

Panel on Health Services

List of follow-up actions

(Position as at 12 January 2018)

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. 	<p>The Administration's response was issued to members vide LC Paper No. CB(2)480/17-18(01) on 7 December 2017.</p>
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> <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 	<p>The Administration will provide a response in due course.</p>

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		(b) programmes to promote preventive care for middle-aged adults in primary care setting and the expenditure involved.	
3. Looking into mental health services and relevant welfare issues in light of the MTR arson attack ¹	24 February 2017 (Joint meeting with the Panel on Welfare Services)	<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>(c) the latest ratio of Hong Kong's population to clinical psychologists in HA.</p>	The Administration's response was issued to members vide LC Paper No. CB(2)504/17-18(01) on 11 December 2017.

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

Subject	Date of meeting	Follow-up action required	Administration's response
4. Policy on and drugs for rare diseases	11 April 2017	<p>The Administration/HA was requested to provide information on:</p> <ul style="list-style-type: none"> (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 (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's response was issued to members vide LC Paper No. CB(2)618/17-18(01) on 3 January 2018.</p>
5. 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. 	<p>The Administration's response was issued to members via LC Paper No. CB(2)395/17-18(01) on 27 November 2017.</p>

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6. 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.
7. Mechanism for handling medical incidents in public and private hospitals	19 June 2017	The Administration/HA was requested to: (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; (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	The Administration will provide a response in due course.

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		<p>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. Enhancement of medical fee waiver system of HA</p>	<p>17 July 2017</p>	<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> <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</p>	<p>The Administration's response was issued to members vide LC Paper No. CB(2)595/17-18(01) on 29 December 2017.</p>

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		<p>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>	
<p>9. Provision of public dental care services</p>	<p>17 July 2017</p>	<p>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.</p>	<p>The Administration's response was issued to members vide LC Paper No. CB(2)455/17-18(01) on 4 December 2017.</p>
<p>10. Preparation for winter surge</p>	<p>20 November 2017</p>	<p>The Administration was requested to:</p> <p>(a) in respect of the media reports in mid-November 2017 concerning the recent respective outbreaks of pulmonary tuberculosis in a secondary school in Shatin and a middle school in Hunan Province, advise:</p> <p>(i) the surveillance and control measures put in place by the Department of Health ("DH") to contain the spread of pulmonary and extrapulmonary tuberculosis in the school setting and in the community, in particular how DH could prevent delay in reporting any</p>	<p>The Administration will provide a response in due course.</p>

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		<p>suspected cases or outbreaks of the diseases by schools;</p> <p>(ii) the measures taken by DH at the border control point(s) in the territory to avoid imported cases of tuberculosis to safeguard public health; and</p> <p>(b) provide 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 summer surge in 2017, and the number of private hospital beds and expenditure so involved.</p>	
<p>11. Mental health of adolescents</p>	<p>20 December 2017 (Joint meeting with the Panel on Education and Panel on Welfare Services)</p>	<p>The Administration/HA was requested to:</p> <p>(a) provide quarterly reports on the work progress of the Advisory Committee on Mental Health which was established on 28 November 2017;</p> <p>(b) provide, with a breakdown by the year of schooling, the enrollment rates of eligible students for DH's Student Health Service ("SHS") and attendance rates of these students for the annual health assessment provided under SHS</p>	<p>The Administration will provide a response in due course.</p>

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		<p>to, among others, screen for mental health problem(s);</p> <p>(c) in respect of the child and adolescent psychiatric service provided by HA, advise the annual expenditure involved, and the number and rate of increase in healthcare manpower for the provision of the service from 2011-2012 to 2016-2017;</p> <p>(d) provide information on the suicide rate of adolescents aged between 12 and 17 years in the past 10 years;</p> <p>(e) advise the respective numbers and percentages of students who had received Tier-3 support under the Three-tier Intervention Model in the school setting in each of the past five years, and whether any of these students had committed suicide afterwards; and</p> <p>(f) advise whether and, if so, what additional funding support would be provided to tertiary institutions according to the number of students with special education needs admitted to individual institutions.</p>	

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12.HIV and AIDS response measures formulated in relation to the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021) ("the Strategies")	4 January 2018	<p>The Administration was requested to:</p> <ul style="list-style-type: none"><li data-bbox="898 293 1581 501">(a) provide information on the number of healthcare staff of the three designated clinics set up under DH and HA for providing treatment services for HIV infected patients from 2010 to 2017;<li data-bbox="898 549 1581 1187">(b) in respect of the grant applications for the AIDS Trust Fund in the past five years, advise in the form of a table the aims and target groups of the proposed programmes or projects (including, among others, as to whether there were any programmes or projects relating to provision of HIV testing services for heterosexual men and HIV/AIDS prevention among the ethnic minorities), with a breakdown by the number of approved applications and the amount of the grant approved as well as the number of rejected applications and the reasons for rejection;<li data-bbox="898 1235 1581 1410">(c) advise the response measure(s) to be taken by the Administration in relation to the Strategies to avoid needle sharing among drug users;	The Administration will provide a response in due course.

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		<p>(d) provide information on the number of HIV infected patients aged 60 or above and the number of applications from these elderly HIV infected patients for residential care services, with a breakdown by the number of successful and unsuccessful applications in the past five years; and</p> <p>(e) provide the details of the training (e.g. the objectives, duration, frequency and number of participants) provided for frontline social workers on issues relating to HIV/AIDS in the past five years.</p>	