

Panel on Health Services

List of follow-up actions

(Position as at 9 October 2017)

Subject	Date of meeting	Follow-up action required	Administration's response
1. Drug management of the Hospital Authority ("HA")	19 December 2016	<p>The Administration/HA was requested to provide information on:</p> <ul style="list-style-type: none"> (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 (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. 	The Administration will provide a response in due course.
2. Consultation Report on Voluntary Health Insurance Scheme ("VHIS")	16 January 2017	<p>The Administration was requested to provide information on:</p> <ul style="list-style-type: none"> (a) a breakdown of the use of the \$50 billion earmarked for healthcare 	The Administration's response was issued to members via LC Paper No. CB(2)1704/16-17(01) on 22 June 2017.

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		<p>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 VHIS in the future; and</p> <p>(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.</p>	
<p>3. Proposed regulatory framework for medical devices</p>	<p>16 January 2017</p>	<p>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 Regulators Forum, as well as the use control categories recommended by the consultant</p>	<p>The Administration's response was issued to members via LC Paper No. CB(2)1820/16-17(01) on 6 July 2017.</p>

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		<p>commissioned by the Government to study the control of use of selected medical devices for cosmetic purposes.</p>	
<p>4. Briefing by the Secretary for Food and Health on the Chief Executive's 2017 Policy Address</p>	<p>26 January 2017</p>	<p>The Administration was requested to provide information on:</p> <ul style="list-style-type: none"> (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. 	<p>The Administration will provide a response in due course.</p>
<p>5. Looking into mental health services and relevant welfare issues in light of the MTR arson attack¹</p>	<p>24 February 2017 (Joint meeting with the Panel on Welfare Services)</p>	<p>The Administration/HA was requested to provide information on:</p> <ul style="list-style-type: none"> (a) HA's performance pledges, key performance indicators and other indicators, if any, on medical services provided for patients with mental health needs; 	<p>The Administration will provide a response in due course.</p>

¹ The item has been separately included in the list of follow-up actions of the Panel on Welfare Services.

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		<p>(b) a breakdown of the number of HA's patients who had been diagnosed as suffering from severe mental illness by their existing mental conditions and by the HA's medical services (e.g. community support under the Case Management Programme) they currently received; and</p> <p>(c) the latest ratio of Hong Kong's population to clinical psychologists in HA.</p>	
<p>6. Legislative proposals for regulation of private healthcare facilities</p>	<p>28 February 2017</p>	<p>The Administration was requested to provide in the Legislative Council Brief on the Private Healthcare Facilities Bill information on the respective numbers of day procedure centres performing the high-risk medical procedures set out in Annex A to LC Paper No. CB(2)845/16-17(01), and private clinics which involved only solo practice or operated by not more than three/four/five registered medical practitioners or registered dentists; and their respective percentages to all day procedure centres and private clinics in the territory.</p>	<p>The information has been included in the Legislative Council Brief on the Private Healthcare Facilities Bill issued on 14 June 2017.</p>

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7. Policy on and drugs for rare diseases	11 April 2017	<p>The Administration/HA was requested to provide information on:</p> <p>(a) the amount of resources allocated by the Government to HA in the past two years for provision of drugs for treatment of rare diseases or uncommon disorders based on the examination of the relevant independent expert panels; and</p> <p>(b) the annual drug expenditure of HA for treatment of patients with rare diseases or uncommon disorders and the number of patients involved.</p>	The Administration will provide a response in due course.
8. Dutiable Commodities (Amendment) Bill 2017	25 April 2017	<p>The Administration/HA was requested to provide information on:</p> <p>(a) the annual number of new alcohol abuse cases involving patients aged under 18 receiving treatment at the relevant clinics managed by HA (such as the Tuen Mun Alcohol Problems Clinic) in the past five years, and the age of the youngest patient(s) involved; and</p> <p>(b) the annual number of those cases referred to in (a) above who were referred to receive inpatient alcohol</p>	The Administration's response was issued to members via LC Paper No. CB(2)2089/16-17(01) on 18 September 2017.

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		treatment services at public hospitals.	
9. Review on mental health	25 April 2017	The Administration/HA was requested to provide information on a study conducted by expert(s) of the United Kingdom on the effectiveness of community treatment orders on clinical outcomes of patients with mental illness, which HA had made reference to.	The Administration will provide a response in due course.
	22 May 2017	<p>The Administration/HA was requested to:</p> <ul style="list-style-type: none"> (a) provide, within the current term of the Government, the proposed terms of reference of the standing Advisory Committee on Mental Health; (b) advise the outcome of the review on the effectiveness of the antipsychotic depot injections newly introduced into HA in 2017, which would be administered at an interval of three months; and (c) advise the number of annual training places in the field of clinical psychology offered by local tertiary institutions. 	The Administration will provide a response in due course.

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10. Inpatient Medication Order Entry ("IPMOE") system	15 May 2017	<p>The Administration/HA was requested to provide:</p> <ul style="list-style-type: none"> (a) information on the expenditure incurred so far for the development of the IPMOE system and the estimated costs for the future system enhancements of the IPMOE system; (b) the report on the interim review of the IPMOE system; and (c) information on the workflow of drug prescribing and the relevant monitoring mechanism under HA's medication order entry system for outpatients. 	The Administration will provide a response in due course.
11. Mechanism for handling medical incidents in public and private hospitals	19 June 2017	<p>The Administration/HA was requested to:</p> <ul style="list-style-type: none"> (a) advise on whether HA had taken any disciplinary actions against its staff for delaying or omitting the reporting of medical incidents classified as sentinel events or serious untoward events to HA Head Office within 24 hours of their identification, as was required under the Sentinel and Serious Untoward Event Policy; 	The Administration will provide a response in due course.

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		<p>(b) explain the reason(s) why the sentinel events relating to "retained instruments or other material after surgery/ interventional procedure" and "death of an inpatient from suicide (including home leave)" remained as the top two categories of sentinel events reported by HA during the period of 1 October 2007 to 30 September 2016, albeit HA had implemented improvement measures identified by the relevant Root Cause Analysis Panels for these incidents, including whether healthcare manpower constraint of HA was a factor attributing to the above phenomenon; and</p> <p>(c) provide details of the support provided by the clusters or hospitals concerned for their staff who were involved in sentinel events or serious untoward events.</p>	
<p>12.Strategic review on healthcare manpower planning and professional development ("the Strategic Review")</p>	<p>19 June 2017</p>	<p>The Administration was requested to provide information on:</p> <p>(a) the total expenditure for commissioning The University of Hong Kong ("HKU") and The Chinese University of Hong</p>	<p>The Administration's response was issued to members via LC Paper No. CB(2)2090/16-17(01) on 18 September 2017.</p>

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		<p>Kong ("CUHK") to provide professional input and technical support to the Strategic Review; and</p> <p>(b) the respective annual amounts of public funds allocated by the University Grants Committee to the faculties of medicine of HKU and CUHK in the past five years.</p>	
13.Hong Kong Strategy and Action Plan on Antimicrobial Resistance	17 July 2017	The Administration/HA was requested to provide a copy of the latest edition of the reference on antibiotic use for medical practitioners (i.e. Inter-hospital Multi-disciplinary Programme on Antimicrobial Chemotherapy) developed by the Centre for Health Protection, HA and some local universities.	The Administration will provide a response in due course.
14.Enhancement of medical fee waiver system of HA	17 July 2017	<p>The Administration/HA was requested to provide information on:</p> <p>(a) the annual number of applicants, who were not on Comprehensive Social Security Assistance ("CSSA"), being granted a medical fee waiver from 2012-2013 to 2016-2017;</p>	The Administration will provide a response in due course.

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		<p>(b) the annual number of approved medical fee waiver applications for non-CSSA recipients aged 65 to 75 from 2012-2013 to 2016-2017; and</p> <p>(c) the estimated number of additional elders that could benefit from medical fee waiver if the waiver was further extended from covering Old Age Living Allowance recipients aged 75 or above to covering those recipients aged 65 or above; and the financial implication in this regard.</p>	
15.Provision of public dental care services	17 July 2017	The Administration was requested to provide information on the number and percentage of eligible persons who had made use of the vouchers under the Elderly Health Care Voucher Scheme to seek private dental services in the past five years.	The Administration will provide a response in due course.