

Panel on Health Services**List of follow-up actions**

(Position as at 15 November 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> <p>(a) the progress of HA's liaison with the manufacturer on the arrangement to provide Eculizumab for patients with paroxysmal nocturnal haemoglobinuria;</p> <p>(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</p> <p>(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.</p>	The Administration will provide a response in due course.
2. Briefing by the Secretary for Food and Health on the Chief Executive's 2017 Policy Address	26 January 2017	<p>The Administration was requested to provide information on:</p> <p>(a) the increase in public health expenditure in the light of a growing number of</p>	The Administration will provide a response in due course.

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		<p>elders aged 65 or above under an ageing population; and</p> <p>(b) programmes to promote preventive care for middle-aged adults in primary care setting and the expenditure involved.</p>	
<p>3. 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> <p>(a) HA's performance pledges, key performance indicators and other indicators, if any, on medical services provided for patients with mental health needs;</p> <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>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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		(c) the latest ratio of Hong Kong's population to clinical psychologists in HA.	
4. 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.
5. Review on mental health	22 May 2017	The Administration/HA was requested to provide the terms of reference of the standing advisory committee on mental health, which was expected to be set up within the fourth quarter of 2017.	The Administration has advised in its response to issues raised on the subject at the meeting on 22 May 2017 (LC Paper No. CB(2)30/17-18(01)) that it will provide the terms of reference of the standing advisory committee when available.

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6. 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.
7. 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>8. Hong Kong Strategy and Action Plan on Antimicrobial Resistance</p>	<p>17 July 2017</p>	<p>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 ("IMPACT")) developed by the Centre for Health Protection, HA and some local universities.</p>	<p>The Administration's response and the latest edition of IMPACT were issued to members via LC Paper No. CB(2)183/17-18(01) on 31 October 2017 and LC Paper No. CB(2)284/17-18(01) on 10 November 2017 respectively.</p>

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9. Enhancement of medical fee waiver system of HA	17 July 2017	<p>The Administration/HA was requested to provide information on:</p> <ul style="list-style-type: none"> (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; (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 (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. 	The Administration will provide a response in due course.
10. 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.

Council Business Division 2
Legislative Council Secretariat
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