Panel on Health Services

List of follow-up actions

(Position as at 11 December 2018)

Subject	Date of meeting	Follow-up action required	Administration's response
1. Briefing by the Secretary for Food and Health on the Chief Executive's 2017 Policy Address	26 January 2017	The Administration was requested to provide information on: (a) the increase in public health expenditure in the light of a growing number of elders aged 65 or above under an ageing population; and (b) programmes to promote preventive care for middle-aged adults in primary care setting and the expenditure involved.	The Administration will provide a response in due course.
2. Mental health of children and adolescents ¹	23 April 2018 (Joint meeting with the Panel on Education and Panel on Welfare Services)	The Administration/Hospital Authority ("HA") was requested to: (a) advise the annual expenditure for and the respective numbers of psychiatric doctors, psychiatric nurses, clinical psychologists, speech therapists, occupational therapists and medical social workers involved in the provision	The Administration's response was issued to members vide LC Paper No. CB(2)416/18-19(01) on 7 December 2018.

¹ The item has been separately included in the respective lists of follow-up actions of the Panel on Education and Panel on Welfare Services.

- 2 -

Subject	Date of meeting	Follow-up action required	Administration's response
		of child and adolescent psychiatric service at HA in the past three years;	
		(b) advise the average waiting time for the services provided by the Department of Health ("DH") and HA for assessing the developmental conditions of children, including attention deficit/ hyperactivity disorder and autism spectrum disorder;	
		(c) advise the respective numbers of Early Education and Training Centres, Special Child Care Centres and Integrated Programme in Kindergarten-cum-Child Care Centres in Hong Kong;	
		(d) advise the number of cases whereby the parents concerned did not give consent for passing the assessment or progress information of their pre-school children, who had undergone assessment under the Child Assessment Centres of DH or were under the subvented rehabilitation services or On-site Pre-school Rehabilitation Services of the Social Welfare Department and would proceed to primary schooling, to the Education Bureau for onward transmission to the recipient public sector primary schools;	

- 3 -

Subject	Date of meeting	Follow-up action required	Administration's response
		(e) advise, with the support of relevant statistics, whether the promulgation of guidelines on school-based homework policy in October 2015 had helped alleviate the pressure from homework on students and improved their mental well-being; and	
		(f) in respect of the 34 and 10 children who were found to have borderline raised blood lead levels during the follow-up work on the 2016 lead in drinking water incidents and were respectively assessed by DH as having mild developmental problems and signs of developmental delay (as at end-March 2017), advise the actions taken by the Administration to facilitate appropriate follow-up and the latest development status of these children.	
3. Proposed extension of Kowloon Psychiatric Observation Unit	24 April 2018	The Administration/HA was requested to advise the respective numbers of doctors, psychiatric nurses and allied health staff (with a breakdown by the grades involved), as well as the respective ratios of these healthcare professionals to patients, to support the operation of the Kowloon Psychiatric Observation Unit before and after the new "gazetted" ward commenced operation.	The Administration will provide a response in due course.

Subject	Date of meeting	Follow-up action required	Administration's response
4. Role and operation of Chinese Medicine Centres for Training and Research	30 April 2018	The Administration/HA was requested to: (a) advise the respective average costs per attendance of the Chinese medicine general consultation service provided by the Chinese Medicine Centres for Training and Research ("CMCTRs") and the general outpatient services provided by HA;	The Administration's response was issued to members vide Annex to LC Paper No. CB(2)423/18-19(03) on 11 December 2018.
		(b) in respect of the \$112 million earmarked by the Government in the 2018-2019 Estimates for, among others, the operation of CMCTRs, (i) advise the respective percentages of the provision as a share of the recurrent subvention to HA and public health expenditure in 2018-2019; and (ii) provide a breakdown of the provision by the expenditure items, including the amount of subsidy provided to each CMCTR directly;	
		(c) advise whether the annual subsidy provided to each CMCTR directly had fully covered the annual salary costs for the 12 training places for Chinese medicine practitioner ("CMP") trainees required to be provided by each CMCTR for graduates of local undergraduate programmes in Chinese medicine;	

Subject	Date of meeting	Follow-up action required	Administration's response
		 (d) advise the mechanism being put in place by HA to monitor the salary levels and annual pay adjustments for CMPs employed by the 18 CMCTRs; and (e) advise, in the form of table(s), the entry requirements, monthly salary range and the range of actual years of experience of each rank of the CMPs employed by the 18 CMCTRs and that of the medical staff employed by HA. 	
5. Update on Samaritan Fund and Community Care Fund Medical Assistance Programmes	19 June 2018	The Administration/HA was requested to: (a) advise, with the aid of a flowchart, the processes in respect of regular reviews of and new drug listing on the HA Drug Formulary and the time required of for each process; (b) advise whether, and if so, when the self-financed drug Trastuzumab emtansine (also known as "T-DM1") would be included in the coverage of the safety net for treatment of HER2-positive advanced breast cancer; and	The Administration's response was issued to members vide LC Paper No. CB(2)451/18-19(01) on 13 December 2018.

Subject	Date of meeting	Follow-up action required	Administration's response
		(c) advise the respective estimated amount of additional expenditure involved for the scenarios whereby HA would subsidize 80%, 90% or 100% of patients' out-of-pocket expenses to purchase those self-financed drugs currently covered by the Samaritan Fund and the Community Care Fund Medical Assistance Programmes.	
6. Briefing by the Secretary for Food and Health on the Chief Executive's 2018 Policy Address	15 October 2018	The Administration was requested to provide a breakdown by expenditure items (including, among others, the subsidized consultation and treatment services) of the \$100 million allocated to subsidize the operation of the Kwai Tsing District Health Centre for a year.	The Administration will provide a response in due course.
7. Preparation for winter surge	19 November 2018	The Administration was requested to provide a response to the views and suggestions given by the Society for Community Organization on seasonal influenza vaccination services as set out in its submission (LC Paper No. CB(2)264/18-19(01)).	The Administration will provide a response in due course.

- 7 -

	Subject	Date of meeting		Follow-up action required	Administration's response
8	Review findings of means test mechanism for Samaritan Fund and Community Care Fund Medical Assistance Programmes	11 December 2018	The A	Administration/HA was requested to: advise the factors to be taken into account when determining whether a drug would be included in the Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders) under the Community Care Fund ("the Ultra-expensive Drugs Programme"), and the drugs currently covered under the Programme;	The Administration will provide a response in due course.
			(b)	advise the criteria for approving the applications for drug subsidy under the Ultra-expensive Drugs Programme;	
			(c)	in respect of the approved applications for drug subsidy under the Ultra-expensive Drugs Programme, provide a breakdown, by the following ranges, of the amount of patients' contribution to drug cost: under \$100,000; \$100,000 to \$199,999; \$200,000 to \$299,999; \$300,000 to \$399,999; \$400,000 to \$499,999; \$500,000 to \$599,999; \$600,000 to \$699,999; \$700,000 to \$799,999; \$800,000 to \$899,999; \$900,000 to \$1,000,000; and	

Subject	Date of meeting	Follow-up action required	Administration's response
		(d) advise the number of applications being rejected under the Samaritan Fund and the Community Care Fund Medical Assistance Programmes due to the reason that the patients concerned did not meet the clinical requirements.	

Council Business Division 2
<u>Legislative Council Secretariat</u>
14 December 2018