

**立法會**  
**Legislative Council**

LC Paper No. CB(2)1924/18-19

(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of meeting  
held on Monday, 15 April 2019, at 4:00 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 SHIU Ka-chun
  - Hon KWONG Chun-yu
  - Hon CHAN Hoi-yan
- Members attending** :
- Hon Starry LEE Wai-king, SBS, JP
  - Hon WU Chi-wai, MH

**Public Officers : Item III  
attending**

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

Ms Leonie LEE Hoi-lun  
Principal Assistant Secretary for Food & Health (Health)1  
Food and Health Bureau

Dr WONG Ka-hing, JP  
Controller, Centre for Health Protection  
Department of Health

Dr CHUANG Shuk-kwan, JP  
Head, Surveillance & Epidemiology Branch/ Consultant  
Community Medicine (Communicable Disease)  
Department of Health

Mr Edwin LAM Fung-shing  
Chief Pharmacist (2)  
Department of Health

Dr K L CHUNG  
Director (Quality & Safety)  
Hospital Authority

Dr Vivien CHUANG  
Chief Manager (Infection, Emergency & Contingency)  
Hospital Authority

**Items IV to VI**

Dr CHUI Tak-yi, JP  
Under Secretary for Food and Health

**Item IV**

Mr FONG Ngai  
Deputy Secretary for Food and Health (Health)3  
Food and Health Bureau

Miss Lily LEE Lee-man  
Principal Assistant Secretary for Food and Health (Health)4  
Food and Health Bureau

Mr Lot CHAN Sze-tao  
Chief Pharmacist(1)  
Department of Health

Item V

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 Libby LEE  
Director (Strategy & Planning)  
Hospital Authority

Dr Flora TSANG  
Chief Manager (Strategy, Service Planning & Knowledge  
Management)  
Hospital Authority

Mr Donald LI  
Chief Manager (Capital Planning)  
Hospital Authority

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

Item VI

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

Dr K L CHUNG  
Director (Quality & Safety)  
Hospital Authority

Dr N C SIN  
Chief Manager (Patient Safety & Risk Management)  
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)1094/18-19(01)]

Members noted that a letter dated 23 March 2019 from Dr Elizabeth QUAT in respect of the presence of asbestos in Prince of Wales Hospital ("PWH") had been issued since last meeting.

**II. Items for discussion at the next meeting**  
[LC Paper Nos. CB(2)1167/18-19(01) and (02)]

2. Members agreed to discuss the subject "Developments of the Electronic Health Record Sharing System" as proposed by the Administration at the next regular meeting of the Panel to be held on 20 May 2019 at 4:30 pm.

*(Post-meeting note: At the request of Dr Hon CHIANG Lai-wan and with the concurrence of the Chairman, an additional discussion item on "Proposed Members' Bill to amend the Medical Registration Ordinance (Cap. 161)" has been added to the agenda for the May regular meeting.)*

**III. Prevention and control measures against measles**  
[LC Paper Nos. CB(2)1167/18-19(03) to (04), CB(2)1094/18-19(02), CB(2)1155/18-19(01) and CB(2)1223/18-19(01)]

3. Secretary for Food and Health ("SFH") briefed members on the measures adopted by the Administration to prevent and control measles,

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details of which were set out in the Administration's paper (LC Paper No. CB(2)1167/18-19(03)).

4. Members noted the information note prepared by the Legislative Council ("LegCo") Secretariat (LC Paper No. CB(2)1167/18-19(04)), the letter dated 25 March 2019 from Dr Elizabeth QUAT, the letter dated 3 April 2019 from Prof Joseph LEE, and the letter dated 11 April 2019 from Dr Pierre CHAN (LC Paper Nos. CB(2)1094/18-19(02), CB(2)1155/18-19(01) and CB(2)1223/18-19(01)) on the subject under discussion.

Measles vaccination and blood test services

5. Ms CHAN Hoi-yan queried about the supply of measles vaccines for Hong Kong in view of the measles outbreaks in many parts of the world. Mr KWONG Chun-yun raised a similar question. SFH advised that the Administration had been in close liaison with the two suppliers of registered measles-containing vaccines in Hong Kong in this regard. It was expected that a new batch of vaccines would arrive Hong Kong in April or May 2019. In the meantime, vaccines had been and would be reserved for the three priority groups for vaccination, namely children under the routine Hong Kong Childhood Immunisation Programme ("HKCIP"), target staff of the Hong Kong International Airport ("HKIA") where a measles outbreak had taken place, and eligible healthcare staff of the Hospital Authority ("HA"). The Chairman remarked that consideration should be given to setting up vaccination production lines in Hong Kong. SFH advised that in case any vaccine manufacturers would develop their vaccines in Hong Kong, the Administration would provide appropriate support and assistance in drug registration and licensing application.

6. Mr POON Siu-ping agreed that priority for vaccination should be accorded to eligible staff of HKIA and HA. He asked whether the World Health Organization ("WHO") had provided any advices in tackling the measles outbreak in Hong Kong. Controller, Centre for Health Protection, Department of Health ("C/CHP") advised that the Centre for Health Protection ("CHP") had been in close communication with WHO on the latest developments. It was affirmed that during outbreak situation, the arrangement to administer a single dose of measles-containing vaccine to each eligible staff working at HKIA would be able to cover more staff, hence providing better protection to the airport community, within a short period of time.

7. Mr CHAN Chi-chuen asked if measles serology test service would be provided for those people who were not sure about whether they were immune to measles. Referring to the finding of the territory-wide

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immunization surveys conducted by the Department of Health ("DH") that the two-dose measles vaccination coverage under HKICP had been consistently maintained at well above 95%, Mr POON Siu-ping suggested that measles serology test service be provided for those who fell outside the coverage. SFH advised that DH had been providing measles serology test service since April 2019 to airport staff who were born in or after 1967 to identify those who needed measles vaccination. The service quota had been increased from 100 to 200 starting from the week of 15 April 2019. C/CHP supplemented that those children who had never been vaccinated could receive measles vaccination at the Maternal and Child Health Centres or at the school setting under the Student Health Service of DH.

8. Mr CHAN Chi-chuen noted that a patient portal would be developed under stage two development of the Electronic Health Record Sharing System ("eHRSS") for patients to access some of their health records, including immunization records. Pointing out that some adults might however have lost their immunization records which were in paper form, he asked how long would DH keep the records of vaccines it administered under HKCIP. C/CHP advised that the records would be kept until the person concerned reached 21 years of age. The Chairman called for an early computerization of past paper immunization records. SFH said that DH was planning to enhance its clinical information management system to enable easy retrieval of clients' records of immunizations administered by DH.

9. Dr Elizabeth QUAT queried about the development progress and the coverage of the patient portal of eHRSS. SFH advised that the patient portal was planned to launch in the second half of 2020. As of end-March 2019, about 1.88 million immunisation records from about 500 000 participating healthcare recipients had been uploaded on eHRSS. Dr Elizabeth QUAT requested the Administration to advise in writing the period of immunization records to be covered by the patient portal.

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10. In response to Mr KWONG Chun-yu's enquiry about the progress of the healthcare staff measles vaccination programme of HA, SFH and Director (Quality & Safety), HA ("D(Q&S), HA") advised that starting from 1 April 2019, measles vaccination was first provided to staff working in six high-risk departments, such as paediatric, obstetrics and gynaecology, and haematology, to reduce the risk of nosocomial infections. This was followed by staff working in the Accident and Emergency ("A&E") Departments and General Outpatient Clinics' triage and fever areas starting from 10 April 2019. As of 14 April 2019, about 2 700 doses of vaccines had been administered. D(Q&S), HA assured members that all staff who

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had never been vaccinated or those with inadequate immunity would be provided with vaccinations in due course.

11. Referring to a case whereby a patient seeking medical attention at the A&E Department at Queen Elizabeth Hospital ("QEH") was later identified as having infected measles, Mr SHIU Ka-chun was concerned about the segregation of fever patients suspected of infectious diseases, including measles, at the A&E Departments of public hospitals. Separately, he called on HA to enhance protection for pregnant women who had to undergo prenatal check-up at public hospitals. D(Q&S), HA advised that fever areas had been set up in all A&E Departments, including that of QEH. For QEH, there was also a Walk-in Clinic in the A&E Department serving as a designated waiting area for mainly Triage 4 (i.e. Semi-urgent) and 5 (i.e. Non-urgent) patients. HA had requested heads of all A&E Departments to remind frontline staff to stay vigilant in surveillance of measles cases.

Port health measures and health advice

12. Ms CHAN Hoi-yun was concerned that many foreign domestic helpers working in Hong Kong and new arrivals had not received measles vaccination at their home countries and were non-immune to measles. Expressing concern over the number of non-immune foreign domestic helpers, Dr Elizabeth QUAT asked whether support would be provided by the Administration in the arrangement of blood test service for foreign domestic helpers. The Chairman referred to his suggestion as set out in his letter dated 11 April 2019 that immigration measures should be put in place to require all incomers who would stay in Hong Kong for more than six months to meet an assessment of immune status against infectious diseases.

13. SFH advised that any immigration measures to strengthen prevention and control of infectious diseases involved different policy areas and had to be deliberated holistically by taking various factors into consideration. The Administration had already recommended to the Philippine Consulate General and all foreign domestic helper employment agencies in Hong Kong that all foreign domestic helpers who were non-immune to measles should receive vaccination, preferably before arrival in Hong Kong. Mr CHAN Chi-chuen expressed concern about the supply of vaccines in and the relevant vaccination arrangements of Philippine.

14. Ms CHAN Hoi-yun called on the Administration to step up publicity to raise the awareness of members of the public who planned to travel during the coming Easter holidays, in particular those with young children who were not due for the second dose of the Measles, Mumps and Rubella ("MMR") vaccine, of measles virus. Mr KWONG Chun-yu asked about

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the measures to be taken at HKIA during the upcoming peak travelling season. Mr POON Siu-ping was concerned about the effectiveness of using infrared thermal imaging systems for body temperature checks on inbound travellers at all boundary controls in measles surveillance.

15. SFH advised that various control measures would continue to be implemented at HKIA, including the provision of vaccination and measles serology test service to the target group of staff working at HKIA, enhancement of the ventilation system, appealing for incoming passengers who felt unwell to seek medical advice promptly and stepping up public education on personal hygiene. C/CHP added that the infrared thermal imaging systems at boundary controls could help identifying suspected cases of abnormal temperatures for follow-up.

16. Ms CHAN Hoi-yan commented that the presentation of the health notices on the front page of the website of CHP and that of the thematic webpage of measles was not able to draw the attention of members of the public to measles-related health advices, such as the advice that women should avoid pregnancy for three months after receipt of MMR vaccine and take appropriate contraceptive measure. SFH took note of the view.

**IV. Proposals for regulation of advanced therapy products**  
[LC Paper Nos. CB(2)1167/18-19(05) and (06)]

17. Under Secretary for Food and Health ("USFH") briefed members on the Administration's proposal for the regulation of advanced therapy products ("the legislative proposal"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1167/18-19(05)).

18. Members noted the information note prepared by the LegCo Secretariat on the subject under discussion (LC Paper No. CB(2)1167/18-19(06)).

19. Mr POON Siu-ping sought elaboration about the respective work of the Working Group on Regulation of Premises Processing Health Products for Advanced Therapies and the Task Force on Regulation of Advanced Therapy Products in Hong Kong. Chief Pharmacist(1), DH ("CP(1), DH") advised that the Working Group issued a report in 2014, in which five recommendations were put forth on the direction for the regulation of the relevant products. Subsequently, the Task Force was set up in December 2017 to advise the Administration in the formulation of the regulatory framework for advanced therapy products and related matters.



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20. Mr SHIU Ka-fai said that the beauty industry in general did not object to the introduction of a regulatory regime for advanced therapy products. Ms Alice MAK commented that it took too long for the Administration to hammer out the legislative proposal since the occurrence of the adverse incident in October 2012 whereby the deceased underwent infusion of processed blood products provided by a beauty service company. She asked whether the legislative proposal would regulate the premises processing advanced therapy products and the use of these products by registered healthcare professionals to avoid the recurrence of similar incidents. Pointing out that premises where no practice of registered medical practitioners or registered dentists took place were not subject to the regulatory regime under the Private Healthcare Facilities Ordinance (Cap. 633), the Chairman enquired whether a medical laboratory processing high-risk cell, tissue and gene therapy products for diagnosis of a patient in the course of medical treatment by registered professionals would be subject to the regulatory regime for advanced therapy products.

21. USFH and Deputy Secretary for Food and Health (Health)3 ("DS(H)3") advised that the legislative proposal sought to amend the Pharmacy and Poisons Ordinance (Cap. 138) and the Pharmacy and Poisons Regulations (Cap. 138A) to provide for a licensing regime for manufacturers of advanced therapy products. Licensed manufacturers would be required to comply with the Good Manufacturing Practices of the Pharmaceutical Inspection Co-operation Scheme and meet the various requirements in relation to the labelling of donation identifiers, product codes and patient identifiers; the keeping of records and sale pack for the products; and the keeping of records related to the end-users, storage and transport, etc. Mr YIU Si-wing asked whether the records would cover information on the personal particulars of donors. Replying in the negative, CP(1), DH advised that the format of the unique donation identifiers would be specified by the Pharmacy and Poisons Board.

22. The Chairman asked whether blood specimen taken for blood tests but not for human use would be regarded as advanced therapy products under the legislative proposal. DS(H)3 replied in the negative.

23. Mr POON Siu-ping noted that the proposed record keeping requirements for advanced therapy products only required manufacturers and wholesale dealers supplying these products to the end-users to keep the record of the registered medical practitioner or dentist who was responsible for the use of the product for at least 30 years after the expiry date of the product. However, there was no mention about the keeping of records concerning the administration of these products to patients. CP(1), DH explained that the administration of advanced therapy products was a

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professional practice governed by the codes of conduct of the relevant professions.

24. Mr YIU Si-wing enquired about the proposed penalty against non-compliance with the special requirements on the licensed manufacturers. CP(1), DH advised that reference would be made to the current penalty for offences under the Pharmacy and Poisons Ordinance, which was set at a fine at Level 6 (i.e. \$100,000) and imprisonment for two years.

25. Ms Alice MAK asked about the timetable for the introduction of the legislative proposal. She called on the Administration to draw the attention of members of the public that there was at present no dedicated regulatory framework for the therapeutic use of advanced therapy products, which were of high risk in nature. Mr SHIU Ka-fai raised a similar view. DS(H)3 advised that the plan of the Administration was to introduce the legislative proposal into LegCo before summer with an aim to completing the legislative exercise in the next legislative session.

**V. Planning for the second 10-year Hospital Development Plan**

[LC Paper Nos. CB(2)1167/18-19(07) to (08) and CB(2)1223/18-19(02)]

26. USFH briefed members on the planned projects under the second 10-year Hospital Development Plan ("HDP"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1167/18-19(07)).

27. Members noted the background brief prepared by the LegCo Secretariat and the letter dated 11 April 2019 from Dr Pierre CHAN (LC Paper Nos. CB(2)1167/18-19(08) and CB(2)1223/18-19(02)) on the subject under discussion.

Overall hospital bed provision and manpower requirements

28. Dr KWOK Ka-ki noted that the planning standard as set out in the Hong Kong Planning Standards and Guidelines was 5.5 beds per 1 000 persons. He was discontent that the inpatient capacity of public hospitals had been reduced by about 1 000 beds since 2003. While there would be an additional 6 000-odd and 9 000-odd beds upon completion of the first and second 10-year HDPs respectively, the overall number of hospital beds would still fall short of the above planning standard by about 10 000 beds in 2036 to meet the service demand arising from the growing and ageing population. Ms Starry LEE held the view that the absence of large-scale hospital development projects in the past decade had resulted in over 100%

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bed utilization rate of many public hospitals, such as QEH, in recent years. She remarked that the net increase in the number of hospital beds under the first 10-year HDP would be less than 6 000 as some 2 000 hospital beds would be trans-located from QEH to the new acute general hospital in the Kai Tak Development Area ("KTDA"). The Chairman said that he had raised the same observation from time to time but no clear explanation had been given by the Administration so far. He sought elaboration about the setting of the planning standard of 5.5 beds per 1 000 persons. Mr SHIU Ka-fai asked if there was an international bed to population standard ratio.

29. USFH advised that there was no international bed to population standard ratio. Locally, it should be noted that while there was a reduction in the number of infirmary and mentally-ill inpatient beds in the public sector during the period from 2003 to 2019, there was an increase in the number of acute general beds and convalescent or rehabilitation beds in the same period of time. The planned provision of additional beds under the first and second 10-year HDPs was based on, among others, the identified service needs in the respective geographical districts. Upon completion of the two HDPs, the general bed capacity would be increased to 4.8 beds per 1 000 persons by 2036. The Chairman and Mr SHIU Ka-fai requested the Administration to explain in writing the reasons why such projection fell short of the standard in the Hong Kong Planning Standards and Guidelines.

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30. Taking the current shortage of hospital beds in the Kowloon East ("KE") Cluster as an example, Ms Starry LEE expressed concern as to whether HA had taken the population growth and ageing into account when projecting the required inpatient capacity of public hospitals. Holding the view that the additional number of beds to be provided in the New Territories East Cluster under the two 10-year HDPs was inadequate to meet the service demand, Dr Elizabeth QUAT expressed a similar concern. Mr WU Chi-wai pointed out that the immense magnitude of the increase in service demand arising from the ageing population had posed a formidable challenge to the public healthcare system.

31. Director (Strategy & Planning), HA ("D(S&P), HA") stressed that HA had taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes of individual catchment districts according to the Census and Statistics Department, organization of services of the clusters and hospitals, and the service demand of local community, in planning for its services. Under the second 10-year HDP, Tseung Kwan O Hospital, United Christian Hospital and Haven of Hope Hospital ("HHH") would be expanded to meet the long-term healthcare demand of the KE Cluster. The Chairman did not subscribe to the response given by HA, as there was a decrease in the

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number of hospital beds in the KE Cluster in the past decade despite the fact that the population size of the catchment districts had increased by 60 000. In his view, a dedicated office responsible for the service planning and development of public hospitals should be set up under the Food and Health Bureau ("FHB") or HA. Ms Starry LEE and Dr Elizabeth QUAT requested the Administration to advise in writing the factors and the relevant statistics (in particular public healthcare demand based on the demographic profile of the population projection in the catchment areas) that HA had taken into account in coming up with its plan to provide over 6 000 and over 9 000 additional beds under the first and the second 10-year HDP respectively.

32. Dr KWOK Ka-ki requested the Administration to commit to completing all hospital projects under the first 10-year HDP, in particular the development of the new acute public hospital in Kai Tak Development Area ("KTDA") which would provide more than 2 400 hospital beds, by 2026 or earlier; increasing the number of additional hospital beds to be provided under the second 10-year HDP and advance its commencement for completion by 2031; and starting the planning of the third 10-year HDP to cover the period of 2026 to 2036. USFH assured members that the Administration would continue to listen to public views on the planning for the second 10-year HDP, and to strive for expediting the carrying out of the hospital projects under the two 10-year HDPs.

33. Dr Elizabeth QUAT queried about the manpower planning for the increased healthcare service capacity upon the completion of the two 10-year HDPs. Mr WU Chi-wai expressed concern about the high attrition rate of doctors in HA and the supply of locally-trained doctors given the long training cycle. The Chairman remarked that while there was an overall decrease in the number of hospital beds under paediatrics and adolescent medicine and medicine specialties for HA in the past decade as revealed by the Administration's reply to his letter dated 11 April 2019 (LC Paper No. CB(2)1242/18-19(02)) which was tabled at the meeting, there was an increase in the number of doctors in these specialties during the corresponding period.

34. USFH advised that there had already been an increase in the number of University Grants Committee ("UGC")-funded first-year-first-degree places for the medical discipline in the past two trienniums. The Administration had already planned for the expansion of the relevant healthcare training capacity of the UGC-funded universities, and kick-started a new round of manpower projection exercise to update the demand and supply of healthcare manpower. Separately, HA would continue to put in place measures to attract and retain talents to meet service needs.

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D(S&P), HA supplemented that the preliminary projection was that the opening of over 9 000 additional beds under the second 10-year HDP would require 2 000 doctors and 10 000 nurses. The Chairman requested the Administration to advise in writing the timetable for the opening of the planned additional beds of each proposed project under the two 10-year HDPs as set out in Annexes A and B to its paper.

Planning for the second 10-year HDP

*Kowloon Central Cluster*

35. Dr KWOK Ka-ki urged the Administration to commit to developing a new hospital at the King's Park site where QEH was currently located after the trans-location of most of the services of QEH to the new acute hospital in KTDA. Ms Starry LEE called on the Administration and HA to provide inpatient beds in the redevelopment at the vacated site. Dr Helena WONG made the same request. The Chairman drew members' attention that HA had previously advised the Panel that a major ambulatory centre might be developed at the vacated site.

36. D(S&P), HA advised that the service planning for the redevelopment at the vacated site would be commenced some two years later. The thought of HA at this stage was that the redevelopment would provide day services as well as inpatient services. Ms Starry LEE and Dr Helena WONG called on the Administration to brief the Panel on the detailed service planning as early as possible. Pointing out that it took years to redevelop a healthcare facility, Mr WU Chi-wai opined that HA should instead make use of the existing premises of QEH for the provision of services after the trans-location of the existing services of QEH to the new acute hospital in KTDA.

37. Dr Helena WONG enquired about the progress of the excavation works of the first stage of the redevelopment of Kwong Wah Hospital ("KWH"), which were suspended due to abnormal readings in groundwater levels and settlement around the construction site, and the impact, if any, on the Tung Wah Museum which was a declared monument. Chief Manager (Capital Planning), HA ("CM(CP), HA") advised that the Tung Wah Museum had not been affected. The excavation works at the site had been resumed for target completion by May 2019.

*Kowloon West Cluster*

38. Ms Alice MAK called for an early commencement of the in-situ redevelopment of Princess Margaret Hospital. There was also a need to minimize the disruption of clinical services during the redevelopment.

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CM(CP), HA assured members that Princess Margaret Hospital would remain functional at all times throughout the project duration. It was planned that some clinical services of the Hospital would be decanted to the expanded Lai King Building during the redevelopment.

39. Mr CHAN Han-pan called on HA to discuss with DH to explore the feasibility of relocating the Tsuen Wan Maternal and Child Health Centre, which was currently located at a block of Yan Chai Hospital, in order to maximize the scale of expansion of the Hospital under the second 10-year HDP. USFH advised that a new building for Yan Chai Hospital would be constructed to provide additional hospital beds using the existing open car park next to the community health and wellness centre.

*KE Cluster*

40. Mr SHIU Ka-chun asked whether the integrated carer support centre to be set up in the expanded HHH would provide comprehensive support services for carers covering skill training and educational programmes, counselling, outreach service and residential respite service. USFH advised that it was expected that the integrated carer support centre, to be operated under medical-social collaboration, would strengthen the role of HHH as the key provider of sub-acute, convalescent, rehabilitation and infirmary services to the KE Cluster.

41. Noting that a Community Health Centre would be constructed in the KE Cluster under the first 10-year HDP, Mr SHIU Ka-chun asked about the difference in the functions of the Community Health Centre under HA and the District Health Centres to be set up by the Food and Health Bureau in 18 districts. USFH advised that the Community Health Centres currently provided medical consultation, multi-disciplinary services to complement doctors' management and control disease progression, and patient empowerment to promote self-care, whereas the focus of the future District Health Centres was on raising public awareness on personal health management and enhancing disease prevention.

*[At 6:04 pm, the Chairman ruled that the motion, which was proposed by Mr CHAN Han-pan and seconded by Ms Alice MAK and tabled at the meeting, was related to the agenda item under discussion. He said that members would later be invited to consider whether the motion should be proceeded with at the meeting.]*

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*New Territories West Cluster*

42. Ms Alice MAK considered that in view of the increasing demand for hospital services in the New Territories West ("NTW") Cluster, the Administration and HA should not wait until the second 10-year HDP to commence the redevelopment of Tuen Mun Hospital ("TMH"). Separately, the expansion of Tin Shui Wai Hospital ("TSWH") at the nearby sites should go ahead without the need to take time to first explore the feasibility of using the sites for the purpose. Mr CHAN Han-pan expressed disappointment that the redevelopment of TMH was not included in the first 10-year HDP. While the Phase 1 redevelopment of TMH was a project under the second 10-year HDP, no additional beds would be provided. He also cast doubt on whether the 2 600 additional beds to be provided by the expanded TSWH, expanded Pok Oi Hospital and the new hospital to be constructed in Hung Shiu Kiu New Development Area under the second 10-year HDP would be adequate to meet the service demand of the rapid growing population of the NTW Cluster.

43. CM(CP), HA advised that HA had commenced planning for the second 10-year HDP. A planning study was already underway to explore whether accessibility for emergency vehicles to the expanded TSWH might be enhanced. As regards TMH, it was planned that the redevelopment would be carried out in three phases, with Phase 1 being covered by the second 10-year HDP for demolition of some existing hospital buildings and construction of a new block. Additional beds would be provided in Phases 2 and 3 of the redevelopment project.

Motion

44. Having ascertained that a quorum was present, the Chairman invited members to consider whether the motion proposed by Mr CHAN Han-pan and seconded by Ms Alice MAK, the wording of which had been tabled at the meeting, should be proceeded with. Members agreed.

45. Mr CHAN Han-pan moved the following motion:

"鑒於新界西人口將大幅增長，加上人口急速老化，本委員會要求政府加快落實天水圍醫院、瑪嘉烈醫院、仁濟醫院及北大嶼山醫院擴建計劃，以應付需求。"

(Translation)

"Given that there will be a significant population growth in New Territories West, coupled with a rapidly ageing population, this Panel requests the Government to expedite the implementation of the

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expansion projects for Tin Shui Wai Hospital, Princess Margaret Hospital, Yan Chai Hospital and North Lantau Hospital, in order to meet the demand."

46. The Chairman put the motion to vote. The results were: five 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.

**VI. Obstetric services in public hospitals**

[LC Paper Nos. CB(2)1167/18-19(09) and (10)]

47. USFH briefed members on the obstetric services provided in public hospitals, details of which were set out in the Administration's paper (LC Paper No. CB(2)1167/18-19(09)).

48. Members noted the background brief prepared by the LegCo Secretariat (LC Paper No. CB(2)1167/18-19(10)) on the subject under discussion.

*[At 6:26 pm, Prof Joseph LEE, Deputy Chairman of the Panel, took the chair in the temporary absence of the Chairman. At 6:28 pm, the Chairman re-took the chair.]*

Prenatal services

49. Dr Elizabeth QUAT expressed appreciation for the planned introduction of non-invasive prenatal test, which she had long been called for, in Hong Kong Children's Hospital within 2019. She queried about the coverage of the test. Referring to a case whereby a woman who already had a child with Down syndrome and underwent prenatal check-up for her second child at PMH gave birth to a child with Down syndrome, Dr KWOK Ka-ki considered that HA should arrange high-risk pregnant women to receive non-invasive prenatal test directly without having to first undergo the relevant first-tier prenatal screening test. Dr Fernando CHEUNG raised a similar view.

50. Director (Quality & Safety), HA ("D(Q&S), HA") advised that HA would consider Dr KWOK Ka-ki's suggestion and revert in writing. At present, statistics showed that some 35 000 pregnant women would receive prenatal services in public hospitals per year on average. Around 6% (i.e. about 2 000 cases) of these screened pregnancies would show positive results in the screening for Down syndrome. The plan of HA was to provide all cases showing positive results with the non-invasive prenatal test as a second-tier prenatal screening test for Down syndrome.

Admin/  
HA



Action

51. Dr Helena WONG queried about the circumstances under which HA would arrange a pregnant woman who received prenatal services in public hospitals to undergo ultrasound examination. Chief Manager (Patient Safety & Risk Management), HA ("CM(PSRM), HA") advised that under the existing mechanism, HA would arrange pregnant women in eight to nine weeks of gestation to undergo ultrasound examination if there was a clinical need. The expectant mother concerned would be provided with ultrasound examination for screening for Down syndrome before 20 weeks of the gestation. Those pregnancies with high-risk factors identified would then be arranged to undergo fetal morphology scan for detection of congenital structural abnormality.

52. Mr POON Siu-ping noted that HA's obstetric mobile application "Hapi Journey", which aimed to provide updated information and useful tools for mothers-to-be in a timely manner, had recorded over 62 400 downloads since its launch in February 2017 to end-February 2019. He asked about whether HA would consider this as a satisfactory response. CM(PSRM), HA replied in the affirmative.

Delivery suite services

53. Noting that the demand for delivery suite service in the KE Cluster was mainly catered by United Christian Hospital, Dr Elizabeth QUAT called for the provision of such service in Tseung Kwan O Hospital to provide a more convenient option for pregnant women residing in Tseung Kwan O. Dr Fernando CHEUNG held a similar view. In view of the foreseeable growing demand for obstetric service arising from the developments of the NTW Cluster, Dr KWOK Ka-ki was concerned about the healthcare manpower situation of the Obstetrics and Gynaecology ("O&G") Department of the Cluster and whether the new hospital in Hung Shui Kiu New Development Area was a general hospital.

54. USFH advised that the annual number of deliveries in United Christian Hospital was about 4 200 in 2016, about 4 100 in 2017 and about 3 600 in 2018, with 60% of the expectant mothers residing in Kwun Tong, 30% in Tseung Kwan O and 10% in other districts. On average, about 24% of the expectant mothers who had booked delivery suite services did not utilize the service. Having regard to the service need in the KE Cluster and the fact that training for a team of obstetric personnel required at least 3 000 deliveries every year, HA had no plan to provide delivery suite service in Tseung Kwan O Hospital. The Chairman did not subscribe to the view of the Administration, as the number of new cases of obstetric specialist outpatient services in the NTW, KE and Hong Kong East

Action

Clusters in 2018-2019 (up to 31 December 2018) were all below the threshold of 3 000.

*[At 6:38 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.]*

55. Noting from Appendix I to LC Paper No. CB(2)1167/18-19(10) that the obstetric inpatient occupancy rates of individual hospital clusters was about 70% on average in 2018-2019 (up to 31 December 2018), Mr SHIU Ka-fai called on HA to consider making use of the non-utilized beds to help address its problem of shortage of beds in other specialties. D(Q&S), HA explained that there were highs and lows in the number of deliveries at different times. In response to Mr SHIU Ka-fai's further question, D(Q&S), HA advised that the "zero quota" policy, under which all public hospitals would not accept any bookings by non-local pregnant women for delivery in Hong Kong starting from 1 January 2013, remained effective.

56. In response to Mr POON Siu-ping's concerns about the management of post-partum haemorrhage by HA, CM(PSRM), HA advised that the obstetric units of Queen Mary Hospital ("QMH"), QEH and TMH started conducting drills on emergency response to post-partum haemorrhage on a half-yearly basis since 2017 with an aim to enhance the medical teams' preparedness in managing relevant emergencies. HA aimed to arrange the obstetric units in other public hospitals concerned to conduct similar drills in the long run. He undertook to advise in writing the respective numbers of such drills conducted by the obstetric units of the above three hospitals since 2017.

Admin/  
HA

Assisted-reproduction services

57. Dr Elizabeth QUAT was concerned about the long waiting time for HA's assisted reproductive services. CM(PSRM), HA advised that the private sector was the main service provider in this regard. In the public sector, about 200, 550 and 450 in-vitro fertilization cycles would be provided by KWH, PWH and QMH respectively each year. It should be noted that the number of in-vitro fertilization cycles provided by QMH had already been increased by 100 in 2016-2017 to cope with the increasing demand. HA would continue to monitor closely the demand for assisted reproductive technology service in order to review the service provision.

Action

Treatment for termination of pregnancy

Admin

58. Pointing out that there were cases whereby the public hospitals concerned refused to provide treatment for termination of pregnancy for pregnant adolescents, Mr SHIU Ka-chun sought written information on the respective numbers of patients who underwent medical procedure for termination of pregnancy in the approved public hospitals in each of the past three years, with a breakdown by age group (i.e. aged 24 or below and aged 25 or above).

59. D(Q&S), HA advised that for the performance of medical procedures for termination of pregnancy at the O&G Departments of HA, the pregnant women and her foetus of less than 24 weeks of gestation had to be assessed by two registered medical practitioners and both were of the opinion that continuous pregnancy would involve risk to the life of or constitute serious physical or mental health hazards to the pregnant women or the child would suffer from serious physical or mental abnormality if he or she was born. Time factor would be taken into account in arranging for the procedures since the safety of termination of pregnancy was closely related to the stage of pregnancy of the pregnant women. In response to Mr SHIU Ka-chun's enquiry as to whether medical social workers would follow up with the women who underwent the procedures for termination of pregnancy, D(Q&S), HA advised that bereavement counselling service was currently available for parents suffering miscarriage.

*[At 6:58 pm, the Chairman suggested and members agreed that the meeting be further extended for 15 minutes.]*

Admin

60. Mr SHIU Ka-chun sought information on the weekly consultation time slots under the O&G specialist outpatient (clinical) services of QMH for assessment related to and the performance of the medical procedure for termination of pregnancy. He called on HA to increase the number of consultation time slots in this regard so that the service need could be addressed in a timely manner. D(Q&S), HA took note of the suggestion and agreed to advise the existing arrangement in writing.

Motion

61. The Chairman ruled that the motion proposed by Mr SHIU Ka-chun, the wordings of which had already been tabled during the original appointed meeting time, was directly related to the agenda item under discussion, and invited members to consider whether the motion should be proceeded with at the meeting. Members agreed.

62. Mr SHIU Ka-chun moved the following motion:

Action

"在公立醫院中，有需要進行終止妊娠服務的女性往往需要排期輪候，一些個案甚至要待懷孕 3 個月後才能接受手術，令心理和生理壓力大增。另外，私家醫院的終止懷孕手術費用高昂，價格由 2 萬至 3 萬元不等，一些經濟能力較差的女性，包括青少年、基層婦女及外傭根本難以負擔。

就此，本會促請政府縮短公立醫院終止妊娠服務輪候時間，以減低有需要女性的心理壓力及節省費用，避免他們找尋非法人工流產服務或自行購買未經醫生處方的藥物，及早支援有需要的女性。"

(Translation)

"In public hospitals, women in need of medical procedures for termination of pregnancy usually have to wait for undergoing such procedures. In some cases, the women concerned have to wait for three months after pregnancy to undergo the medical procedures, thereby tremendously increasing their psychological and physical stress. Besides, the fees charged by private hospitals for the medical procedures for termination of pregnancy, ranging from \$20,000 to \$30,000, are exorbitant and unaffordable to women with lesser means, including young girls, grass-roots women and foreign domestic helpers.

In this connection, this Panel urges the Government to shorten the waiting time for treatment for termination of pregnancy in public hospitals, so that the psychological stress of and the fees payable by women in need of such treatment can be reduced, and, by providing them with early support, they may refrain from seeking illegal abortion services or purchasing drugs without medical practitioners' prescription."

63. The Chairman put the motion to vote. The results were: seven 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.

**VII. Any other business**

64. There being no other business, the meeting ended at 7:10 pm.