

**立法會**  
**Legislative Council**

LC Paper No. CB(2)2014/17-18  
(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of meeting**  
**held on Monday, 19 March 2018, at 4:30 pm**  
**in Conference Room 2 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 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
  - Hon CHU Hoi-dick
  - Dr Hon Junius HO Kwan-yiu, JP
  - Hon SHIU Ka-fai
  - Hon SHIU Ka-chun
  - Hon KWONG Chun-yu
- Members attending** :
- Hon WU Chi-wai, MH
  - Hon Wilson OR Chong-shing, MH
  - Hon HUI Chi-fung

**Members absent** : Hon Mrs Regina IP LAU Suk-ye, GBS, JP  
Dr Hon CHIANG Lai-wan, JP

**Public Officers attending** : Item III

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

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

Mr Bill LI Chi-pang  
Deputy Head, Healthcare Planning and Development  
Office  
Food and Health Bureau

Mr Derek LEE Chi-chung  
Chief Research Scientist, Research Office  
Food and Health Bureau

Mr CHIU Kwok-kit, JP  
Deputy Commissioner (Technical)  
Inland Revenue Department

Ms WONG Pui-ki  
Senior Assessor (Research) 2  
Inland Revenue Department

Items IV and V

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

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

Dr Tony KO  
Deputising Director (Cluster Services)  
Hospital Authority

Item IV

Dr Albert LO  
Cluster Chief Executive, Kowloon Central Cluster  
Hospital Authority

Dr LUK Che-chung  
Cluster Chief Executive, Hong Kong West Cluster  
Hospital Authority

Dr Eric CHEUNG  
Hospital Chief Executive, Kwong Wah Hospital  
Hospital Authority

Dr HO Hiu-fai  
Deputy Hospital Chief Executive (Professional  
Services), Queen Elizabeth Hospital  
Hospital Authority

Dr CHONG Yee-hung  
Hospital Chief Executive (Designate), Our Lady of  
Maryknoll Hospital and Hospital Chief Executive,  
Hong Kong Buddhist Hospital / Tung Wah Group Of  
Hospitals Wong Tai Sin Hospital  
Hospital Authority

Dr PANG Fei-chau  
Hospital Chief Executive, Grantham Hospital  
Hospital Authority

Mr Donald LI  
Chief Manager (Capital Planning)  
Hospital Authority

Mr Andrew WONG  
Chief Project Manager (Capital Projects) 2  
Hospital Authority

Item V

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

Dr SK CHUANG  
Consultant Community Medicine (Communicable Disease)  
Department of Health

Dr Liza TO  
Head, Programme Management and Professional  
Development Branch  
Department of Health

Dr Ian CHEUNG  
Chief Manager (Cluster Performance)  
Hospital Authority

Ms Mary YUNG  
Chief Manager (Budget Planning and Management)  
Hospital Authority

Mr David MAK  
Chief Manager (Human Resources) 1  
Hospital Authority

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

**Staff in attendance** : 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 Nos. CB(2)888/17-18(01), CB(2)1021/17-18(01) and  
CB(2)1071/17-18(01)]

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

- (a) Administration's paper provided in February 2018 on the annual report of the Hospital Authority ("HA") on the use of

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the \$13 billion one-off grant for the carrying out of minor works projects for its facilities;

- (b) Information paper provided by the Administration on the proposed extension of Kowloon Psychiatric Observation Unit; and
- (c) Letter dated 19 March 2018 from Dr KWOK Ka-ki requesting the Panel to hold a joint meeting with the Panel on Welfare Services ("the WS Panel") to discuss the mental health of children and adolescents.

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

[LC Paper Nos. CB(2)1022/17-18(01) and (02)]

Regular meeting in April 2018

2. Dr KWOK Ka-ki suggested that the Panel should discuss the Administration's proposal to extend Kowloon Psychiatric Observation Unit as set out in its information paper (LC Paper No. CB(2)1021/17-18(01)) which was circulated to the Panel.

3. The Chairman suggested and members agreed to discuss the above subject, and the subjects "Review of the implementation of the smoking ban at the bus interchanges at the eight tunnel portal areas" and "Information technology enhancement project of Department of Health ("DH")" as proposed by the Administration at the April regular meeting of the Panel on 24 April 2018 at 4:30 pm.

*(Post-meeting note: At the request of the Administration and with the concurrence of the Chairman, the agenda item "Review of the implementation of the smoking ban at the bus interchanges at the eight tunnel portal areas" has been renamed as "Smoking ban at bus interchanges leading to tunnels or expressways", and a new item "Creation of one supernumerary Chief Quantity Surveyor post in the Architectural Services Department for the implementation of the 10-year Hospital Development Plan ("HDP")" was included in the agenda of the April regular meeting.)*

Special meeting on mental health of children and adolescents

4. Referring to his letter dated 19 March 2018 (LC Paper No. CB(2)1071/17-18(01)), Dr KWOK Ka-ki proposed that the Administration

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should brief the Panels on the work progress of the Advisory Committee on Mental Health since its establishment in November 2017 and measures to address the mental health problem of children and adolescents at a joint meeting between the Panel and the WS Panel. Dr Elizabeth QUAT expressed support for holding the proposed joint meeting. Expressing concern over the lack of financial and manpower resources to provide early intervention and support services for children with mental health needs in the kindergarten setting, Mr Tommy CHEUNG suggested that the proposed joint meeting should be held by the Panel, the Panel on Education ("the ED Panel") and the WS Panel. Dr KWOK Ka-ki expressed support for Mr Tommy CHEUNG's suggestion.

5. The Chairman suggested and members agreed that subject to the views of the respective Chairmen of the ED Panel and the WS Panel, the three Panels would hold a joint meeting to discuss issues relating to the mental health of children and adolescents.

*(Post-meeting note: With the concurrence of the respective Chairmen of the Panel, ED Panel and the WS Panel, a joint meeting of the three Panels has been scheduled for 23 April 2018 at 4:45 pm for the above purpose.)*

**III. The legislative proposal for introducing tax deduction under the Voluntary Health Insurance Scheme**

[LC Paper Nos. CB(2)1022/17-18(03) and (04)]

6. Secretary for Food and Health ("SFH") briefed members on the implementation of the Voluntary Health Insurance Scheme ("VHIS") and the legislative proposal for introducing tax deduction for premiums paid in respect of individual hospital indemnity insurance policies certified to be in compliance with VHIS ("VHIS policies") ("the legislative proposal"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1022/17-18(03)).

7. Members noted the background brief entitled "Voluntary Health Insurance Scheme" prepared by the Legislative Council ("LegCo") Secretariat (LC Paper No. CB(2)1022/17-18(04)).

Re-examination of the High Risk Pool proposal

8. Ms Alice MAK held the view that the phased implementation of VHIS without the Minimum Requirement in relation to guaranteed acceptance with premium loading cap which had to be underpinned by

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High Risk Pool ("HRP") would leave many elders and chronic disease patients, who accounted for the largest proportion of patients of public hospital services, unable to benefit from VHIS. She asked whether the Administration had assessed whether the phased implementation of VHIS could still achieve its objective of encouraging more people who could afford to take out individual hospital indemnity insurance and use private healthcare services, so that the public sector could focus on serving its target areas and population groups. Mr WONG Ting-kwong was concerned about the uptake of VHIS in the absence of HRP. Dr Fernando CHEUNG remarked that he was supportive to offering of tax deduction for taxpayers who purchased VHIS policies. However, the current design of VHIS was not desirable as it could not benefit the vulnerable. In his view, the legislative proposal should be introduced only when the design of VHIS was further refined. Mr SHIU Ka-chun held the view that the implementation of VHIS would result in health inequality by driving the middle-class to private healthcare sector and leaving low-income and under-privileged groups in the public healthcare sector. He sought information about the number of VHIS subscribers required in order to achieve its aim to address the imbalance between the public and private sectors in hospital services.

9. SFH stressed that VHIS was not intended as a total solution to all the challenges brought about by a rapidly ageing population and the associated increasing prevalence of chronic diseases to the healthcare system. The current-term Government was determined to step up its efforts to promote primary healthcare with a view to, among others, enhancing the public's ability in self-management of health and thereby reducing the demand for hospitalization. The public healthcare system would continue to be the cornerstone of the healthcare system, acting as the safety net for all and remaining robust through continued investment from the Government. SFH further advised that the 2014 public consultation exercise on VHIS revealed that there were divergent views over the proposed establishment of HRP. Hence, a phased approach was adopted by launching VHIS first and re-examining the HRP proposal at a later stage. The Administration would step up the promotion of VHIS to encourage more people to take up VHIS policies when they were young and healthy so as to enjoy guaranteed renewal until 100 years old. According to an actuarial study, it was estimated that about one million people would purchase or migrate to VHIS policies in the first two years of implementation. Mr YIU Si-wing was of the view that the Administration should assess the age distribution of the one million people who were expected to purchase or migrate to VHIS policies to ensure that there were enough younger and healthier subscribers to sustain VHIS.

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10. Dr Pierre CHAN noted that it was announced in the 2008-2009 Budget that the Administration would draw \$50 billion from the fiscal reserve to assist the implementation of healthcare reform when supplementary financing arrangements were finalized for implementation. It was subsequently estimated that \$4.3 billion (in 2012 constant prices) out of the \$50 billion fiscal reserve would be required to fund the operation of the proposed HRP under VHIS for a 25-year period (i.e. from 2016 to 2040). Given that the latest plan of the Administration was to re-examine the HRP proposal at a later stage, he asked about the use of the \$50 billion. SFH advised that \$10 billion had been allocated to set up an endowment fund for HA to pursue public-private partnership initiatives, and a loan of \$4.033 billion had been offered to The Chinese University of Hong Kong for developing a non-profit-making private teaching hospital. Separately, a one-off provision of \$200 billion had been earmarked for the implementation of the 10-year HDP. Mr CHAN Kin-por considered that the \$50 billion should be used to establish HRP and offer premium discount for new subscribers as well as savings for paying future premium under VHIS as originally proposed in 2010. Mr CHAN Chi-chuen requested the Administration to provide, in table form, a breakdown by expenditure items of the amount originally planned to be used and the amount that had been used so far under the \$50 billion earmarked for healthcare reform.

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11. In response to Mr CHAN Chi-chuen's question about the timetable for re-examining the HRP proposal, SFH advised that upon the passage of the relevant Bill on the legislative proposal to be introduced into LegCo in the second quarter of 2018, the Administration planned to launch VHIS in early 2019. It would re-examine the HRP proposal at a later stage, taking into account, among others, the experience of actual implementation of VHIS.

Features of VHIS

12. Dr KWOK Ka-ki considered that the current benefit schedule of Standard Plan which did not cover specialist outpatient services could not benefit people who were young and relatively healthy as people aged 25 to 45 accounted for the smallest proportion of admissions to public hospitals. Under VHIS, there was no regulation of the premium levels and the level of expense loading of those insurers which had registered to join VHIS and provide VHIS-compliant insurance plans ("the VHIS providers"). Policyholders who took up VHIS policies at their younger age might, for various reasons, become unable to afford the premium at the old age after continuing staying insured under VHIS for years. In his view, the Administration should subsidize half of the premiums paid by those who subscribed VHIS between the ages of 25 to 45. Mr CHAN Kin-por remarked that about 80% of the premiums for hospital indemnity insurance



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policies was used to cover fees and charges by private hospitals and doctors. Any regulation of the premium levels should only be imposed if the fees and changes of private hospitals and doctors would be regulated. In his view, the Administration should introduce diagnosis-related groups packaged pricing to contain healthcare expenses for certain treatment or procedures so as to facilitate the VHIS providers to set a lump-sum benefit level for these treatment and procedures.

13. SFH advised that efforts had been and would continuously be made to enhance the price transparency of private healthcare services to enable people to exercise informed choice. A case in point was that the Administration, in collaboration with the Hong Kong Private Hospitals Association, was piloting the measures of encouraging private hospitals to provide budget estimates on specified common and non-emergency treatments and procedures, and publicize on their websites the fee schedules of the major chargeable items and the historical bill sizes of specified common treatments and procedures.

14. Dr KWOK Ka-ki considered that the benefit limits of \$80,000 per policy year under the benefit item of non-surgical cancer treatments of Standard Plan was far from adequate to cover the high medical costs on radiotherapy, chemotherapy and targeted therapy for treatment of cancer. Since an aim of VHIS was to enable the public healthcare sector to focus on serving its target areas and population groups by encouraging more people to use private healthcare services, he opined that the Administration should cover the medical expenses of the insured that exceeded the above benefit limits. SFH explained that consumers who wished to have enhanced protection could choose to purchase Flexi Plan policies under VHIS, and that there was a need to strike a balance between higher benefit limits and an affordable premium.

The legislative proposal

15. Dr Elizabeth QUAT noted that the maximum deduction for qualifying premiums paid by the taxpayer for himself or herself and/or each of his or her dependants under VHIS policies for a year of assessment was proposed to be \$8,000. She expressed concern as to whether the amount of net saving in tax, which would be at a maximum of \$1,360 per insured person at a marginal tax rate of 17%, could provide adequate incentive to encourage people to take up VHIS policies so as to alleviate the pressure on the public healthcare system. Mr WONG Ting-kwong opined that the maximum deduction for qualifying premiums was too low. This, together with the currently cumbersome claims process of insurance, could hardly incentivize people to take up VHIS policies. Mr CHAN Han-pan remarked

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that the proposed maximum deduction was too low to boost the uptake of VHIS policies. In addition, low-income earners who did not need to pay tax would not benefit from the legislative proposal. Dr Pierre CHAN pointed out that according to the Census and Statistics Department, the median and the 75th percentile monthly wages of employees was \$16,800 and \$26,300 respectively in mid-2017. Against the above, the net saving in tax for most taxpayers who purchased VHIS policies for themselves would be in the range of only several hundred dollars in a year of assessment. Expressing support for the implementation of VHIS, Dr Junius HO suggested that the maximum deduction should be raised from \$8,000 to \$10,000 per insured person, and an option should be offered to those policy holders aged 45 or above for having the payment of the relevant premiums be covered by the accrued benefits held in their Mandatory Provident Fund account, so long as the accrued benefits so used did not exceed \$5,000 per year.

16. SFH advised that the tax deduction was an added incentive for the public to purchase VHIS-compliant plans. According to the independent consultant commissioned by the Administration, about 90% of the policy holders of Standard Plans could have their qualifying premiums fully deductible under the current proposal. It should also be noted that there was no cap on the number of dependants that were eligible for tax deduction. It was expected that by improving the accessibility, quality and transparency of individual hospital indemnity insurance through the implementation of VHIS, consumers would have more confidence and certainty in making use of their insurance coverage to patronage private healthcare services, thereby alleviating the long-term financing pressure on public healthcare system.

17. Mr SHIU Ka-chun enquired about the estimated tax revenue to be forgone for each year of assessment. SFH advised that under the legislative proposal, the tax revenue foregone was estimated to be about \$800 million by the third year of implementation. In response to Mr CHAN Han-pan's enquiry, SFH advised that it was projected that with the implementation of VHIS, the share of the public sector in total inpatient and day cases discharges in 2040 would be reduced by about five percentage points when compared with the scenario without the implementation of VHIS. She agreed to provide a detailed written response in this regard.

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18. Mr YIU Si-wing sought clarification as to whether tax deduction was allowed for premiums paid in respect of individual hospital indemnity insurance plans which met the minimum compliant product requirements of VHIS but with a savings component. SFH advised that VHIS providers might opt to offer Flexi Plans with enhancement(s) of indemnity hospital

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insurance nature to any or all of the protections or terms that the Standard Plan provided and with certification to be in compliance with VHIS. Qualifying premiums paid in respect of a VHIS policy in so far as it related to the coverage of a VHIS-compliant plan, be it a Standard Plan or Flexi Plan, would be eligible for tax deduction.

19. Dr Elizabeth QUAT was concerned about the migration arrangement for policy holders who had signed up for individual indemnity hospital insurance products before the implementation of VHIS. SFH advised that the VHIS providers would be required to offer all existing policy holders an opportunity to transfer their plans to VHIS-compliant plans voluntarily.

Governance of VHIS

20. Mr CHAN Kin-por was of the view that the Insurance Authority, instead of the VHIS Office under the Food and Health Bureau ("FHB"), should take up the function of monitoring VHIS in the long run to avoid duplication of duties. SFH explained that the Insurance Authority would continue to serve as the regulator of the insurance industry, whereas the VHIS Office would be responsible for issuing the VHIS practice guidelines as well as handling public enquiries on and monitor compliance of these guidelines.

*[At 5:42 pm, the Chairman suggested and members agreed that the meeting be extended for 30 minutes beyond its appointed time.]*

**IV. Five hospital projects under 10-year Hospital Development Plan**  
[LC Paper Nos. CB(2)1022/17-18(05) to (06) and CB(2)1059/17-18(01)]

21. Members noted the paper provided by the Administration (LC Paper No. CB(2)1022/17-18(05)) and the background brief prepared by the LegCo Secretariat (LC Paper No. CB(2)1022/17-18(06)) on the subject under discussion.

22. Members also noted a submission from the Southern District Council on the redevelopment of Grantham Hospital ("GH") (LC Paper No. CB(2)1059/17-18(01)).

Redevelopment of GH, phase 1

23. Mr HUI Chi-fung noted that the redeveloped GH would serve as an academic ambulatory care centre with strong presence of cancer service.

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Given that the elderly population of the Hong Kong West Cluster would increase by 48% from 2016 to 2024, he urged the Administration to take heed the strong call of the Central and Western District Council for enhancing the transport network serving GH and providing barrier-free access between the redeveloped GH and the Ocean Park MTR Station. Under Secretary for Food and Health ("USFH") advised that the consultant to be engaged by HA to carry out the preparatory works of the redevelopment of GH, phase 1, would be required to, among others, make recommendations on improving the accessibility of the redeveloped GH.

Redevelopment of Kwong Wah Hospital

24. Dr Helena WONG said that The Democratic Party was supportive of the five proposed hospital projects. She urged the Administration to liaise with HA and the MTR Corporation Limited to examine the feasibility of providing a covered access route between the Yau Ma Tei MTR Station and the new hospital complex of the redeveloped Kwong Wah Hospital ("KWH") to facilitate the access of elders to the Hospital. USFH advised that efforts had been and would continuously be made by the Administration to discuss with the MTR Corporation Limited on the available options in this regard.

25. Dr Helena WONG noted with concern that the redeveloped KWH would accommodate the reprovisioned facilities of Chinese medicine services and prevent care services currently run by the Tung Wah Group of Hospitals ("TWGHs"), including its integrated Chinese and Western medicine inpatient accommodation with over 50 self-financed beds. She asked whether consideration would be given to including these services as part of HA's standard services, which in her view, was in line with the Administration's policy to promote the development of Chinese medicine. USFH advised that the above proposed arrangement was formulated at the early planning stage of the redevelopment of KWH. The policy direction on the provision of Chinese medicine service in the public healthcare sector would be mapped out in due course following the setting up of a Chinese Medicine Unit under FHB. The Administration and HA would re-examine the above proposed arrangement where necessary having taken into account the latest policy direction in this regard.

26. Dr Pierre CHAN noted that the annual capacity for specialist outpatient clinic attendances of KWH would be increased significantly from 362 400 in 2016-2017 to around 600 000 upon completion of the redevelopment project of KWH in 2025. He requested the Administration to advise in writing the estimated additional recurrent expenditure and manpower required to support the redeveloped KWH; and how the

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redeveloped KWH could meet the increased healthcare service demand, particularly that of the Yau Tsim Mong District arising from the relocation of most of the services of Queen Elizabeth Hospital ("QEHA") to the new acute hospital at Kai Tak Development Area ("KTDA"), of which the development was aimed to be completed in 2024.

Redevelopment of Our Lady of MaryKnoll Hospital

27. While expressing support for the five proposed hospital projects, Mr Wilson OR was disappointed that the Administration had turned a deaf ear to the repeated calls of the Democratic Alliance for the Betterment and Progress of Hong Kong and the Wong Tai Sin ("WTS") District Council for including Accident and Emergency ("A&E") service and 24-hour outpatient service in the scope of services of, and increasing the number of additional hospital beds to be provided at the redeveloped Our Lady of MaryKnoll Hospital ("OLMH"). Dr Pierre CHAN expressed support for the five proposed hospital projects. He said that to his understanding, healthcare personnel of OLMH were willing to provide 24-hour general outpatient services at the Hospital. Ms Starry LEE remarked that with the investment and commitment of the Government in recent years to enhance the capacity of public healthcare services, she could not see the reason why 24-hour outpatient services could not be provided at the redeveloped OLMH. At the very least, a pilot scheme could first be rolled out at OLMH to test the utilization of 24-hour outpatient services. Dr Elizabeth QUAT called on the Administration to address squarely the community's strong call to provide round-the-clock A&E service at the redeveloped OLMH.

28. USFH explained that A&E Departments of public hospitals mainly provided round-the-clock service for critically ill or injured persons who needed urgent medical attention, whereas patients under the care of public general outpatient clinics included chronically ill patients in a stable condition and episodic disease patients with relatively mild symptoms. Hence, patients with severe and acute symptoms should seek consultation at A&E Departments of hospitals where the necessary staffing, equipment and ancillary facilities were in place to provide appropriate treatment and care for these patients. Under the Clinical Services Plan for the Kowloon Central ("KC") Cluster formulated by HA in 2016, the redeveloped OLMH would be a non-acute hospital focusing on providing ambulatory and day services for residents in WTS district. The acute service needs of WTS district would be met by the new acute hospital at KTDA. On the whole, the number of beds of emergency medicine wards of the KC Cluster would be increased by 47% (i.e. from 85 to 125), with QEHA and the new acute hospital at KTDA providing 85 beds, and the redeveloped KWH providing 40 beds.

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29. Mr CHAN Han-pan held the view that the lack of round-the-clock private general outpatient service and the inadequacy in the primary care services provided by the Community Health Centres in taking care of the chronically ill patients had resulted in the fact that patients of semi-urgent and non-urgent cases currently accounted for a large proportion of patients seeking A&E service at public hospitals. He called on the Administration to provide 24-hour outpatient services at the redeveloped OLMH so as to relieve the pressure on the much overloaded A&E services in the public healthcare sector. USFH advised that evening general outpatient service was currently provided by the Family Medicine Clinic ("FMC") of OLMH. If the A&E service of the new acute hospital at KTDA were yet to commence when the redevelopment of OLMH was completed, HA would, having regard to the service needs, implement a pilot scheme to extend the evening outpatient service hours of FMC of OLMH to midnight until the A&E service of the new acute hospital was available.

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HA

30. Mr Wilson OR was discontent about the Administration's reluctance in piloting 24-hour outpatient services at the redeveloped OLMH albeit members' strong call. He requested the Administration to advise in writing the estimated additional recurrent expenditure required for introducing 24-hour general outpatient service in OLMH. USFH assured members that the Administration would keep in view the implementation of the extension of the evening service hours of FMC of OLMH. It was open-minded as to whether the service hours needed to be further extended after review. Ms Starry LEE was of another view that the Administration should first provide 24-hour general outpatient service at OMLH on a pilot basis and review whether the service should be continued afterwards.

31. Mr WU Chi-wai remarked that in the face of an ageing population, the most common cases where elders would need urgent medical attention were stroke and bone fracture. He asked whether the redeveloped OLMH could follow the model of the North Lantau Hospital ("NLH") which would take care of the imminent medical needs of patients and transfer or refer the patients concerned to other public hospitals in the same hospital cluster, such as Princess Margaret Hospital, as and when appropriate. USFH explained that given the considerable distance and travelling time from the North Lantau New Town to other acute hospitals, round-the-clock A&E service was provided at NLH. However, the new acute hospital at KTDA would be easily accessible to residents of WTS.

32. In response to Dr Pierre CHAN's enquiry about the provision of clinical services at OLMH during its redevelopment, USFH advised that it was planned that inpatient service of OLMH would be decanted to other

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hospitals in the KC Cluster during redevelopment, whereas the outpatient service of OLMH would not be affected.

33. In view of the long-standing shortage of inpatient beds in public hospitals, Ms Starry LEE called on the Administration to, in addition to the planned increase of 40 inpatient beds and 16 haemodialysis beds, maximize the floor areas of the redeveloped OLMH to further increase the number of additional inpatient beds provided therein. Dr Elizabeth QUAT held the view that the Administration should strive to increase the number of additional hospital beds under the 10-year HDP.

34. USFH advised that it was planned that the space between beds at the redeveloped OLMH would be increased by more than 60% to meet the modern standard and to comply with the prevailing guidelines on infection control. Upon completion of the 10-year HDP, there would be a net increase of 1 000 hospital beds in the KC Cluster (i.e. a growth of more than 20%) to meet the service demand arising from a growing and ageing population. Mr WU Chi-wai said that to his understanding, the respective space between beds at the redeveloped OLMH and the redeveloped KWH was planned to be around 9 square meters and 7.5 square meters. In the light of the above, he asked whether the space between beds at the redeveloped OLMH could be lowered so as to release more space for increasing the number of addition hospital beds therein. USFH advised that the Administration and HA would continue to explore whether more space could be made available for the provision of additional hospital beds with due regard to a host of factors, including the plot ratio and the infrastructure of the buildings, etc.

35. Dr KWOK Ka-ki was concerned that even with the provision of 5 000-odd additional beds upon the completion of the first 10-year HDP, the number of beds still lagged behind the planning standard of 5.5 beds per 1 000 population as set out in the Hong Kong Planning Standards and Guidelines. In his view, there was no reason for the Administration not to increase the number of beds at the redeveloped OLMH. He requested the Administration and HA to advise in writing the current shortfall of medical beds in HA to meet the service demand across the territory. Mr CHAN Han-pan requested the Administration and HA to advise the current ratio of HA beds per 1 000 population and the corresponding ratio in other places, as well as the estimated ratio after the completion of the first and second 10-year HDPs.

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*[At 18:09 pm, the Chairman suggested and members agreed to deal with the motion proposed by Ms Starry LEE, which was directly related to the*

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*agenda item under discussion and the wording of which had been tabled at the meeting, towards the end of discussion of this agenda item.]*

The first and second 10-year HDPs

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36. Dr Pierre CHAN noted that most of the services of QEH would be relocated to the new acute hospital at KTDA to be developed under the first 10-year HDP, which would provide 2 400 inpatient and day beds, upon its completion. Separately, the Financial Secretary announced in his 2018-2019 Budget that construction of a new hospital at the vacated King's Park site where the existing QEH was located would be one of the projects under the second 10-year HDP, which was expected to deliver a total of 3 000 to 4 000 additional hospital beds. He cast doubt as to whether the calculation of these additional beds had double counted those hospital beds currently provided by QEH which would be reprovisioned at the new hospital under the second 10-year HDP. The Chairman requested the Administration to advise in writing the number of additional hospital beds planned to be provided by each of the projects under the second 10-year HDP.

37. Expressing concern that there was no hospital project in the New Territories West Cluster under the first 10-year HDP, Dr KWOK Ka-ki urged the Administration to commence the second 10-year HDP as early as possible. Mr Wilson OR called on the Administration to start planning for the redevelopment of TWGHs WTS Hospital to cater for the rising healthcare demand of the growing and ageing population in WTS district. USFH advised that the Administration and HA would start planning the second 10-year HDP. The planning would examine, among others, whether TWGHs WTS Hospital should be redeveloped. The Chairman held the view that the needs to redevelop TWGHs WTS Hospital and to demolish the residential care home for the elderly ("RCHE") in close proximity to the Hospital should be considered in one go.

Motion

38. Ms Starry LEE moved the following motion which was seconded by Hon CHAN Han-pan:

"政府於 2016 年《施政報告》提出'10 年醫院發展計劃'，聖母醫院為其中一個項目。但政府當局所提交的聖母醫院重建計劃建議內容並無回應當區居民的主要訴求。本委員會促請當局：



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1. 加快聖母醫院重建進度，並增設急症室或 24 小時急診服務；
2. 增加病床數量、擴大服務範疇及服務量；及
3. 盡快展開東華三院黃大仙醫院重建的研究工作，以優化及完善黃大仙區的整體醫療服務及設施，滿足居民的醫療需要。"

(Translation)

"Our Lady of Maryknoll Hospital ("OLMH") is one of the projects under the 10-year Hospital Development Plan proposed by the Government in the 2016 Policy Address. However, the proposed redevelopment plan of OLMH submitted by the Administration has failed to respond to the major aspirations of local residents. This Panel urges the Administration to:

1. expedite the redevelopment progress of OLMH, and establish an Accident and Emergency Department or introduce 24-hour emergency outpatient services in OLMH;
2. increase the number of hospital beds, as well as expand the service scope and capacity; and
3. expeditiously carry out a study on the redevelopment of TWGHs Wong Tai Sin Hospital, so as to meet the healthcare needs of residents by enhancing and perfecting the overall healthcare services and facilities in Wong Tai Sin."

39. The Chairman put the motion to vote. All eight members present at the meeting indicated support to the motion. Declaring that the motion was carried, the Chairman requested the Administration to provide a written response to the motion. Mr Wilson OR said that he would not support the relevant funding proposal at the Finance Committee ("FC") meeting if the Administration failed to provide convincing justification for not taking heed of the requests of members as set out in the motion.

Admin/  
HA

Conclusion

40. In closing, the Chairman concluded that the Panel did not object to the submission of the proposals of the five hospital projects to the Public Works Subcommittee ("PWSC") for consideration.

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41. Mr CHAN Chi-chuen said that he was supportive of the five proposed hospital projects. However, he expressed dissatisfaction that while today's meeting was the first platform for Members to discuss these five proposed hospital projects, the Chief Executive had earlier remarked that the use of filibuster by some Members had stalled the approval of the funding proposals for these projects. Holding the view that the Government should first submit those items which were less controversial for consideration of FC, he asked about the timetable for the submission of the funding proposals of these five hospital projects to PWSC and FC. USFH advised that the plan of the Administration was to seek funding support and approval for these five hospital projects from PWSC and FC respectively in the second quarter of 2018. Subject to the approval of FC, all the proposed works would commence in 2018.

**V. Response measures for seasonal influenza**

[LC Paper Nos. CB(2)1022/17-18(07) and (08)]

42. USFH briefed members on the response measures of DH and HA on seasonal influenza, in particular the additional measures put in place by HA to alleviate the work pressure and manpower shortage in the winter surge with the additional one-off \$500 million government funding, details of which were set out in the Administration's paper (LC Paper No. CB(2)1022/17-18(07)).

43. Members noted the updated background brief entitled "Measures for the prevention and control of seasonal influenza" prepared by the LegCo Secretariat (LC Paper No. CB(2)1022/17-18(08)).

Seasonal influenza vaccination

44. Dr Pierre CHAN expressed concern over the recent remarks made by a celebrity in the social media on the effectiveness of seasonal influenza vaccination. Noting that these remarks had drawn wide public attention when comparing with the relevant response and promotion made by the Centre for Health Protection on its Facebook, he asked about the further efforts to be made by the Administration to enable members of the public to have a better understanding on the subject.

45. USFH advised that efforts had been and would continuously be made by the Administration to understand the views of members of the public on seasonal influenza vaccination. Controller, Centre for Health Protection, DH ("Controller, CHP") supplemented that vaccination was one of the

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effective means to prevent seasonal influenza and its complications and could reduce the risks of influenza-associated hospitalization and mortality. There was also a continuous increase in the vaccination rates under the Government Vaccination Programme ("GVP") and Vaccination Subsidy Scheme ("VSS") in the past few years. In response to Dr Pierre CHAN's suggestion that the Administration should invite celebrities and key opinion leaders to step up promotion in this regard, Controller, CHP said that DH would consider the suggestion.

46. Dr KWOK Ka-ki asked whether the Administration would provide seasonal influenza vaccination for primary school children in the school setting to prepare for the next winter surge and if so, the target vaccination rate in this regard. Pointing out that the seasonal influenza vaccination uptake rate amongst primary school children was on the low side (i.e. below 15%), Dr Pierre CHAN sought information about the financial and manpower requirements for the Administration to arrange vaccination teams to provide outreach vaccination at primary schools. Citing the experience gained by those enrolled private doctors in VSS in organizing outreach vaccination activities at primary schools as example, he was concerned about the assistance that could be provided by the Administration to private doctors in the maintenance of the cold chain of the vaccines, the handling of clinical waste and encouraging primary schools and parents to join the outreach programme.

47. USFH advised that given the large number of school children involved (i.e. over 1 000 kindergartens/kindergarten-cum-child care centres and over 500 primary schools) and the tight schedule for the completion of the vaccination activities within about two months, the Administration planned to provide free seasonal influenza vaccination at selected primary schools on a pilot basis to prepare for the next winter surge. The Administration would obviate the need for the participating schools to procure the services by tender and would provide assistance in the maintenance of the cold chain of the vaccines and the handling of clinical waste. USFH undertook to provide in writing details of the measures to be introduced to facilitate the organization of outreach seasonal influenza vaccination activities at primary schools, and the information requested by Dr KWOK Ka-ki and Dr Pierre CHAN in paragraph 46 above.

Admin

48. Dr Pierre CHAN expressed concern that nearly one-sixth of vaccines procured by the Administration in each of the past few years were not utilized. Dr KWOK Ka-ki suggested that the unused seasonal influenza vaccines should be supplied to private doctors to benefit people who were not eligible for GVP or VSS but were willing to get vaccinated. Noting that the overall seasonal influenza vaccination rate of Hong Kong was not

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high when comparing with that of the neighbouring places, he asked about the measures to be taken by the Administration to encourage more people to receive vaccination.

49. USFH explained that the number of seasonal influenza vaccines to be purchased by the Administration before the launch of GVP and VSS was determined based on the estimated demand under these programmes. To meet the high demand under the 2017-2018 GVP, over 40 000 additional vaccines had been procured from the vaccine suppliers after the launch of GVP and VSS. While the Administration did not have statistics on the number of persons receiving vaccination not under GVP and VSS, it had been closely in touch with the vaccine suppliers on the supply of seasonal influenza vaccines in the local private healthcare sector.

Antiviral medications

50. Dr KWOK Ka-ki opined that the Administration should supply antiviral drugs (e.g. Tamiflu) stockpiled by HA to RCHEs and private clinics for control of seasonal influenza outbreaks in institutional and community settings. The Chairman sought clarification about the use of antiviral drugs for chemoprophylaxis. USFH advised that DH had reservation to use antiviral drugs for pre-exposure chemoprophylaxis due to insufficient scientific evidence. However, DH would provide antiviral drugs to residents in residential care homes for post-exposure chemoprophylaxis when there was an influenza outbreak. At the request of Dr KWOK Ka-ki, Controller, CHP undertook to provide after the meeting information on the amount and cost of the stockpile of antiviral drugs (e.g. Tamiflu) which had been disposed of by HA in 2017 due to expiry of the shelf-life.

Admin

Measures implemented by HA

51. In response to Dr KWOK Ka-ki's question about how members of the public would benefit from the additional one-off \$500 million government funding to HA, USFH advised that HA had made use of the resources to implement various targeted measures including the increase of healthcare manpower to meet the service demand during winter surge.

52. Dr KWOK Ka-ki held the view that to address the high utilization of medicine wards during winter surge, the Administration and HA should set up temporary fever clinics in the community to provide timely treatment for patients suffering from seasonal influenza and strengthening the visiting medical practitioner services for residents of RCHEs to proactively reduce influenza-associated hospitalization. For the latter, USFH advised that efforts would be made to do so subject to the availability of manpower

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resources. In addition, geriatrics support was currently provided to A&E Departments of public hospitals.

53. Dr Pierre CHAN was concerned that the arrangement that HA would transfer suitable patients to private hospitals with low-cost hospital bed arrangement with HA for completion of treatment had created pressure on the inpatient services of the hospitals concerned. He sought information on the number of patients transferred under the arrangement during the current winter surge and the expenditure involved. Deputising Director (Cluster Services) advised that since the commencement of the 2017-2018 winter influenza season and up to 19 March 2018, a total of 22 HA's patients had been transferred to St. Teresa's Hospital or Hong Kong Adventist Hospital – Tsuen Wan under low-cost hospital bed arrangement. He undertook to provide information on the expenditure so involved after the meeting.

Admin/  
HA

**VI. Any other business**

54. The Chairman reminded members that the Panel would hold a special meeting on 26 March 2018 at 9:30 am to receive views from members of the public on the subject "District Health Centre Pilot Project in Kwai Tsing District". The next regular meeting of the Panel would be held on 24 April 2018 at 4:30 pm.

55. There being no other business, the meeting ended at 7:17 pm.

Council Business Division 2  
Legislative Council Secretariat  
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