

立法會
Legislative Council

LC Paper No. CB(2)1892/18-19

(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 18 March 2019, at 4:00 pm
in Conference Room 2 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 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 SHIU Ka-chun
Hon KWONG Chun-yu
Hon CHAN Hoi-yan
- Members attending** : Hon WU Chi-wai, MH
Hon LEUNG Che-cheung, SBS, MH, JP
Hon Andrew WAN Siu-kin
Hon HO Kai-ming
Hon Vincent CHENG Wing-shun, MH

Member absent : Hon Mrs Regina IP LAU Suk-ye, GBS, JP

Public Officers attending : Item III

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
Director (Cluster Services)
Hospital Authority

Dr LO Su-vui
Cluster Chief Executive, New Territories East Cluster
Hospital Authority

Dr Doris TSE
Cluster Chief Executive, Kowloon West Cluster
Hospital Authority

Dr Desmond NGUYEN
Hospital Chief Executive, Kwai Chung Hospital
Hospital Authority

Dr David SUN
Hospital Chief Executive, North District Hospital
Hospital Authority

Mr Donald LI
Chief Manager (Capital Planning)
Hospital Authority

Mr Andrew WONG
Chief Project Manager (Capital Projects)1
Hospital Authority

Dr Chris TSANG
Senior Manager (Planning & Commissioning), Kowloon
West Cluster
Hospital Authority

Item IV

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

Miss Amy YUEN Wai-yin
Deputy Secretary for Food and Health (Health)2
Food and Health Bureau

Dr Teresa LI Mun-pik
Assistant Director of Health (Elderly Health Service)
Department of Health

Item 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
Director (Cluster Services)
Hospital Authority

Dr Ian CHEUNG
Chief Manager (Cluster Performance)
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 No. CB(2)890/18-19(01)]

Members noted that an annual report provided by the Hospital Authority ("HA") on the use of the \$13 billion one-off grant for the carrying out minor works projects for its facilities had been issued since the last meeting.

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)964/18-19(01) and (02)]

2. Members agreed to discuss the subject "Planning for the second 10-year Hospital Development Plan" as proposed by the Administration, and the subject "Obstetric services in public hospitals" at the next regular meeting of the Panel to be held on 15 April 2019 at 4:30 pm.

(Post-meeting note: At the request of the Administration and with the concurrence of the Chairman, an additional discussion item on "Proposals for regulation of advanced therapy products" had been added to the agenda of the above meeting. On the instruction of the Chairman, the discussion item on "Prevention and control measures against measles" had also been added to the agenda of the meeting. The Chairman directed that the meeting be started at 4:00 pm and ended at 6:45 pm to allow sufficient time for discussion.)

III. Four hospital projects under 10-year Hospital Development Plan

[LC Paper Nos. CB(2)964/18-19(03) and (04)]

3. The Chairman reminded members that in accordance with Rule 83A of the Rules of Procedure, they should disclose the nature of any direct or indirect pecuniary interests relating to these funding proposals before they spoke on the subject.

4. Under Secretary for Food and Health ("USFH") briefed members on the four proposed hospital projects under the first 10-year Hospital Development Plan ("HDP") which the Administration planned to seek funding support from the Finance Committee in the 2018-2019 legislative session, namely the redevelopment of Kwai Chung Hospital ("KCH"), phases 2 and 3; demolition and foundation works for the redevelopment of Prince of Wales Hospital ("PWH"), phase 2 (stage 1); preparatory works for the expansion of North District Hospital ("NDH"); and preparatory works

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for the expansion of Lai King Building ("LKB") in Princess Margaret Hospital ("PMH"), details of which were set out in the Administration's paper (LC Paper No. CB(2)964/18-19(03)).

5. Members noted the background brief prepared by the Legislative Council ("LegCo") Secretariat on the subject under discussion (LC Paper No. CB(2)964/18-19(04)).

Redevelopment of KCH, phases 2 and 3

6. Noting that the phases 2 and 3 redevelopment of KCH would cost \$10,252.7 million in money-of-the day prices, Dr KWOK Ka-ki considered that to redevelop KCH which had been in service for less than four decades was not environmentally friendly. In addition, the planned provision of 80 additional beds was far from adequate. Dr CHIANG Lai-wai sought information about whether the number of psychiatric beds in the public sector could address the service demand. Dr Fernando CHEUNG was concerned about whether the redeveloped KCH could provide a safe and suitable inpatient environment for its patients.

7. Hospital Chief Executive, KCH, HA ("HCE of KCH, HA") advised that KCH currently provided 920 psychiatric beds with a utilization rate of 70% to 80%. Apart from the provision of additional beds, the redeveloped KCH would offer a campus with upgraded facilities and support, such as an ambulatory centre and community mental health centres, to facilitate its modernized model of psychiatric care with the strengthening of community-based psychiatric care, reduction in avoidable hospital stay, provision of a less restrictive, more relaxed and homely environment for patients as well as a progressive shift toward co-ordinated and personalized treatment, recovery and community integration.

8. Mr Andrew WAN asked whether the unduly long median waiting time for public child and adolescent ("C&A") psychiatric services would be shortened after the redevelopment of KCH. Dr Fernando CHEUNG raised a similar concern. HCE of KCH, HA advised that upon the completion of the redevelopment of KCH, the number of C&A psychiatric beds in the hospital would be increased from 18 to 32. The capacity of its psychiatric specialist outpatient clinic would also be enhanced. In the meantime, KCH would continue to strengthen its allied health support for the better care of patients. USFH added that the Advisory Committee on Mental Health would continue to examine, among others, ways to enhance mental health services for children and adolescents.

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9. Mr POON Siu-ping sought details about the manpower recruitment and training for the redeveloped KCH. Dr Fernando CHEUNG was concerned about the manpower shortage of psychiatrists in HA. HCE of KCH, HA advised that HA would keep in view the manpower requirement of KCH taking into account the service needs.

Demolition and foundation works for the redevelopment of PWH, phase 2 (stage 1)

10. Expressing concern over the growing service needs of the ageing population in Shatin district, Mr POON Siu-ping and Dr Elizabeth QUAT called on HA to expedite the stage 1 of phase 2 works of the redevelopment of PWH, which was targeted for completion in 2027. Chief Manager (Capital Planning), HA ("CM(CP), HA") advised that the setting of the target completion time had taken into account the need to keep any disruption of the services provided by PWH to a minimum during the carrying out of a large-scale in-situ redevelopment project.

11. Holding the view that the already high demand for service of PWH would grow with time, Dr Elizabeth QUAT queried about the feasibility of providing additional beds and space on top of the planned addition of 450 beds and 16 operating theatres upon the completion of the works. Cluster Chief Executive, New Territories East Cluster, HA ("CCE of NTEC, HA") advised that PWH would have over 3 000 beds upon the completion of the whole phase 2 redevelopment, with a planned provision of 450 and 850 additional beds under stages 1 and 2 of the project respectively. Separately, NDH, which currently provided 600 beds, would be expanded to provide around 1 500 additional beds under the first 10-year HDP. The expansion of Alice Ho Miu Ling Nethersole Hospital and Tai Po Hospital ("TPH") would be covered under the second 10-year HDP to meet the service demand of the New Territories East ("NTE") Cluster.

12. Dr Elizabeth QUAT requested the Administration and HA to address the inadequate provision of rehabilitation and elderly healthcare services which, in her view, was one of the reasons leading to high admission rate. CCE of NTEC, HA advised that the demand for rehabilitation beds in the NTE Cluster would be taken care of by TPH, Shatin Hospital and NDH. For NDH, 400 additional rehabilitation beds would be provided upon completion of the expansion project. This apart, community nurses of HA would provide appropriate support for elderly patients where necessary.

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Preparatory works for the expansion of LKB in PMH

13. Ms Alice MAK drew members' attention that the Kwai Tsing District Council has called on the Administration and HA to further increase the number of additional beds under the expansion of LKB in PMH, which currently stood at 400 beds. She asked whether consideration would be given to maximizing the plot ratio of the site in order to enhance the scale of the expansion project, which would facilitate the future redevelopment of PMH under the second 10-year HDP.

14. CM(CP), HA advised that HA would require the successful tenderer for the preparatory works for the expansion of LKB in PMH to, among others, examine the feasibility of raising the plot ratio and relaxing the height restrictions of the site. Separately, the planning of the second 10-year HDP, which covered the redevelopment of PMH to maximize the development potentials of the current hospital site, was already underway. Mr Andrew WAN urged the Administration and HA to ensure that the management of infectious diseases by PMH, being the tertiary referral centre for infectious diseases, would not be disrupted in the course of the redevelopment. Dr CHIANG Lai-wan remarked that measures should be taken to avoid disrupting the provision of healthcare services in the carrying out of various hospital projects under the two 10-year HDPs. Cluster Chief Executive, Kowloon West Cluster, HA assured members that the clinical services of PMH, including the operation of the infectious disease centre, would continue during the redevelopment of PMH. In the longer term, an option was that single isolation wards with high standards of infection control facilities would be provided in the redeveloped PMH.

15. Mr Tommy CHEUNG asked whether opportunity would be taken to expand the role of PMH and PWH to provide diagnosis and treatment services for patients with rare diseases. USFH advised that Hong Kong Children's Hospital would serve as the tertiary referral centre for complex, serious and uncommon paediatric cases. It would collaborate with the medical schools of the two local universities to provide clinical care for patients with uncommon disorders.

The first and second 10-year HDPs

16. Dr KWOK Ka-ki held the view that the Administration should examine afresh the hospital projects under the two 10-year HDPs, as the general bed capacity would still fall short of the standard of 5.5 beds per 1 000 persons as set out in the Hong Kong Planning Standards and Guidelines upon completion of the projects. Noting that the number of

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public hospital beds had decreased from around 29 000 to 28 000 in the past decade, the Chairman asked whether the Administration or HA had a dedicated person to oversee public hospital planning. USFH advised that the implementation of the first and second 10-year HDPs would facilitate timely commencement, progression and completion of major hospital development projects for meeting future service needs having taken into account, among others, the availability of land resources.

17. The Chairman noted that with the construction of a new acute hospital in Kai Tak Development Area with a bed capacity of 2 400 planned for completion in 2024, the redevelopment at the King's Park site would be carried out after the trans-location of services of Queen Elizabeth Hospital ("QEH") to the new acute hospital in Kai Tak Development Area. Separately, it was announced in the 2018-2019 Budget that construction of a new hospital at the vacated King's Park site was regarded as one of the hospital 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 trans-located to the new acute hospital in Kai Tak Development Area. CM(CP), HA advised that the target of the first 10-year HDP was to provide over 5 000 additional hospital beds. Concrete planning for the redevelopment at the King's Park site under the second 10-year HDP had yet to commence, but the intention was to keep the number of hospital beds at the King's Park site as existing, such that the net addition of hospital beds of all projects under the first 10-year HDP would indeed be over 5 000.

18. Mr Fernando CHEUNG called on the Administration and HA to expedite the carrying out of all hospital projects under the two 10-year HDPs and develop more new public hospitals to meet the growing service needs, and honour their commitment to actively study the provision and enhancement of designated rooms or facilities in newly built or renovated public hospitals for patients in need, including sexual violence victims. USFH took note of the view.

19. Mr Tommy CHEUNG was concerned about the manpower planning to cater for the provision of additional hospital beds and facilities under the two 10-year HDPs. Dr Elizabeth QUAT raised a similar concern. USFH advised that the Administration would conduct manpower planning and projections for healthcare professionals once every three years in step with the triennial planning cycle of the University Grants Committee. In the meantime, it was expected that with the extension of the validity period and renewal period of limited registration for non-locally trained medical practitioners from not exceeding one year to not exceeding three years,

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there would be an increase in the number of non-locally trained medical practitioners applying to serve in HA under limited registration. It should also be noted that the Medical Council of Hong Kong was exploring whether the internship requirement for non-locally trained medical practitioners could be relaxed under certain conditions.

Conclusion

20. In closing, the Chairman concluded that the Panel did not object to the submission of the four hospital proposals concerned to the Public Works Subcommittee for consideration.

IV. Implementation of the Elderly Health Care Voucher Scheme

[LC Paper Nos. CB(2)925/18-19(01), CB(2)962/18-19(01), CB(2)964/18-19(05) to (06) and CB(2)990/18-19(01) to (03)]

21. Secretary for Food and Health ("SFH") briefed members on the findings of the latest review on the Elderly Health Care Voucher Scheme ("the EHV Scheme") conducted by the Department of Health ("DH") and the proposed enhancement measures to refine the operation of the EHV Scheme, details of which were set out in the Administration's paper (LC Paper No. CB(2)962/18-19(01)).

22. Members noted the following papers on the subject under discussion:

- (a) the updated background brief prepared by the LegCo Secretariat (LC Paper No. CB(2)964/18-19(05));
- (b) the letter dated 4 March 2019 from Dr Pierre CHAN and the Administration's response (LC Paper Nos. CB(2)925/18-19(01) and CB(2)990/18-19(01)); and
- (c) a submission from a member of the public and two submissions from 註冊視光師醫療券關注組 (LC Paper Nos. CB(2)964/18-19(06) and CB(2)990/18-19(02) to (03)).

Proposed measure to tackle over-concentration of voucher use

23. Dr KWOK Ka-ki said that he was supportive of the Administration's proposal to tackle over-concentration of voucher use on optometry services by introducing a cap at a level of \$2,000 every two years on the amount of voucher that could be spent on these services. Mr Tommy CHEUNG remarked that the relevant profession had raised concern over the proposal.

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Mr CHAN Han-pan sought information about the amounts of the claims made by optometrists under the EHV Scheme. Assistant Director of Health (Elderly Health Service), DH ("AD(EHS), DH") advised that between 8 June 2018 (when the accumulation limit was raised to \$5,000) and end-2018, a total of 26 665 voucher claims exceeding \$4,000 were made by the some 600 enrolled optometrists.

24. Ms CHAN Hoi-yan remarked that while there was a high number of claims with high amounts by optometrists under the EHV Scheme, it should be noted that a pair of progressive lens could cost \$2,000. Dr Elizabeth QUAT raised a similar concern. Mr SHIU Ka-fai queried about the rationale for introducing a cap on the amount of vouchers that could be spent only on optometry services. Mr KWONG Chun-yu and Prof Joseph LEE relayed the proposal from some members of the optometry profession that a separate scheme should be introduced to subsidize eligible elders to purchase spectacles in the private sector. Mr POON Siu-ping was concerned that the Administration had not consulted the service users and the profession concerned on the proposal.

25. SFH and Deputy Secretary for Food and Health (Health)2 ("DS(H)2") stressed that the proposal aimed at addressing the over-concentration of voucher use on a particular type of service, which might render the elders not having sufficient vouchers for other types of services that they might need. The proposal would enable elders to rationalize their voucher use on a mix of primary healthcare services, including those relating to the management and prevention of chronic diseases.

[At 5:42 pm, Prof Joseph LEE, Deputy Chairman of the Panel, took the chair in the temporary absence of the Chairman.]

26. Noting that the median voucher amounts per claim by nurses, medical practitioners and Chinese medicine practitioners in 2018 were \$700, \$300 and \$245 respectively, Mr CHU Hoi-dick sought elaboration about the types of services provided by nurses resulting in a higher claim amount than the other two professions. AD(EHS), DH advised that only 55 nurses enrolled under the EHV Scheme had made voucher claims in 2018 and the amount per claim varied, with the median (\$700) deviating from the mean (over \$1,000), indicating that a small number of nurses might be making claims with higher amount. Some of these nurses claimed that they were mainly providing health assessment services.

[At 5:45 pm, the Chairman re-took the chair.]

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Monitoring of the Scheme

27. Dr KWOK Ka-ki was concerned about how the Administration would address the problem of using the vouchers to purchase expensive dried seafood such as fish maw. Dr Elizabeth QUAT asked about the measures put in place to avoid the recurrence of cases whereby the enrolled healthcare service providers charged a higher service fee on voucher users than non-users. Mr SHIU Ka-chun suggested that DH should collect and make public historical data on fees charged for different types of healthcare services covered under the EHV Scheme. Mr CHU Hoi-dick considered that the Administration should standardize the fees charged by the enrolled healthcare services providers under the EHV Scheme in the long run.

28. SFH, DS(H)2 and AD(EHS), DH advised that DH had put in place measures and procedures for checking and auditing voucher claims following a risk-based approach to ensure proper disbursement of public monies in handling reimbursements to enrolled healthcare service providers. In addition to routine inspections of the healthcare service providers, DH would carry out monitoring and surveillance to detect aberrant patterns of transactions so as to take timely follow-up actions and necessary investigation, and conduct investigations into complaints received. Since the launch of the EHV Scheme in 2009 to end-2018, DH had looked into about 358 000 voucher claim transactions and had identified some 3 950 anomalous claims. SFH stressed that vouchers could not be used for sole purchase of products and it was an improper conduct for the healthcare service providers to charge different levels of fees based on whether vouchers were used or not. Letters (such as advisory/warning letters) had been issued to those healthcare service providers who had breached the terms and conditions of the Scheme Agreement.

29. In response to Dr Helena WONG's follow-up enquiry, AD(EHS), DH advised that among the 3 950 anomalous claims, some were related to the provision of incomplete information on voucher claims by the healthcare service providers concerned. In some cases, the information provided could not be ascertained with the elders concerned, thus requiring withholding of reimbursements or recovering paid reimbursements. Separately, since the Scheme's regularization in 2014 to end-2018, there were some 200 complaints against enrolled healthcare service providers, of which 10-odd cases with suspected fraud had been referred to the Police. Five of these cases were under investigation and no prosecution had been constituted so far. During the same period, 13 healthcare service providers (including four optometrists) who had breached the terms and conditions of the Scheme Agreement had been disqualified from participation in the

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EHV Scheme. In addition, three optometrists were referred to the relevant statutory regulatory body for follow up.

30. Referring to the Administration's response to his letter dated 5 March 2019 (LC Paper No. CB(2)990/18-19(01)), the Chairman expressed concern that only one healthcare service provider had been prosecuted since the launch of the EHV Scheme. He cast doubt as to whether there were loopholes in the terms and conditions of the Scheme Agreement which enabled misuse of vouchers and undermined the Administration's monitoring work in this regard. Dr Helena WONG was concerned about the effectiveness of DH's monitoring efforts to ensure proper disbursement of public monies. SFH and AD(EHS), DH advised that a total of 26 healthcare service providers had been disqualified since the launch of the EHV Scheme. DH would step up its monitoring efforts to tackle misuse of vouchers and strengthen public education to help elders use the vouchers wisely.

31. Noting that DH had strengthened the manpower of the Health Care Voucher Unit by two-fold in the past few years, Mr SHIU Ka-chun sought information about the number of inspection visits made and the future manpower requirement of the Unit. Mr CHAN Han-pan asked about the number of DH staff who were responsible for monitoring and inspection work under the EHV Scheme. SFH and AD(EHS), DH advised that the manpower of the Health Care Voucher Unit had been strengthened over the years in tandem with the implementation of the various enhancement measures at different times. At present, the approved establishment of the Unit was 48 staff members. A total of some 13 000, 16 000 and 19 000 inspection visits were conducted as at end of 2016, 2017 and 2018 respectively. The complexity of the cases involved in the inspection visits was also increasing in recent years.

32. Ms Alice MAK said that to her understanding, many elders were misled by the enrolled healthcare service providers to make use of their voucher balance to purchase a pair of expensive spectacles. To address the problem, DH should conduct surprise inspections and decoy operations, and step up its efforts to educate elders to use vouchers wisely. Dr Helena WONG expressed similar views. Mr POON Siu-ping and Mr CHAN Han-pan considered that the carrying out of decoy operations could enhance deterrent effect against malpractice of the enrolled healthcare service providers. Dr KWOK Ka-ki opined that the enrolled healthcare service providers should not be allowed to check the voucher balance of voucher users. Prof Joseph LEE called on the Administration to set up a dedicated complaint hotline for the EHV Scheme.

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33. AD(EHS), DH advised that it was necessary to allow the enrolled healthcare service providers to check the remaining balance of the visiting elder's voucher account so as to ensure that there was sufficient voucher amount before proceeding with the fee settlement. While DH was open to any suggestions to further strengthening the monitoring mechanism of the Scheme, certain issues would need to be resolved before decoy operations could be considered. These included the need to recruit a team of elders who were willing to act as the decoy, the need to provide training to the elders, the need to ensure the elders' safety and interests, and to protect their personal data privacy. In the meantime, DH would step up its efforts in educating elders on how to better manage their voucher account, such as checking their voucher balance via the dedicated Interactive Voice Response System before visiting the enrolled healthcare service providers. SFH also advised that there was already a hotline for the public to lodge complaints about the EHV Scheme.

Annual voucher amount and the accumulation limit of vouchers

34. Dr Elizabeth QUAT called on the Administration to consider taking on board her repeated suggestion that each eligible elderly couple should be allowed to opt to share use their voucher amounts. Mr POON Siu-ping shared the view. Mr KWONG Chun-yu said that there was a need to raise the annual voucher amount and the accumulation limit of vouchers, which currently stood at \$2,000 and \$5,000 respectively. Ms Alice MAK held a similar view. Ms CHAN Hoi-yan considered that an annual voucher amount of \$2,000 could hardly encourage elders to increase the use of private primary healthcare services. Mr CHAN Chi-chuen considered that the Administration should instead examine the need to set a limit on the accumulation amount of vouchers as elders might tend to use the amount of vouchers expected to be forfeited due to the accumulation limit being exceeded for unnecessary services. Mr HO Kai-ming expressed a similar view.

35. SFH advised that as announced in the 2019-2020 Budget, an additional one-off \$1,000 voucher amount would be made available and the accumulation limit would be further raised to \$8,000 in 2019. Besides, vouchers were provided to the elderly on an individual basis to allow them to receive private primary healthcare services having regard to their own health conditions and health needs. The Administration would keep in view the implementation of the EHV Scheme and introduce enhancement measures as and when appropriate. Having regard to the findings of the review that the use of vouchers might not have any immediate impact on public healthcare service utilization, Dr Fernando CHEUNG remarked that the Administration should make use of the resources earmarked for

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providing the additional one-off \$1,000 voucher amount to enhance primary healthcare services instead.

Scope of the EHV Scheme

36. Mr Tommy CHEUNG expressed concern over the low participation rate of eligible healthcare service providers in the EHV Scheme, rendering elders not being able to fully utilize their vouchers. In his view, it should be made mandatory that all healthcare service providers concerned had to participate in the Scheme. SFH advised that efforts would continuously be made by DH to encourage more healthcare service providers to join the Scheme. The existing enrolment procedures would be streamlined as appropriate to facilitate participation of healthcare service providers.

37. Mr Tommy CHEUNG considered that the scope of the EHV Scheme should be expanded to cover registered pharmacists for the provision of drug management services for elders. Mr SHIU Ka-fai asked whether the Administration would take heed of the suggestion of Professor YEOH Eng-kiong, Director of The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, to allow eligible elders to use vouchers on screening services for diabetes and high blood pressure, as well as drug management services provided by pharmacists. Prof Joseph LEE raised a similar query. SFH advised that the Administration had no plan to cover pharmacists under the EHV Scheme having regard to the principle that sole purchase of products with vouchers would not be allowed. That said, the Administration would continue to listen to the views of various healthcare professions to further refine the EHV Scheme as appropriate.

38. Dr KWOK Ka-ki opined that the Administration should engage non-governmental organizations to encourage elders to make use of the vouchers to undergo regular body examination to facilitate early detection and prevention of illnesses. Mr CHAN Chi-chuen suggested that separate dental care vouchers should be introduced to subsidize elders to use private dental care services. Referring to the Administration's proposal to allow the use of voucher in District Health Centres ("DHCs") to be set up in the 18 districts, Prof Joseph LEE asked about the arrangement for DHCs to refer a voucher holder to a DHC network service provider for eye examination.

39. DS(H)2 advised that clients using the fee-charging services provided by DHCs could use vouchers to make payment. SFH advised that the 18 Visiting Health Teams of DH would conduct health talks to promote the concept of primary healthcare, including the importance of regular health

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check, and educate elders on the wise and proper use of vouchers. In response to Mr POON Siu-ping's enquiry, AD(EHS), DH advised that the Visiting Health Teams which mainly comprised registered nurses were not part of the establishment of the Health Care Voucher Unit.

40. Noting the Administration's proposal to regularize the Pilot Scheme at the University of Hong Kong – Shenzhen Hospital to provide an additional service point for Hong Kong elders to use vouchers and facilitate those who resided in the Mainland or places near Shenzhen to seek medical treatment in Shenzhen, Dr Elizabeth QUAT suggested that the Administration should expand the scope of the Scheme to cover other healthcare service providers in the Greater Bay Area. SFH advised that the Administration had to take into account a number of factors, such as the required information technology support, when examining the way forward in this regard.

V. Proposed Member's Bill on rare diseases

[LC Paper Nos. CB(2)569/18-19(01), CB(2)887/18-19(01) and CB(2)964/18-19(07)]

41. Dr Fernando CHEUNG briefed members on his proposed Member's Bill on rare diseases ("the legislative proposal"), details of which were set out in the draft Rare Diseases Bill (LC Paper No. CB(2)569/18-19(01)) and the relevant explanatory notes (LC Paper No. CB(2)887/18-19(01)).

42. At the invitation of the Chairman, USFH briefed members on the Administration's response to the legislative proposal, details of which were set out in LC Paper No. CB(2)946/18-19(07).

[At 6:25 pm, the Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed ending time to allow more time for discussion.]

43. Ms CHAN Hoi-yan held the view that while the Administration did not see the need to provide a legislative framework for rare diseases, it should at the very least formulate a definition of rare diseases based on prevalence rate as recommended by the World Health Organization and make reference to the similar practices adopted in Taiwan, Japan and the United States. Separately, she was concerned about the Administration's practice of using the term "uncommon disorder" but not the term "rare disease" when discussing the relevant issues. USFH advised that the definition of uncommon disorders varied among different places. Locally, the Administration and HA would continue to strive to provide under the

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existing mechanisms suitable care and treatment for patients with uncommon disorders according to their individual clinical needs. Ms CHAN Hoi-yan remained of the view that Hong Kong, as a buoyant society, should introduce a definition of rare diseases to facilitate diagnosis and treatment in this regard.

44. Expressing support for the legislative proposal, Mr CHAN Chi-chuen did not subscribe to the explanation given by the Administration that the statutory regime for rare diseases proposed by Dr Fernando CHEUNG would introduce an unnecessary legal divide between rare disease patients and non-rare disease patients, and would complicate clinical treatment processes. Mr KWONG Chun-yu declared that he was a member of the Community Care Fund Task Force. Expressing support for the legislative proposal, he urged the Administration to formulate a definition of and database on rare diseases in order to identify the patients concerned and formulate policies to address these patients' needs. Mr CHU Hoi-dick said that he was in support of the legislative proposal. He sought elaboration from the Administration as to how the proposal would undermine the interest of patients with rare diseases.

45. USFH stressed that each type of disease had its uniqueness and individual patients would require different clinical attention and care. Grouping diseases by their rarity did not necessarily serve the purpose of improving the relevant diagnosis and treatment. It should be noted that safety nets had already been put in place to provide financial assistance to needy patients, including those with uncommon disorders. The Administration and HA would continue to examine how to further enhance the support in this regard.

[At 6:39 pm, the Chairman suggested and members agreed that the meeting be further extended for 15 minutes.]

46. Dr Fernando CHEUNG remarked that the public healthcare system had all along focused on cost-effectiveness and strived to only address the healthcare needs of the vast majority of patients but not that of the patients with rare diseases which were small in number. There were also cases that some rare disease patients were unable to receive assistance and support under the existing mechanism. He urged the Administration to formulate a dedicated regime to facilitate the prevention, early identification, treatment and scientific research of rare diseases. Mr CHAN Chi-chuen held the view that resource implication was the main reason why the Administration declined to introduce a statutory regime for rare diseases. Mr CHU Hoi-dick considered that the Chief Executive should give consent to allow the introduction of the bill if the President was of the opinion that the bill

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was related to Government policies and had to seek the written consent of the Chief Executive.

47. USFH advised that legislating for purposes that could be achieved through an administrative route was neither necessary nor desirable. Mechanisms were in place to provide support to patients with uncommon disorders in various aspects, including clinical diagnosis and assessment, multi-disciplinary care and rehabilitation services, introduction of new drugs, as well as subsidizing drug treatments. Dr Fernando CHEUNG said that he would proceed with the next step for presentation of the bill on rare diseases.

VI. Any other business

48. The Chairman reminded members that the Panel would hold a special meeting on 19 March 2019 from 5:00 pm to 8:45 pm to receive views from members of the public on "Corporate governance and manpower situation of HA". He also reminded those Panel members who wished to join the Subcommittee on Issues Relating to the Support for Cancer Patients to enroll by 12:00 midnight on 20 March 2019.

49. There being no other business, the meeting ended at 6:50 pm.

Council Business Division 2
Legislative Council Secretariat
30 August 2019