender a suitable non-profit-making organization to take forward and operate the hospital after the setting up of the Chinese Medicine Hospital Project Office, and whether HA would be invited to provide assistance in other areas. DS(H)1 advised that while the Chinese Medicine Hospital Project Office would take forward the tendering of the Chinese medicine hospital, institutional backing by HA in the form of secondment was necessary as the civil service did not have the requisite expertise in developing and operating a hospital. In response to Dr Pierre CHAN's follow-up enquiry, DS(H)1 advised that the financial resources required by HA for the employment of the secondees would be covered under the recurrent funding for HA.



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Directorate support for the Electronic Health Record Office and the implementation of the Voluntary Health Insurance Scheme

18. Dr KWOK Ka-ki said that he in general supported the strengthening of the manpower of the Health Branch. However, he cast doubt about the need to regularize the time-limited directorate position of Deputy Head of the Electronic Health Record Office ("DH(eHR)") and to create a non-civil service directorate position for overseeing the implementation of the Voluntary Health Insurance Scheme ("VHIS") as the duties concerning the implementation of electronic health record ("eHR") and VHIS would become routine in due course. In his view, the Administration should contain the size of the directorate establishment.

19. SFH stressed that the total directorate headcount on the Health Branch's establishment would remain 12 after the re-organization. PSFH(H) advised that there was an on-going need to permanently retain the directorate supernumerary post currently designated as DH(eHR) to provide support to Deputy Secretary for Food and Health (Health) 2 ("DS(H)2") who would assume the current duties of Head of the eHR Office ("H(eHR)"), which was a supernumerary directorate post that would lapse on 1 April 2018. These duties included, among others, the statutory functions of the Commissioner for the Electronic Health Record under the Electronic Health Record Sharing System Ordinance (Cap. 625). Separately, a VHIS Office, to be headed by a non-civil service directorate staff (i.e. Head (VHIS)) who had an overall grasp of the intricacies of the insurance and healthcare professions, was proposed to be set up under FHB to take forward the implementation of VHIS. It was proposed that Head (VHIS) would be responsible to Deputy Secretary for Food and Health (Health) 3 ("DS(H)3"), a post renamed from Head of the Healthcare Planning and Development Office which was another supernumerary post proposed to be regularized under the re-organization of the Health Branch. In terms of the work on VHIS, DS(H)3 would be responsible for the long-term development of VHIS and the overall healthcare financing policy. On the other hand, Head (VHIS) would be responsible for the actual implementation of VHIS (such as certification of VHIS-compliant plans), which would be more operational in nature.

20. Dr Pierre CHAN declared that he was a half-time doctor of HA. He agreed with the Administration's proposal to have the duties of H(eHR) be absorbed by DS(H)2 when the post of H(eHR) lapsed on 1 April 2018. However, he expressed concern about the unsatisfactory progress of the Electronic Health Record Office in taking forward eHR sharing under the headship of H(eHR) since the creation of the post in 2009. In particular, the design of the Electronic Health Record Sharing System ("eHRSS") was

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largely based on the Clinical Management System ("CMS") of HA. While eHRSS had been launched in March 2016, the absence of an integrated Clinical Information Management System ("CIMS") in all DH clinics had made them unable to upload their patients' health records to eHRSS for sharing. In addition, the lack of contribution of sharable data from private healthcare providers had undermined the function of eHRSS to facilitate two-way sharing of eHR amongst public and private healthcare providers for the benefit of patients.

21. SFH advised that the main targets of the Stage One eHR Programme, which included the development of an eHR sharing platform and the putting in place a piece of eHR legislation to provide the legal, privacy and security framework on eHR sharing, had been accomplished. Under the Stage Two eHR Programme, the Administration was pressing ahead with the Stage Two developments which included, among others, developing a Patient Portal, adding new features for sharing of radiological images and Chinese medicine information and studying the non-disclosure options for data sharing. H(eHR) explained that the user interface of eHRSS was designed based on that of CMS of HA so as to facilitate private healthcare providers who were already familiar with it under the Public Private Interface-Electronic Patient Record Sharing Pilot Project. That said, it should be noted that the information technology infrastructure, security safeguards and conceptual design of the two systems were different and that eHRSS and CMS of HA were two separate and different systems.

22. As regards the sharing capability of DH, H(eHR) advised that a consultant had been engaged by DH to conduct an Information System Strategic Study to formulate the strategies and the roadmap in this regard. Given the scale and complexity of the work involved, the computerization and participation in eHRSS by various clinical services of DH would take time to fully implement. At present, CIMS was implemented in 64 clinics under six clinical service units of DH, with about 800 000 health data (including all childhood immunisation records) involving some 70 000 healthcare recipients being provided to eHRSS. It was expected that the number of health data to be shared by DH as well as private healthcare providers would increase over time.

Conclusion

23. In closing, the Chairman concluded that the Panel did not object to the submission of the staffing proposals arising from the re-organization of FHB's Health Branch to the Establishment Subcommittee for consideration.

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**VI. Preparation for winter surge**

[LC Paper Nos. CB(2)296/17-18(04) to (05)]

24. Under Secretary for Food and Health briefed members on the preparatory work carried out by the Administration to tackle influenza winter surge, details of which were set out in the Administration's paper (LC Paper No. CB(2)296/17-18(04)).

25. Members noted the background brief entitled "Preparation for winter surge" prepared by the LegCo Secretariat (LC Paper No. CB(2)296/17-18(05)).

26. The Chairman invited the Administration to respond to the issues raised in the letter dated 15 November 2017 from Mr CHAN Han-pan about the measures carried out by the Administration to prevent and control pulmonary TB. Consultant Chest Physician, Centre for Health Protection of DH ("CCP, CHP") advised that TB was not as contagious as other communicable diseases such as influenza, as transmission of the bacteria causing TB required prolonged and close exposure. Hence, individual TB cases would not impose significant health risk to the community. TB was a treatable and curable disease. To avoid delays in seeking medical care and to lower the risk of transmission, it was vital not to create a negative labelling effect on TB patients. Against the above backdrop, CHP had struck a balance between the public's right to information and patients' privacy in the handling of the recent pulmonary TB cases identified in a secondary school in Shatin ("the pulmonary TB cases in a Shatin school").

Peak season for the outbreak of influenza

27. Dr Pierre CHAN said that based on past surveillance data published by the Centre for Health Protection ("CHP"), the period from December to April in the following year was generally considered as the peak season for the outbreak of influenza and there was usually another milder peak during summer time. However, local activity of seasonal influenza was relatively mild during the period from December 2016 to April 2017. The peak season for the outbreak of influenza turned out to take place during summer time in 2017. In his view, HA was less prepared to tackle the unexpected summer surge. Noting that the 2017 summer season was predominated by influenza A (H3N2) virus, he asked whether the characterization of antigenic or genetic changes of seasonal influenza viruses performed by the Public Health Laboratory Services Branch ("PHLSB") of CHP had detected any antigenic changes in the local circulating influenza A (H3N2) virus which might cause another summer surge in 2018, and what response measures would be put in place by the Administration in this regard.

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28. Controller, CHP advised that virus characterization performed by PHLSB had so far detected no significant antigenic changes in the currently circulating influenza A (H3) strain. No antigenic drift of the virus was detected in recent seasons. He stressed that vaccination and strict personal and environmental hygiene, such as proper hand hygiene and proper use of masks, remained the most effective means to prevent seasonal influenza.

Seasonal influenza vaccination

29. Noting that vaccination was one of the effective means to prevent seasonal influenza and its complications, Mr POON Siu-ping asked about the respective uptake rates of seasonal influenza vaccine for eligible persons covered under the Government Vaccination Programme ("GVP") and the whole population.

30. Controller, CHP advised that as at 12 November 2017, more than 270 000 doses of seasonal influenza vaccine were administered via the GVP for the 2017-2018 season. The vaccination rate was slightly higher than the same period in the 2016-2017 season. While the Administration did not have statistics on the number of persons receiving vaccination not under GVP and the Vaccination Subsidy Scheme but at their own expense, the last survey results on the coverage of seasonal influenza vaccination conducted by CHP showed that about 12% of the local population had received vaccination. Efforts had been and would continue be made to encourage members of the public to receive vaccination. In response to Mr POON Siu-ping's enquiry as to whether the unused seasonal influenza vaccines procured under GVP, if any, could be administered to persons who were not eligible for free vaccination under GVP but were willing to get vaccinated, Controller, CHP advised that past experience showed that there would not be many vaccines left upon conclusion of the Programme.

HA's response measures for winter surge

31. Mr POON Siu-ping asked about the manpower requirement for the planned increase in the capacity of polymerase chain reaction ("PCR") testing for rapid diagnosis of influenza infections from about 30 000 to 100 000 during the winter surge period. Director (Cluster Services), HA ("D(CS), HA") advised that PCR tests would be provided by the seven cluster laboratories to all patients of acute public hospitals presenting with influenza-like-illness symptoms. The test results would be available within 24 hours to facilitate appropriate clinical treatment. Separately, manpower support was strengthened during the winter surge period by, among others, implementing the Special Honorarium Scheme for staff who worked extra hours on a voluntary basis.

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32. Ms Alice MAK urged HA to strengthen its manpower, in particular that of its care-related support staff, to cope with the heavy work pressure arising from the opening of temporary beds during the winter surge period. D(CS), HA advised that in view of the high turnover rate of the care-related support staff, HA had put in place measures to retain the staff, such as enhancing their career prospects, and recruit part-time staff to increase the flexibility in staff deployment. It was estimated that there would be an increase of 129 doctors and 823 nurses in HA in 2017-2018 as compared with 2016-2017. With the number of local medical graduates completing internship training increased by 100 to 420 starting from 2018-2019, the manpower of doctors would be further strengthened by then.

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33. Dr Pierre CHAN sought information on the number of HA's patients who were transferred to private hospitals with low-cost hospital bed arrangement for completion of treatment during the summer surge in 2017, and the number of private hospital beds and expenditure so involved. Mr POON Siu-ping asked whether similar arrangement would be made for the 2017-2018 winter surge. Noting that 229 new beds were being opened in public hospitals in 2017-2018, he asked about the number of new beds to be opened in 2018-2019. Dr Helena WONG enquired about the bed capacity of public hospitals to tackle the upcoming winter surge. She was concerned about the healthcare manpower and space requirement for the additional beds. Her concern was shared by Dr Pierre CHAN.

34. D(CS), HA advised that in 2017-2018, 229 new beds were being opened in those public hospitals with high service demand. It was planned that another 500-odd new beds would be opened in 2018-2019. To prepare for the 2017-2018 winter surge, HA anticipated the opening of more than 600 time-limited and temporary beds in phases. About one-third of these beds would be located in the new space provided for by works projects, and the remaining two-thirds would be located in the existing space. The plan of HA was that the some of the 500 new beds to be opened in 2018-2019 would be beds regularized from the said time-limited beds. While the manpower requirement for the opening of the time-limited and temporary beds could only be met by the manpower provided under the Special Honorarium Scheme and the recruitment of part-time staff, it was expected that the increase in manpower supply of local medical graduates completing internship training and nurses in 2018-2019 would be able to meet the increased bed capacity in the next financial year.

35. Dr Helena WONG expressed concern that given the already serious hospital ward congestion problem, the opening of new beds would further lower the bed-to-bed distance for droplets precautions. She questioned about the enhanced infection control measures put in place by HA during

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the winter surge period, in particular measures to address the "superbugs" (i.e. microorganisms became resistant to antimicrobials). D(CS), HA advised that HA had, among others, recruited additional staff to perform cleansing services so as to maintain environmental hygiene of clinical areas. In response to Dr Helena WONG's enquiry as to whether the relevant actions set out in the Hong Kong Strategy and Action Plan on Antimicrobial Resistance launched in July 2017 would be implemented in public hospitals, D(CS), HA replied in the affirmative.

36. Dr Pierre CHAN said that in his observation, the Accident and Emergency ("A&E") Departments, medical wards and paediatric wards of a few public hospitals were the most pressurized areas during the peak seasons for influenza outbreak in the past few years. He asked whether HA would take specific measures to address the problem. D(CS), HA advised that the Queen Elizabeth Hospital and the Prince of Wales Hospital faced serious access block problem in the A&E Departments during the past winter surge periods. To alleviate the problem, more than half of the 600 time-limited and temporary beds would be opened in the Kowloon Central ("KC") Cluster and the New Territories East Cluster where the two hospitals belonged to. In addition, the re-delineation of the cluster boundary of and the subsequent re-organization of service provision in the KC Cluster would enable its better management of the service demand for acute-convalescent care.

37. Dr Pierre CHAN was of the view that the internal communication initiative of conducting hospital visits and cluster forums for engaging the frontline staff would further put a strain on the already tight manpower of HA. He suggested that the healthcare professionals at the management level of the HA Headquarters could help out in a consultation session at the general outpatient clinics and the A&E Departments of public hospitals once a week in order to have a better understanding of daily work and working environment of frontline staff and spare the frontline doctors to conduct additional ward rounds. D(CS), HA said that he himself was open to the suggestion, adding that the main objective of conducting hospital visits and cluster forums was to gauge the views of frontline staff on new policies and measures to see if any fine-tuning was required.

Prevention and control of pulmonary TB

38. Ms Alice MAK said that to her understanding, there was an increasing number of parents who were reluctant to have their children vaccinated for the prevention of various vaccine preventable diseases. She asked whether this was the case for the vaccination of Bacilli Calmette-Guerin ("BCG") for protection against TB, and whether the Administration

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would step up promotion in this regard. CCP, CHP advised that BCG vaccination was provided by DH to all newborn babies, as well as children aged below 15 years and had never received the vaccine before. The vaccination rate was consistently high at more than 95%. DH would continue to step up promotion in this regard. He reiterated that it was vital not to create a negative labelling effect on TB patients to avoid their delays in seeking medical care.

39. Dr Helena WONG expressed grave concern about the recent media reports concerning the pulmonary TB cases in a Shatin school and the outbreak of the disease in a middle school in Hunan Province. She asked about the surveillance and control measures put in place by DH to contain the spread of pulmonary and extrapulmonary TB in the school setting and in the community, in particular how DH could prevent delay in reporting any suspected cases or outbreaks of the diseases by schools and the measures taken by DH at the border control point(s) in the territory to avoid imported cases of TB to safeguard public health.

40. CCP, CHP advised that TB was a notifiable infectious disease. DH would continue to closely monitor the TB activity in various local settings, including schools and residential institutions. In the past few years, there was on average about 10 occasions of clustering of notified TB cases from schools each year. Upon receipt of notification from schools, DH would conduct epidemiological investigation and provide advice on necessary prevention and control measures. Treatment would be provided for both confirmed TB cases and latent TB infection cases.

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41. The Chairman requested the Administration to provide information in writing on its handling of the pulmonary TB cases in a Shatin school and Dr Helena WONG's concerns on the prevention and control of TB as set out in paragraph 39 above.

**VII. Any other business**

42. The Chairman said that this would possibly be the last Panel meeting attended by Dr CHEUNG Wai-lun in his capacity of D(CS), HA before the commencement of his retirement leave. On behalf of the Panel, the Chairman expressed gratitude for his continuous support for the work of the Panel in the past some 10 years' time. Dr CHEUNG Wai-lun expressed his appreciation for members' support to the work of HA.

43. The Chairman reminded members that a joint meeting of the Panel, the Panel on Education and the WS Panel would be held on 20 December

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2017 at 10:30 am to discuss with the Administration the subject "Mental health of adolescents".

44. There being no other business, the meeting ended at 6:30 pm.

Council Business Division 2  
Legislative Council Secretariat  
12 April 2018