

立法會
Legislative Council

LC Paper No. CB(2)1524/99-00
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

LegCo Panel on Health Services

Minutes of meeting
held on Monday, 8 November 1999 at 8:30 am
in Conference Room A of the Legislative Council Building

Members Present : Hon Michael HO Mun-ka (Chairman)
Dr Hon LEONG Che-hung, JP (Deputy Chairman)
Hon HO Sai-chu, JP
Hon Cyd HO Sau-lan
Hon CHAN Yuen-han
Hon Bernard CHAN
Hon Mrs Sophie LEUNG LAU Yau-fun, JP
Dr Hon YEUNG Sum
Hon YEUNG Yiu-chung
Hon LAW Chi-kwong, JP
Dr Hon TANG Siu-tong, JP

Public Officers Attending : All items

Mr Gregory LEUNG, JP
Acting Secretary for Health and Welfare

Miss Angela LUK
Principal Assistant Secretary for Health and Welfare (Medical) 1

Miss Joyce HO
Assistant Secretary for Health and Welfare

Dr P Y LAM, JP
Deputy Director of Health

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Dr Monica WONG
Acting Assistant Director of Health

Items III and V

Ms Jennifer CHAN
Principal Assistant Secretary for Health and Welfare

Dr W M KO
Deputy Director of Hospital Authority

Item VI

Mr Eddie POON
Principal Assistant Secretary for Health and Welfare (Medical) 3

Mr Rick CHAN
Assistant Secretary for Health and Welfare

Clerk in Attendance : Ms Doris CHAN
Chief Assistant Secretary (2) 4

Staff in Attendance : Ms Joanne MAK
Senior Assistant Secretary (2) 4

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- I. Confirmation of minutes of meetings held on 12 April, 19 April, 21 May and 7 October 1999 and matters arising**
(LC Papers Nos. CB(2)304/99-00, CB(2)237/99-00, CB(2)305/99-00 and CB(2)269/99-00)

The minutes of the meetings on 12 April, 19 April, 21 May and 7 October 1999 were confirmed.

- II. Date of next meeting and items for discussion**
(LC Papers Nos. CB(2)298/99-00(01) and (02))

2. Members agreed to discuss the following items at the next meeting to be held on 13 December 1999 at 8:30 am -

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- (a) Registration of ancillary dental personnel;
- (b) Future mechanism for handling medical complaints; and
- (c) Proposed amendments to the Radiation (Control of Irradiating Apparatus) Regulations.

III. Year 2000 compliance (Y2K) in public and private health sectors
(LC Paper No. CB(2)298/99-00(03))

3. Dr YEUNG Sum asked whether the Y2K issue would still pose a potential threat to the general public in the area of health care services. Deputy Director of the Hospital Authority (DD(HA)) replied that to prevent any chaos arising from the Y2K problems in the provision of health care services, HA had already identified the mission-critical systems/equipment which required rectification and completed the necessary rectification work before the end of October 1999. In addition, HA had formulated contingency plans for any unforeseen events which might affect HA core functions during the Y2K rollover. Details of the contingency plans were set out in paragraphs 6 to 9 of the Administration's paper.

4. Dr LEONG Che-hung referred to paragraph 4 of the Administration's paper and asked for the details of the non-compliant equipment that had been identified and whether the patients concerned had been informed of the non-compliance. He was also concerned about the contingency plans devised to handle breakdown in electricity supply in hospitals. In reply to Dr LEONG's first question, DD(HA) said that the relevant details had already been included in the paper presented to the Panel on 21 May 1999 and confirmed that the patients concerned had been informed of the problem. He further said that as part of HA's contingency plans, HA had held meetings with the various public utility companies and it was confirmed that their Y2K rectification work had already been completed. Moreover, all public hospitals (except two small ones) had a standby electricity supply system which would be activated should there be breakdown in electricity supply. Deputy Director of Health (DD(H)) added that such standby electricity supply systems had also been installed in all private hospitals.

5. The Chairman commented that the details given in paragraph 14 of the paper on the compliance situation of private hospitals and nursing homes were too brief. He asked whether the Department of Health (DH) could confirm that all private hospitals would be able to cope with the Y2K problem and whether DH had compiled an updated situation report on the mission-critical systems/equipment as detailed as that of HA. DD(H) replied that DH staff, after conducting inspections to the 14 private hospitals and nursing homes, had confirmed that all the mission-critical computer

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systems and medical equipment in these institutions were Y2K compliant. In addition, they were required to devise contingency plans to handle system/equipment failures and breakdown of public utilities. They were also required to maintain additional stocks of drugs and medical supplies to ensure adequate supply of essential medical items and to postpone non-emergency operations during the "high-risk days". Moreover, there were hospital level and group level (between private hospitals) Y2K contingency plans, which were supplemented by an inter-sector (between the public sector and private sector) Y2K contingency plan. Emergency patient transfer between private hospitals, or from private hospitals to public hospitals, would be arranged when necessary. Furthermore, a Health Sector Y2K Coordinating Centre would be set up to coordinate the service providers of the health sector. In response to the Chairman's further question, DD(H) said that most of the equipment suppliers of private hospitals had already confirmed their Y2K readiness. As regards the small number of Y2K non-compliant equipment, alternatives had already been identified.

6. Dr LEONG Che-hung asked if there were standby electricity supply systems in nursing homes to cater for emergency needs. Acting Assistant Director of Health (Atg AD(H)) explained that nursing homes and kidney dialysis centres had already reached agreements with public and private hospitals on arrangements for urgent transfer of patients to hospitals in case of emergency. She pointed out that all nursing homes, regardless of their sizes, were required to devise contingency plans.

7. Dr LEONG Che-hung further asked whether the authorities concerned had assessed the scale of the possible Y2K problems and estimated whether HA would be able to accommodate all the patients who might suddenly have to be transferred from nursing homes to public hospitals. Atg AD(H) replied that as the largest six nursing homes were subvented by the Government while the rest were rather small in size, there should not be any major problems.

8. Mr LAW Chi-kwong asked whether there were any other systems/equipment operating in DH, apart from the mission-critical systems/equipment, which had not yet been confirmed to be Y2K compliant. He also asked for information on the compliance position of implants and home-use equipment, especially those which were being used by patients under the care of doctors in the private sector. He would also like to know whether the Administration would provide assistance to persons using implants which had been installed before they settled here in handling Y2K problems which might occur with their implants. In response to Mr LAW's first question, DD(H) explained that due to limited resources, priority was given to ascertaining Y2K compliance of all mission-critical systems/equipment first. He pointed out that DH had sent letters to all registered health care professionals to alert them of the Y2K issue and requested them to pay attention to patients who needed to use any implants or home-use equipment. He advised that in case of doubt patients should see their doctors as soon as possible or approach DH for assistance. DD(HA) supplemented that a pamphlet on the subject together with a list of the emergency

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hotlines as well as the telephone numbers and e-mail addresses of suppliers of major medical equipment had been prepared for distribution to patients for their information.

9. Dr TANG Siu-tong commented that public hospitals seemed to be given the role as "gate-keepers" in handling the Y2K problems. In this connection, he asked for information on the spare capacity of public hospitals to cope with the possible emergencies. He also asked whether small kidney dialysis centres would close during the "high risk days". DD(HA) responded that as some patients required kidney dialysis services twice or three times a week, it would not be possible for the centres to close for a few days. In reply to Dr TANG's first question, DD(HA) said that given there were 27 000 public hospital beds in total, HA would be able to reserve more than 1 000 beds in all public hospitals for emergency use during the period in question. Moreover, all public hospitals would not schedule non-urgent operations for those days to avoid chaos. As a safeguard, HA had also been coordinating with major power and service suppliers and confirmed that the rectification work of these public utilities had been completed. Atg AD(H) supplemented there were four existing kidney dialysis centres, two of which had been installed with standby electricity supply systems. All of them had conducted assessments of their medical equipment which was all confirmed Y2K compliant. Moreover, to avoid any disruptions caused by Y2K problems, these centres planned to close on 1 January 2000. However, one of them was planning to check the compliance position of its medical equipment again in the morning on 1 January 2000 before deciding whether it would resume operation in the afternoon on that day.

IV. Control on use of health care laser systems
(LC Paper No. CB(2)2796/98-99(03))

10. DD(H) said that the Labour Department (LD) had recently conducted inspections of some beauty salons which had advertised laser treatment. It was found that only a few of them were really using laser systems to provide treatment. The use of laser by these beauty salons was mainly for hair removal and skin biostimulation. Their staff members were found conversant with the safety precautions. DD(H) pointed out that there was no existing legislation or any regulation stipulating that only medical practitioners could provide laser treatment. He said that although the use of laser devices in beauty salons was not under statutory control, detailed safety guidelines on the use of lasers for beauty therapy and biostimulation were included in the Laser Safety Code of Practice issued by the Working Group on Laser Safety. He said that the Administration found that the provision of laser treatment at these beauty salons was safe overall and so far the Administration was not aware of any serious laser injury cases related to beauty or medical treatment.

11. In response to Miss CHAN Yuen-han's question, DD(H) said that at present beauty salons which provided laser treatment or establishments using laser for other

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purposes (such as for industrial use or for correction of eyesight) were not required to register with DH, as at present Hong Kong relied on self-regulation of laser use. To enhance laser safety awareness among the service providers, the Electrical & Mechanical Services Department (EMSD) had conducted a number of laser safety seminars and courses for the public. EMSD had agreed to arrange more seminars and courses for the public to promote safety awareness and for users of laser to familiarize them with the relevant safety guidelines. He further said that suppliers of laser machines were obliged to provide training to the users and he assured members that the Administration would continue to monitor the situation.

12. Miss Cyd HO Sau-lan asked whether these beauty salons were required to ensure that their staff had all received appropriate training without being affected by staff turnover. She also asked whether beauty salons providing laser treatment would be liable for laser injury caused to customers. In response, DD(H) said that it was stipulated in the relevant guidelines that the laser treatment must be provided only by competent staff who had received the relevant training. He said that EMSD would be requested to remind the sector of this requirement again during the seminars to be held on laser safety. As regards liability, DD(H) said that since beauticians were not subject to the regulation by any statutory professional body, the customers concerned would have to initiate civil proceedings against the licensee of the beauty salon.

13. Dr LEONG Che-hung pointed out that at some beauty salons, laser had been used not just for beauty therapy but also for mole removal. He asked DD(H) whether this kind of treatment, which probably involved using a laser knife, should be regarded as a kind of medical treatment according to the Medical Registration Ordinance (MRO). He also pointed out that the inspections of beauty salons conducted by LD were only aimed at ensuring that the salons were in compliance with the Occupational Safety and Health Regulations instead of ensuring that adequate protection was rendered to the customers. In response to Dr LEONG's question, DD(H) said that he could not give a definite answer now as to whether all kinds of mole removal should be regarded as medical treatment and should be done by doctors only. He considered that if disputes over the nature of services really arose, they would have to be judged by the court, which would take into consideration the circumstances of individual cases. However, Dr LEONG considered that the Administration should not turn a blind eye to the use of laser for mole removal as the persons undergoing treatment could suffer from serious burn as a result. He urged the Administration to re consider whether such treatment was a kind of medical treatment which should only be performed by doctors. He requested the Administration to consult the Department of Justice on the definition of "treatment" in accordance with MRO.

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14. Dr TANG Siu-ong questioned how the Administration differentiated treatment and beauty therapy. In addition, he requested the Administration to confirm whether beauticians could administer local anaesthetics for customers.

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15. The Chairman observed that beauticians when applying cosmetics were using chemicals. He understood that it would be difficult to consider where to draw the line regarding the use of chemicals and health care equipment for beauty therapy and for treatment. He suggested that reference could be made to overseas experience. Adm In response, DD(H) agreed to follow up by making reference to overseas experience.

16. Dr YEUNG Sum said that he understood the complexity of the problem. However, he considered that the Government should have a policy on the subject. He suggested that the Administration should conduct a study on this subject for the protection of the public and to enhance safety awareness of the service providers concerned. Adm DD(H) indicated that the study would take several months. The Chairman requested the DH to provide a progress report on the study in due course.

V. Implementation of the Enhanced Productivity Programme (EPP) in the Hospital Authority and the Department of Health

(LC Papers Nos. CB(2)236/99-00(01) and CB(2)298/99-00(04))

17. The Chairman said he was concerned about how HA would cope with the shortfall in public funding as the productivity gains required to be achieved between now and 2002-03 would amount to 9% of its recurrent baseline expenditure, taking into account the pay increment budget. At the Chairman's invitation, DD(HA) briefed members on the Administration's paper and highlighted some of the new initiatives implemented by HA to achieve productivity gains, such as -

- (a) When a new hospital was set up, HA would re-deploy existing staff to undertake new services; and
- (b) Savings could be achieved by service rationalization, such as the relocation of services provided by Tsan Yuk Hospital to Queen Mary Hospital and the relocation of obstetrics and gynaecology services from Caritas Medical Centre to Princess Margaret Hospital.

DD(HA) said that in addition to these new initiatives involving re-arrangement of services among hospitals, individual hospitals would continue to explore productivity opportunities at the hospital level to secure savings.

18. As regards DH, DD(H) said that details of the proposed initiatives to be introduced to DH and the progress made were set out in paragraphs 10 and 11 of the Administration's paper.

19. Dr YEUNG Sum took the view that the implementation of EPP in DH and HA must not lead to a deterioration in their service quality. He asked whether the

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Administration would finance the annual pay increments of HA staff in case HA really had difficulty to absorb the necessary cost. DSHW1 said that the Administration would ensure that the service standards of DH and HA would be broadly maintained in implementing EPP. As regards the HA's pay increment budget for next year, DSHW1 said that the Administration was discussing the issue with HA and if HA had real problems, the Administration would provide assistance. At members' enquiries, DD(HA) said that about half of the HA staff had reached their maximum salary points.

20. Miss CHAN Yuen-han was concerned about the effect on the workload of HA frontline staff and the service quality of HA and DH in the wake of the implementation of EPP. DSHW1 said that health care service was labour intensive and in order to cope with resources constraints, service rationalization was necessary. However, he stressed that such arrangements would only cause some inconvenience to patients but the provision of the services would still be maintained. He emphasized that there was no plan to cut any existing service. However, Miss CHAN Yuen-han considered that the Administration was obliged to provide the public with convenient health care services and facilitate their use.

21. Dr LEONG Che-hung declared interest as a member of the HA Board. He asked whether the HA, as a result of EPP, would cease recruiting staff to fill vacancies arising from staff turnover. DD(HA) replied that while HA did not have any plan for layoff, with automation of various systems, there might be staff redundancy, which would be resolved by natural wastage. Dr LEONG further asked the Administration whether the funds allocated to HA would be maintained or reduced under the new mechanism of allocation. In response, DSHW1 said he did not anticipate that there would be large reductions in the Government expenditures on health care services in the coming years and he emphasized that the standard of health services would be maintained.

22. Mr LAW Chi-kwong requested the Administration to provide details of the measures taken by DH to achieve savings and productivity gains. In response, DD(H) introduced some of the new measures taken, such as by increasing the number of consultations at out-patient clinics, streamlining of existing procedures and increasing the number of consultation appointments made as it was found that many patients actually did not turn up. DSHW1 added that the consultation paper on health care service reform to be issued early next year would contain proposals of the changes to be made to service delivery.

23. The Chairman declared interest as a member of the HA Board and the chairman of Hospital Governing Committee of the Shatin Hospital. He pointed out that the information given in paragraph 6(a) of the Administration's paper was factually incorrect. He clarified that the Shatin Hospital never had its own laboratory since its establishment. As far as he was aware, there was no relocation of X-ray service and laboratory service from the Shatin Hospital to the Prince of

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Wales Hospital to achieve savings. He requested the Administration to ensure the accuracy of information in papers submitted to the LegCo.

Adm 24. Concluding the discussion, the Chairman requested the Administration to provide the following information

- (a) HA's budget for annual pay increments in respect of various grades of health care professionals, including a breakdown by salary points;
- (b) The number of staff members for each salary point and the number of those who had already reached the maximum point;
- (c) Percentages of HA's staff cost (salaries plus fringe benefits) constituted by the main grades of health care professionals (such as doctor/nurses) for the past seven years;
- (d) Creep by income brackets and percentages constituted by various income groups of HA's budget on staff cost;
- (e) The amounts of HA's Reserve Fund over the past seven years and a breakdown of the components of the Fund;
- (f) Changes in the number of staff, by grade, of each HA hospital for 1998/99 and 1999/00;
- (g) Information on staff re-deployment of each hospital from last year until now; and
- (h) Details of the planned initiatives to be introduced by DH and HA in the next year to meet EPP target.

VI. Report on the kidney dialysis incident at the Hong Kong Sanatorium & Hospital

(LC Paper No. CB(2)298/99-00(05))

25. Dr LEONG Che-hung declared interest as a member of the Independent Investigation Committee (the Committee) appointed by the Hong Kong Sanatorium and Hospital. He queried why the Administration's paper did not mention at all the recommendations made by the Committee, some of which had actually been included in the Coroner's Report. He requested the Administration to explain which of the recommendations of the Coroner's Report were being implemented at the kidney dialysis centre at the Hong Kong Sanatorium and Hospital. In response, DD(H) expressed appreciation of the work done by the Committee, which had made very

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useful recommendations to improve the service. He said that all the recommendations of the Coroner's Report were being followed up and most of them had been implemented already.

26. Dr LEONG Che-hung asked DH to report the progress made in implementing the recommendation contained in paragraph 6 under "Hospital Management" on page 10 of the Coroner's Report. DD(H) responded that the Report had been provided to all private hospitals for their follow-up. As far as paragraph 6 was concerned, DD(H) explained that DH could not impose rigid requirements on the Board membership and management structure of individual private hospitals. He said that where necessary private hospitals could seek professional advice from DH in connection with the implementation of these recommendations.

27. Mrs Sophie LEUNG LAU Yau-fan declared interest as a member of the Committee. Referring to paragraph 7 of the Administration's paper, Mrs LEUNG asked when the new haemodialysis equipment to be installed at the Hong Kong Sanatorium and Hospital would be ready for use to replace the single continuous loop dialysis system. DD(H) replied that the equipment would be installed by mid November 1999 and DH would then conduct inspection to ensure measures were in place to safeguard the safety of patients before the equipment would be used.

28. The Chairman asked whether DH would review the operational procedures of all private hospitals to avoid the recurrence of the haemodialysis incident. DD(H) explained that DH had been closely monitoring the operation of private hospitals and had ensured that they complied with the licensing conditions. In addition, their kidney dialysis centres were required to operate in compliance with the relevant safety guidelines.

29. The meeting ended at 10:40 am.

Legislative Council Secretariat

28 March 2000