

立法會
Legislative Council

LC Paper No. CB(2)1081/18-19

(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 19 November 2018, at 4:30 pm
in Conference Room 3 of the Legislative Council Complex

- Members present** :
- Dr Hon Pierre CHAN (Chairman)
 - Prof Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman)
 - Hon Tommy CHEUNG Yu-yan, GBS, JP
 - Hon WONG Ting-kwong, GBS, JP
 - Hon CHAN Kin-por, GBS, JP
 - Hon Mrs Regina IP LAU Suk-ye, GBS, JP
 - Hon YIU Si-wing, BBS
 - Hon Charles Peter MOK, JP
 - Hon CHAN Chi-chuen
 - Hon CHAN Han-pan, BBS, 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, SBS, JP
 - Hon CHU Hoi-dick
 - Hon SHIU Ka-fai
 - Hon KWONG Chun-yu
- Members attending** :
- Hon IP Kin-yuen
 - Hon HO Kai-ming
- Member absent** :
- Hon SHIU Ka-chun

Public Officers : Item IV
attending

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 Liza TO
Principal Medical and Health Officer (Programme
Management), 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 Ian CHEUNG
Deputising Director (Cluster Services)
Hospital Authority

Item V

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 Ian CHEUNG
Deputising Director (Cluster Services)
Hospital Authority

Ms Ivis CHUNG
Chief Manager (Allied Health)
Hospital Authority

Item VI

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

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

Dr Albert LO
Cluster Chief Executive, Kowloon Central Cluster/Hospital
Chief Executive, Queen Elizabeth Hospital
Hospital Authority

Dr LEE Tsz-leung
Hospital Chief Executive, Hong Kong Children's Hospital
Hospital Authority

Dr Ian CHEUNG
Deputising Director (Cluster Services)
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

Action

I. Application for late membership
[LC Paper No. CB(2)92/18-19(01)]

Members accepted the application for late membership from Dr Elizabeth QUAT.

Action

II. Information paper(s) issued since the last meeting

[LC Paper Nos. CB(2)139/18-19(01), CB(2)211/18-19(01), CB(2)215/18-19(01) and CB(2)257/18-19(01)]

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

- (a) referral from the Bills Committee on Inland Revenue (Amendment) (No. 4) Bill 2018 on review of the Voluntary Health Insurance Scheme and study on the High Risk Pool proposal;
- (b) letter dated 6 November 2018 from Hong Kong Association of Doctors in Clinical Psychology Limited proposing the Panel to hold a special meeting to receive views from stakeholders on the Pilot Accredited Registers Scheme for Healthcare Professions ("the Pilot Accredited Registers Scheme");
- (c) letter dated 9 November 2018 from the Administration on the release of the Consultation Report on Regulation of Advanced Therapy Products and the timetable of the relevant legislative exercise; and
- (d) letter dated 13 November 2018 from Mr KWONG Chun-yu requesting the Panel to hold a meeting to receive views from members of the public on measures for stroke prevention.

III. Items for discussion at the next meeting

[LC Paper Nos. CB(2)231/18-19(01) and (02)]

Items for discussion at future meetings

3. The Chairman informed members that pursuant to the discussion at the meeting among himself, the Deputy Chairman and the Secretary for Food and Health ("SFH") on 22 October 2018 to discuss the work plan of the Panel for the 2018-2019 legislative session, the list of outstanding items for discussion (LC Paper No. CB(2)231/18-19(01)) had been updated.

4. The Chairman invited members' views on the proposal raised by the Hong Kong Association of Doctors in Clinical Psychology Limited in its letter dated 6 November 2018 (LC Paper No. CB(2)211/18-19(01)) that the Panel should hold a special meeting to receive views from stakeholders on the Pilot Accredited Registers Scheme.

Action

5. Raising no objection to the proposal, Mrs Regina IP called on the Administration to instruct Jockey Club School of Public Health and Primary Care of The Chinese University of Hong Kong ("CUHK"), the Accreditation Agent of the Pilot Accredited Registers Scheme, to expedite the accreditation assessment for the clinical psychologist profession so as to make clear the standards for registrants. Under Secretary for Food and Health ("USFH") advised that the respective accreditation results for the clinical psychologist profession and two other professions were expected to be announced in phases by the first half of 2019.

6. Dr Fernando CHEUNG opined that the Panel should hold a special meeting to receive views from deputations on the Pilot Accredited Registers Scheme. In response to the Chairman, USFH said that the Administration was in a position to brief the Panel on the latest development of the Scheme. The Chairman said that he would work out the date of the special meeting for the above purpose with the Clerk and members would be informed of the meeting arrangement in due course.

(Post-meeting note: The special meeting for the above purpose has been scheduled for Monday, 10 December 2018, at 2:30 pm.)

7. Referring to the Fire Services Department's recent promotion of the message that anyone could save lives, Dr KWOK Ka-ki proposed that the Panel should discuss issues relating to Good Samaritan law for first aid given in bona fide medical emergency. In response to the Chairman, USFH said that more time was required for the Administration to look into the matter. The Chairman suggested that the subject be included in the Panel's list of outstanding item for discussion. Members raised no queries.

8. Referring to his letter dated 13 November 2018 (LC Paper No. CB(2)257/18-19(01)), Mr KWONG Chun-yu proposed that the Panel should hold a meeting to receive views from members of the public on measures for stroke prevention, including provision of atrial fibrillation screening. Ms Alice MAK called for an early discussion of the subject by the Panel. At the invitation of the Chairman, USFH explained that atrial fibrillation was only one of the many risk factors of stroke. The Chairman remarked that the subject had already been included in the Panel's list of outstanding item for discussion. It should be noted that according to the US Preventive Services Task Force, there was insufficient evidence to determine whether the benefits outweigh the harms of screening for atrial fibrillation with electrocardiography.

9. Dr Fernando CHEUNG drew members' attention that he was drafting a Rare Diseases Bill. He would like to consult the Panel on the Bill at a

Action

future Panel meeting. He further suggested that the Panel should discuss the mechanisms for inclusion of drugs in the Hospital Authority ("HA")'s Drug Formulary and the safety net. Ms Alice MAK proposed that the Administration should brief the Panel at the earliest possible time on the healthcare referral mechanism between the Department of Health ("DH") and HA including psoriasis (i.e. item 29 of the list of outstanding items for discussion). In response to the Chairman, USFH advised that the Administration would revert to the Panel in this regard as and when appropriate.

Regular meeting in December 2018

10. Members agreed to discuss the subjects "Development of Chinese medicine" and "Re-organization of DH" as proposed by the Administration at the next regular meeting on 17 December 2018 at 4:30 pm.

(Post-meeting note: At the request of the Administration and with the concurrence of the Chairman, the item "Re-organization of DH" has been deferred for discussion at a future meeting of the Panel. With the concurrence of the Chairman and the Administration, a new discussion item "Collaboration-referral mechanism between DH and HA in respect of dermatological services provided by DH" has been added to the agenda for the December regular meeting.)

IV. Preparation for winter surge

[LC Paper Nos. CB(2)231/18-19(03) and (04), CB(2)264/18-19(01) and CB(2)293/18-19(01)]

11. Before the commencement of discussion of agenda items IV to VI at the meeting, the Chairman declared that he was a half-time doctor of HA but had no direct or indirect pecuniary interest in the subjects concerned.

12. USFH 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)231/18-19(03)).

13. Members noted the updated background brief prepared by the Legislative Council ("LegCo") Secretariat on the subject under discussion (LC Paper No. CB(2)231/18-19(04)).

14. Members also noted the submission dated 14 November 2018 from Society for Community Organization (LC Paper No. CB(2)264/18-19(01)); and the letter dated 19 November 2018 from Mr SHIU Ka-chun (LC Paper

Action

Admin

No. CB(2)293/18-19(01)), which was tabled at the meeting, on the subject under discussion. At the respective requests of Ms Alice MAK and the Chairman, the Administration agreed to provide written responses to the above submission and letter after the meeting.

Seasonal influenza vaccination

15. Dr KWOK Ka-ki opined that DH should expand the coverage of the School Outreach Vaccination Pilot Programme ("the Pilot Programme"), which at present covered only 184 primary schools, to cover kindergartens and child care centres and more primary schools. For school children of younger ages, the nasal-spray influenza vaccine should be used to enhance their acceptance of vaccination.

16. Controller, Centre for Health Protection, DH ("C/CHP") advised that under the Pilot Programme, seasonal influenza vaccination was provided at certain primary schools through a Government outreach team or a public-private partnership team. Separately, primary schools, kindergartens, child care centres and kindergarten-cum-child care centres could invite private doctors participated in DH's Enhanced Vaccination Subsidy Scheme Outreach Vaccination service ("the VSS outreach service") to arrange free outreach seasonal influenza vaccination service for the school children at the campus. More than 70 000 school children from about 200 schools had received vaccination under these two programmes as at 11 November 2018. The Administration would consider the way forward for future outreach vaccination service having regard to the experience gained. In response to Mr POON Siu-ping's enquiry, C/CHP advised that at present, there were about 110 private doctors participating in the VSS outreach service.

17. Mr IP Kin-yuen said that according to the seven primary schools he had gauged views on the implementation of the Pilot Programme, the vaccination process was smooth with an uptake rate of about 80%. Given the limited quota of the Pilot Programme, he asked whether DH's School Immunisation Team could also provide seasonal influenza vaccination when they visited primary schools across the territory to provide vaccination under the Hong Kong Childhood Immunisation Programme ("HKCIP").

18. C/CHP explained that the target group and the timing of the vaccination provided by the School Immunisation Team under HKCIP were different from that provided under the Pilot Programme. Under HKCIP, specific vaccines were administered to primary one and primary six students any time throughout a school year via outreach by the School Immunisation Team. As regards outreach seasonal influenza vaccination at school setting, eligible children (including students in primary schools)

Action

ought to receive the vaccination within a short period of around two months before the arrival of the winter influenza season. DH would assess various modes of influenza vaccination at school setting, including services provided by the Government outreach team and the public-private-partnership team under the Pilot Programme and the VSS outreach service, with a view to coming up the best mode in providing outreach school vaccination service, including whether the Pilot Programme would be regularized and the manpower required.

19. Mr CHAN Chi-chuen was wary about the possible influx of people from the Mainland into Hong Kong to receive seasonal influenza vaccination from the private sector. He sought information on the respective numbers of local residents and non-local residents getting vaccinated, and the measures to be put in place by the Administration to ensure that there would be adequate doses of vaccines to meet local demand. The Chairman remarked that the inclusion of seasonal influenza vaccine in the vaccination programmes of the Government could ensure that there would be sufficient vaccine to meet the local demand. Raising a similar concern, Dr Helena WONG asked whether the Administration had made an estimation on non-local demand for seasonal influenza vaccines for the coming winter surge.

20. USFH and C/CHP advised that the Administration would strive to ensure sufficient vaccine provision by assessing the quantity of vaccines required under the Government Vaccination Programme and the Pilot Programme. In addition, it had reminded private healthcare providers participating in the Vaccination Subsidy Scheme to place vaccine orders with the vaccine suppliers in a timely manner. DH's Drug Office had been in touch with the vaccine suppliers on the stockpile and supply of seasonal influenza vaccines in the private sector. The Administration, however, did not have statistics on the number of doses of vaccines administered outside its vaccination programmes. The vaccination rate of the targeted groups was worked out on the basis of the number of doses administered under the Government Vaccination Programme, the Vaccination Subsidy Scheme and the Pilot Programme, as the case might be, and the relevant statistics collected from the private sector through regular surveys. Mr CHAN Chi-chuen and the Chairman called on the Administration to improve accuracy of the vaccination rate of the targeted groups.

Capacity of public hospitals

21. Mr POON Siu-ping asked about the distribution of the 574 new beds to be opened by HA within 2018-2019. Ms Alice MAK sought information on the number of temporary beds to be opened in public hospitals for tackling the coming winter surge. Deputising Director (Cluster Services),

Action

HA ("DD(CS), HA") advised that the 574 new beds would be opened in HA, with the majority being opened in Kowloon East Cluster, Kowloon West Cluster and New Territories East Cluster to meet the growing demand arising from the growing and ageing population. Among these new beds, more than 300 were medical beds. HA also planned to open around 500 time-limited beds, which included advance opening of some of the beds in the 2019-2020 bed plan, in various public hospitals from December 2018 to May 2019 to cope with the increase in the service demand during the coming winter surge period. Specifically, some 160 beds would be opened in the Kowloon Central Cluster, out of which some 30 beds were in Queen Elizabeth Hospital.

22. Dr KWOK Ka-ki urged HA to expedite the opening of all hospital beds in Tin Shui Wai Hospital and North Lantau Hospital before the winter surge. DD(CS), HA advised that subject to manpower and resources deployment, the various services of the two hospitals would be commenced in phases. It should be noted that starting from 21 November 2018, Tin Shui Wai Hospital would provide 24-hour Accident and Emergency ("A&E") services and open a 32-bed mixed specialty ward.

23. The Chairman said that his observation was that not all but the A&E Departments of two public hospitals were pressurized during the past few influenza seasons. He asked whether HA would take specific measures to address the problem. DD(CS), HA advised that for the two public hospitals referred to were located in Kowloon and the New Territories respectively, the serious access block problem of the one located in the New Territories had improved. However, the A&E workflow logistics of the one located in Kowloon could only be improved after relocation due to the infrastructural problems of the existing hospital site.

24. Dr KWOK Ka-ki called on the Administration and HA to set up temporary fever clinics for assessment and treatment of patients with influenza-like illness and strengthen the medical outreach services provided for residential care homes for elderly so as to reduce avoidable influenza-associated hospitalization. Ms Alice MAK expressed concern about how HA would strengthen its general outpatient services to augment its buffer capacity. DD(CS), HA advised that service quotas of the general outpatient clinics during the period from December 2018 to May 2019 would be increased by 24 000. Out of these quotas, 5 000 would be dedicated to address the demand surge during long holidays.

Action

Manpower of HA

25. Mr POON Siu-ping was concerned about the implementation of the Special Honorarium Scheme by HA to provide extra manpower of clerical and supporting staff to support the healthcare staff. Ms Alice MAK considered that HA's measure of utilizing agency supporting staff to tackle service demand during the coming winter surge would increase the already very heavy workload of the existing staff as they had to spare time to get the agency staff familiarized with the working environment and procedures. In her view, the financial resources involved should instead be utilized to provide special honorarium for existing supporting staff who were willing and able to work overtime and improve the remuneration package of the supporting staff. Dr KWOK Ka-ki asked about the use of the additional one-off Government funding of \$500 million to HA for relieving service pressure and manpower shortage during the 2017-2018 winter surge, and the Government's allocation for the 2018-2019 winter surge.

26. DD(CS), HA advised that a total of \$650 million had been used to tackle the 2017-2018 winter surge, among which some \$400 million was used for the implementation of the Special Honorarium Scheme (with more than \$200 million being used for the provision of enhanced nursing manpower). In 2018-2019, HA had already allocated some \$500 million upfront to the hospital clusters to enable their early preparation in manpower deployment and supportive measures for the opening of the some 500 time-limited beds and implementation of contingent measures for the coming winter surge. Communication with ward management would be strengthened to ensure the effective implementation of the Special Honorarium Scheme.

27. In response to Mr POON Siu-ping's concern over the healthcare manpower situation of HA, DD(CS), HA advised that the attrition rate of healthcare professionals stood at 6.3%. There would still be a manpower shortfall of healthcare professionals albeit that the estimated net increase of medical, nursing and allied health staff in HA in 2018-2019 would be 200, 830 and 230 respectively when compared to 2017-2018.

28. The Chairman pointed out that the implementation of hospital accreditation programme by HA had resulted in large amount of paperwork and frequent meetings and, hence, heavy workload to thousands of its staff. He urged HA to suspend all unnecessary hospital accreditation activities and ensure that its healthcare staff both at frontline and management levels could focus on their clinical and healthcare duties during the coming winter surge. DD(CS), HA advised that HA had initiated a comprehensive review of the programme and had suspended all hospital accreditation activities at

Action

an earlier time. In the meantime, HA was exploring how to draw up a new continuous quality improvement plan for public hospitals.

V. Review findings of means test mechanism for Samaritan Fund and Community Care Fund Medical Assistance Programmes
[LC Paper Nos. CB(2)214/18-19(01), CB(2)231/18-19(05), CB(2)275/18-19(01) and CB(2)279/18-19(01)]

29. USFH briefed members on the findings of the review on the means test mechanism for the Samaritan Fund and the Community Care Fund Medical Assistance Programmes ("the two safety nets") conducted by the Jockey Club School of Public Health and Primary Care of CUHK and the Department of Social Work of the Hong Kong Baptist University ("the consultant team"), and the proposed enhancement measures to the means test mechanism for the two safety nets ("the proposed enhancement measures"), details of which were set out in the Administration's paper (LC Paper No. CB(2)214/18-19(01)).

30. Members noted the updated background brief prepared by the LegCo Secretariat on the subject under discussion (LC Paper No. CB(2)231/18-19(05)).

31. Members also noted the submission dated 15 November 2018 from Patients' Alliance on Healthcare Reform (LC Paper No. CB(2)275/18-19(01)), and the letter dated 16 November 2018 from Mr SHIU Ka-chun (LC Paper No. CB(2)279/18-19(01)) on the subject under discussion. The Chairman requested the Administration to provide a written response to the issues raised in the above letter after the meeting.

Admin

Calculation of patient's household annual disposable financial resources

32. Dr Fernando CHEUNG and Dr KWOK Ka-ki welcomed the proposed enhancement measures. However, they were of the view that the 50% net household assets of a patient (i.e. household disposable capital after the deduction of deductible allowance) being protected under the proposal to modify the calculation of patients' household annual disposable financial resources ("ADFR") for drug subsidy applications should be maintained permanently, instead of subjecting the amount to annual assessment in this regard in order to avoid gradual depletion of the assets of the patients and their families for meeting the drug expenses. Dr Fernando CHEUNG said that he would propose a motion in this regard. Dr Elizabeth QUAT considered that the level of personal allowances (i.e. a component of allowable deductions for the calculation of the annual household disposable

Action

income) should be raised by 50% to encourage the patients concerned or their household members, as the case might be, to remain in employment.

33. Chief Manager (Allied Health), HA ("CM(AH), HA") advised that issues relating to patients who were in need of recurrent drug treatment would be further examined, taking into account, among others, the consultant team's recommendations. Past data showed that there were ups and downs in these patients' amount of household net assets during the treatment period.

34. Dr CHIANG Lai-wan and Dr Elizabeth QUAT considered that the cap on the maximum patient's contribution to drug expenses should be lowered from 20% to 10% of the patients' household ADFR. Mr CHAN Chi-chuen, Dr Fernando CHEUNG and Dr KWOK Ka-ki were of the view that the contribution ratio should be lowered to 10% or less of the patients' household ADFR. Mr CHAN Chi-chuen asked about the additional drug subsidy to be granted under the above proposed adjustment. The Chairman remarked that any efforts to lower patients' contribution to drug expenses could be offset by an increase in drug prices which were solely determined by pharmaceutical companies. CM(AH), HA advised that the proposed enhancement measures were only a first step of the Administration and HA to refine the means test mechanism of the two safety nets, other related issues studied by the consultant team would be further examined.

35. Ms Alice MAK welcomed the proposed enhancement measures. However, she considered that reference should be made to the Work Incentive Transport Subsidy Scheme to allow married patients to make individual-based application for drug subsidy if they so wished in order to relieve emotional burden of the patients arising from depletion of their spouses' financial resources to meet their drug expenses. CM(AH), HA explained that similar to other publicly-funded safety nets, the financial assessment for the two safety nets had been household-based.

Definition of "household"

36. While welcoming the proposal to refine the definition of "household" adopted in financial assessment as set out in paragraph 12 of LC Paper No. CB(2)214/18-19(01), Dr CHIANG Lai-wan held the view that parents and siblings whose living were maintained by a non-dependent unmarried patient should be regarded as the patient's household members. Dr Elizabeth QUAT welcomed the review findings. However, she considered that adult patients who were not receiving full-time education and were not in employment should be classified as a dependent patient under the "household" definition. CM(AH), HA advised that to cater for individual cases with special familial

Action

factors or circumstances, medical social workers would have discretion to adjust the household size based on their professional judgment on a case-by-case basis.

37. Dr Elizabeth QUAT opined that requiring medical social workers to exercise discretion was not desirable as this would create uncertainty to applicants for drug subsidy. The Chairman remarked that the arrangement would impose great pressure on the medical social workers and applicants concerned. He requested HA to keep statistics on the number of cases approved with discretion and the amount of subsidy granted. Dr KWOK Ka-ki urged HA to formulate clear guidelines to ensure consistency in the exercise of the discretionary power by different medical social workers. He asked whether any appeal mechanism would be in place for applicants to appeal against decisions made in respect of their applications.

38. CM(AH), HA advised that under the prevailing two-tier mechanism, any person aggrieved by the decision of a medical social worker regarding his or her drug subsidy application might appeal to the officer-in-charge of the Medical Social Services Unit concerned. In case the person was not satisfied with the decision of the officer-in-charge, he or she might further appeal to the Hospital Chief Executive concerned via Patient Relations Officer, and notify the HA Headquarters when required. Dr KWOK Ka-ki held the view that appeal cases should be handled by an independent panel which comprised members outside the hospital concerned.

[At 5:45 pm, the Chairman informed members that they would be invited to consider whether the motion proposed by Mr CHAN Chi-chuen, the wording of which was tabled at the meeting, should be proceeded with at the meeting towards the end of discussion of this agenda item.]

Drug review and selection mechanism

39. Dr CHIANG Lai-wan was of the view that coverage of the two safety nets should be expanded to include immunotherapy for lung cancer and processing time for applications for drug subsidy should be shortened to address the prominent need of patients. Noting that a patient had to meet the clinical requirement of having the need for the drug item concerned in accordance with the prevailing clinical guidelines of HA in order to be eligible for drug subsidy, Dr Elizabeth QUAT urged HA to relax the relevant prescribing indications for drugs under the two safety nets, such as that for biologic therapy for treatment of ankylosing spondylitis, with enhanced transparency. Mr CHAN Chi-chuen sought information on the financial implications arising from relaxing the prescribing indications. Dr Fernando CHEUNG held the view that HA should enhance transparency and engage

Action

the relevant experts and patients in the formulation and review of the prescribing indications for drugs under the two safety nets. Dr KWOK Ka-ki opined that with the implementation of the Drug Formulary, it was the drug cost but not patients' conditions which had become a key factor of consideration in drug prescription.

40. USFH undertook to revert, as and when appropriate, to the Panel on improvement to the mechanisms for inclusion of drugs in and processing the applications under the safety nets. DD(CS), HA advised that requests for, among others, relaxing the prescribing indications for drugs under the two safety nets would be considered by the Drug Management Committee under an evidence-based approach during the prioritization exercises which took place twice a year. Efforts had been and would continuously be made by HA to enhance communication with patient groups on the indications of specific drugs.

Implementation of the proposed enhancement measures

41. Dr CHIANG Lai-wan suggested that the Panel should hold a special meeting to receive views from patients on the subject. Dr Elizabeth QUAT, Dr Fernando CHEUNG and Dr KWOK Ka-ki were supportive of the suggestion. In response to the Chairman, USFH said that while the Administration welcomed any views on the subject, its plan was to submit the proposed enhancement measures for the means test mechanism of the Community Care Fund Medical Assistance Programmes for consideration of the Community Care Fund Task Force and the approval of the Commission on Poverty in December 2018 and January 2019 respectively. Dr CHIANG Lai-wan opined that the Administration and the Panel could proceed their respective follow-up actions in parallel. The Chairman suggested and members agreed that a special meeting would be held around mid-December 2018 for the above purpose.

[Post-meeting note: The special meeting for the above purpose has been scheduled for 11 December 2018 at 9:00 am.]

42. Mr CHAN Chi-chuen pointed out that some drug subsidy recipients might have to bear a higher amount of patient contribution to the drug expenses after the implementation of the proposed enhancement measures. Sharing the same concern, Mr KWONG Chun-yu sought information on the estimated number of affected recipients. CM(AH), HA advised that based on the data of the applications approved from June 2017 to February 2018 under the two safety nets, it was estimated that about 30% of the 2 286 approved applications would be better off after the introduction of the proposed enhancement measures. Medical social workers would review

Action

on a case-by-case basis the cases which would need to contribute more under the proposed enhancement measures to ensure that no patients would become worse off due to the implementation of the enhancement measures.

43. Ms Alice MAK asked how the Administration and HA would raise patients' awareness of the implementation of the proposed enhancement measures. CM(AH), HA advised that there would be publicity in public hospitals on the enhancements to the two safety nets. Doctors and medical social workers would also explain to the patients concerned about options of financial assistance available.

Motions

44. The Chairman ruled that the two motions proposed by Mr CHAN Chi-chuen, and by Dr Fernando CHEUNG and Mr SHIU Ka-chun, the wording of which had been tabled at the meeting, were related to the agenda item under discussion. He invited members to consider whether the motions should be proceeded with. Members raised no objection. The Chairman ordered that the voting bell be rung for five minutes to notify members of the voting.

Motion 1

45. Mr CHAN Chi-chuen moved the following motion:

"本委員會要求當局將領取撒瑪利亞基金和關愛基金醫療援助項目的病人分擔藥費上限由政府建議的病人家庭每年可動用財務資源的兩成進一步降低至一成或以下，並放寬可領取撒瑪利亞基金和關愛基金醫療援助項目的各種長期病患的特定臨床準則，以及完善文件建議的每年可動用財務資源的計算方法，以確保現時領取撒瑪利亞基金和關愛基金醫療援助項目的病人不會因新的計算方法而支付更多藥費。"

(Translation)

"This Panel requests that the Government-proposed maximum ratio of patient contribution to drug expenses under the Samaritan Fund ("SF") and Community Care Fund ("CCF") Medical Assistance Programmes should be further reduced from 20% of the patients' household annual disposable financial resources ("ADFR") to 10% or below, the specified clinical criteria for determining the eligibility of patients of various types of chronic diseases under SF and CCF Medical Assistance Programmes should be relaxed, and the method

Action

for calculating ADFR as proposed in the paper should be enhanced to ensure that the new calculation method will not result in higher drug costs to be paid by patients currently eligible for financial assistance under SF and CCF Medical Assistance Programmes."

46. The Chairman put the motion to vote. The results were: eight members voted in favour of the motion, and no members voted against the motion or abstained from voting. The Chairman declared that the motion was carried.

Motion 2

47. Dr Fernando CHEUNG and Mr SHIU Ka-chun moved the following motion:

"本委員會歡迎政府放寬撒瑪利亞基金和關愛基金醫療援助項目的經濟審查機制。本委員會要求保障病人資產淨值的五成應該是一個永久保障，而非每年計算，以致病人資產最終大幅下降。此外，病人分擔上限亦應由每年可動用財務資源的兩成下降至一成或以下，並擴闊資產階梯。"

(Translation)

"This Panel welcomes the Government's initiatives to relax the means test mechanism for the Samaritan Fund and Community Care Fund Medical Assistance Programmes. This Panel requests that the 50% net assets of a patient being protected should be maintained permanently, instead of subjecting the amount to annual calculation in this regard which will, in the end, result in a substantial decrease in the patient's assets. Besides, the maximum ratio of patient contribution should be reduced from 20% of annual disposable financial resources to 10% or below, and the asset bands on the sliding scale should also be widened."

48. The Chairman put the motion to vote. The results were: nine members voted in favour of the motion, and no members voted against the motion or abstained from voting. The Chairman declared that the motion was carried.

[At 6:20 pm, the Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.]

Action

VI. Hong Kong Children's Hospital

[LC Paper Nos. CB(2)231/18-19(06) and (07), CB(2)251/18-19(01), CB(2)279/18-19(02) and CB(2)293/18-19(02)]

49. SFH briefed members on the phased service commissioning of the Hong Kong Children's Hospital ("HKCH"), details of which were set out in the Administration's paper (LC Paper No. CB(2)231/18-19(06)).

50. Members noted the updated background brief prepared by the LegCo Secretariat on the subject under discussion (LC Paper No. CB(2)231/18-19(07)).

51. Members also noted the letter dated 13 November 2018 from the Chairman (LC Paper No. CB(2)251/18-19(01)) and the Administration's corresponding response (LC Paper No. CB(2)279/18-19(02)), as well as the letter dated 19 November 2018 from Mr SHIU Ka-chun (LC Paper No. CB(2)293/18-19(02)), which was tabled at the meeting, on the subject under discussion. The Chairman requested the Administration to provide a written response to the issues raised in Mr SHIU Ka-chun's letter after the meeting.

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Service model and scope of service

52. Prof Joseph LEE sought elaboration about the role of HKCH and its relationship with the existing 13 public paediatric departments in public hospitals. SFH and Hospital Chief Executive, HKCH, HA ("HCE/HKCH, HA") advised that HKCH would serve as the tertiary referral centre for complex, serious and uncommon paediatric cases requiring multidisciplinary management, whereas the 13 paediatric departments in public hospitals would continue to provide secondary, acute, emergency and community paediatric care.

53. Dr Fernando CHEUNG said that he looked forward to the service commissioning of HKCH. He called for the Administration and HA to take heed of his earlier suggestion to set up a consultation committee under HKCH's governance structure with the participation of, among others, service users and their parents. In addition, a centre of rare diseases should be set up at HKCH for the diagnosis, treatment and prevention of rare diseases. SFH advised that HKCH would work with regional hospitals to form a coordinated and coherent paediatric service network. With the pooling of advanced equipment and expertise at the HKCH, laboratory testing, diagnosis and family counselling for uncommon and genetic diseases patients would be centrally conducted at HKCH.

Action

54. Ms Alice MAK asked if facilities providing support for parents and carers to take care of their hospitalized children, similar to the Ronald McDonald House which was within four-minute walk from the Prince of Wales Hospital, would be available in the vicinity of HKCH. Mr HO Kai-ming said that while a Ronald McDonald House was planned to be established near the Kwun Tong Magistrates Courts, it was located more than 10 minute drive from HKCH. SFH took note of the concerns.

Manpower arrangement

55. Prof Joseph LEE noted that healthcare staff working in HA's tertiary paediatric services and those advanced recruited healthcare staff who had been attached to various public hospitals would respectively be transferred and posted back to HKCH to support the phased service commissioning. He was concerned about whether the above arrangement would affect the manpower in the public hospitals concerned, in particular during the upcoming winter surge period. Ms Alice MAK asked if the arrangement would result in manpower shortage in the 13 paediatric departments. Dr Fernando CHEUNG was concerned about whether the Paediatric Intensive Care Unit of HKCH had adequate manpower and facilities to provide comprehensive care for patients needing intensive care support.

56. SFH explained that HA had taken into account, among others, the workload of various public hospitals during winter surge in devising HKCH's service commencement and manpower arrangements. The services that would commence operation on 18 December 2018 included specialist outpatient clinic for nephrology, oncology and inborn errors of metabolism. HCE/HKCH, HA supplemented that the timing for introducing inpatient oncology and intensive care services in HKCH, which would be around late March or early April 2019, would be after the end of the winter influenza season. Since those healthcare staff to be translocated to HKCH had been spending all or most of their time managing children with related diseases, their translocation should not cause significant impact on other services at the regional hospitals.

57. Mr POON Siu-ping sought information on the recruitment progress of healthcare staff for HKCH. HCE/HKCH, HA advised that the overall manpower arrangement for HKCH involved translocation of 282 posts from regional hospitals and advance recruitment of 985 approved posts, out of which 816 had been filled as at 30 September 2018. The Chairman expressed concern as to the reason why there were still more than 160 posts to be filled even advance recruitment had been conducted for about three years since 2015. HCE/HKCH, HA assured members that under the

Action

premise of patient safety, HKCH would have adequate manpower to support the initial phase of service commencement.

Public transport accessibility

58. Ms Alice MAK held the view that a convenient and direct public transport network was crucial for HKCH, which was positioned as a territory-wide referral centre to serve patients from different districts. She considered that there was a need to improve the transport connectivity of HKCH. Mr HO Kai-ming was particularly concerned about the lack of direct public transportation between HKCH and the future acute general hospital in Kai Tak Development Area with Wong Tai Sin District.

59. HCE/HKCH, HA advised that HA would continue to liaise with the Transport Department on transport accessibility of HKCH. Currently, there were stops at the entrance of HKCH for green minibus route 86, Citybus route 22 and Kowloon Motor Bus route 5R. For green minibus route 86, its frequency and seating capacity had been increased recently. According to the Transport Department, it was anticipated that two new minibus routes with low floor minibuses would begin operation in December 2018 the earliest, connecting HKCH with Sau Mau Ping (via United Christian Hospital and Ngau Tau Kok MTR Station) and Yau Tong MTR Station respectively. At the request of Ms Alice MAK, the Chairman would write to the Transport Department on behalf of the Panel requesting it to advise in writing its public transport services plan for HKCH.

VII. Any other business

60. There being no other business, the meeting ended at 6:45 pm.