

立法會
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LegCo Panel on Health Services

Minutes of meeting
held on Thursday, 14 October 1999 at 9:00 am
in the Chamber 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 Mrs Sophie LEUNG LAU Yau-fun, JP
Hon LAW Chi-kwong, JP
Dr Hon TANG Siu-tong, JP

Members Absent : Hon Bernard CHAN
Dr Hon YEUNG Sum
Hon YEUNG Yiu-chung

Member Attending : Hon Ronald ARCULLI, JP

Public Officers Attending : Dr E K YEOH, JP
Secretary for Health and Welfare

Ms Jennifer CHAN
Acting Deputy Secretary for Health and Welfare 1

Mr HO Wing-him
Deputy Secretary for Health and Welfare 2

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Mr Robin GILL
Deputy Secretary for Health and Welfare 3

Dr Margaret CHAN, JP
Director of Health

Dr William HO
Chief Executive, Hospital Authority

Clerk in Attendance : Mrs Justina LAM
Assistant Secretary General 2

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

I. Briefing by the Secretary for Health and Welfare on the Chief Executive's Policy Address 1999

The Secretary for Health and Welfare (SHW) briefed members on the major achievements for health care services in the past year and the policy programmes for 1999-2000 in the following areas -

- (a) Chinese medicine;
- (b) Public health;
- (c) Curative services; and
- (d) Health care review.

A copy of SHW's speaking note is in the Appendix.

Questions raised by members

2. Referring to the Healthy Living Campaign, Dr LEONG Che-hung asked for more information on the targets of the Campaign and its achievements. SHW responded that the Campaign aimed at promoting public awareness of the importance of public, personal and food hygiene. Preliminary data collected in recent surveys had shown that the Campaign had made achievements in these aspects. SHW further

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said that the Administration would sustain its efforts in enhancing public awareness of proper hygienic practices and environmental cleanliness, as well as in making improvements where necessary.

3. Dr LEONG Che-hung further asked if the Healthy Living Campaign would also strive for environmental protection and aim at achieving "sustainable development" for Hong Kong. SHW replied that the Campaign was also targeted at environmental protection and that a number of littering blackspots had already been identified through the Campaign for improvement.

4. Dr TANG Siu-tong referred to paragraph 5 of SHW's speaking note and asked for details of the division of work between the Department of Health (DH) and the future Environment and Food Bureau on disease surveillance and prevention. SHW said that the Administration had been working on the division of responsibilities among the relevant bureaux and departments but details had yet to be confirmed. Director of Health (D of H) added that at the present stage, the Administration continued to rely on the existing mechanism of DH, the Agriculture and Fisheries Department, the Urban Services Department and the Regional Services Department forming a network to monitor food-borne diseases. As regards the future staffing arrangements, D of H explained that DH staff engaged in food safety duties would be seconded to the new department if necessary.

5. Mr HO Sai-chu enquired how the Administration would proceed with the review of Hong Kong's health care system. SHW replied that the Administration aimed to issue a consultation paper in the first quarter of next year to set out its proposed way forward for delivery and financing of health care.

6. The Chairman noted that the Hospital Authority (HA) was required to achieve productivity gains amounting to 5% of its recurrent baseline expenditure by 2002-03. In addition, he understood that the Government would cease financing the annual pay increments of HA staff. He asked how HA would cope with the shortfall in public funding as the productivity gains required to be achieved between now and 2002-03 might amount to 9% of its recurrent baseline expenditure, taking into account the pay increment budget. In response, SHW explained that the percentage of annual pay increment to a hospital's annual expenditure varied depending on various factors, such as the number of staff on maximum salary points and the wastage rates. The Health and Welfare Bureau (HWB), Secretary for the Treasury and HA would look at the actual annual increment expenditure of HA over the past few years to assess whether the Government's annual subvention in the coming years need to be adjusted. In response to the Chairman's further question, SHW said that his agreement would be required for the use of HA's Reserve Fund.

7. Dr LEONG Che-hung asked when a hospital would be provided in Tung Chung to cope with the needs of the growing population there for health care

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services and emergency needs of the airport at Chek Lap Kok. SHW pointed out that as a very broad planning standard, a hospital would be provided for every 200 000 population, subject to the health care needs of the region and the availability of land for the construction. In the case of Tung Chung, suitable land had already been identified in Tai O which would only be available by 2003 for the construction of a hospital. In reply to Dr LEONG's further question, SHW said that it was initially planned that the hospital in question would be available in 2007 the earliest.

8. Mr HO Sai-chu was concerned whether the HWB had conducted a review of the demand and supply of doctors to avoid wastage of resources. SHW said that HWB was conducting such a review which was planned to be completed within six months, and the findings of the review would be provided to the Education and Manpower Bureau (EMB). SHW explained that the review would take into account factors like the demographic changes of the Hong Kong population, the wastage rate of doctors in the public and private health sectors, and changes in the modes of services.

9. Miss Cyd HO Sau-lan noted that HWB would organize the Tenth International Conference of Drug Regulatory Authorities in Hong Kong in 2001 in collaboration with the World Health Organization. She asked whether Chinese medicine would be on the agenda of the Conference and whether Hong Kong would work out in conjunction with the Mainland and Taiwan, which were more experienced in regulating the use of Chinese medicines, a set of standards for Chinese medicines and promote them during the Conference. SHW confirmed that the Conference would discuss the practice of Chinese medicine and the use of Chinese medicines. He pointed out that HWB had been in close liaison with the Mainland, Taiwan and other places which had developed/were developing regulatory systems for Chinese medicines to exchange experience. He believed that the Conference would be useful to the development of international standards for Chinese medicines.

10. Miss Cyd HO Sau-lan said that some Chinese medicinal products produced by manufacturers in Hong Kong, the Mainland and/or Taiwan used the same traditional formula with only minor alterations. She asked how these places would coordinate in handling the intellectual property right in respect of the medicinal products in question. SHW said that the intellectual property right of Chinese medicinal products was an important issue in the development and promotion of Chinese medicine, which needed to be further considered by the Administration.

11. Dr TANG Siu-tong referred to paragraph 9 of SHW's speaking note and asked what measures would be taken to shorten the average queuing and waiting time for out-patient specialist services. The Chief Executive of HA said that with the concerted efforts of HA frontline staff, progress had been made in

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shortening the queuing and waiting time for out-patient specialist services. He said that HA would continue to take steps such as streamlining procedures and according priorities to the more urgent cases to further improve the queuing and waiting time.

12. Dr LEONG Che-hung said he had just heard that the largest cigarette maker in the United States (US), Philip Morris Companies Incorporation, had for the first time acknowledged that smoking caused a number of serious diseases and agreed to offer compensations. He asked whether the Hong Kong Government would consider taking litigation against cigarette companies in order to recover expenses in treating people with smoking-related diseases. SHW said that the Administration would need to obtain more information about the lawsuit first.

13. The Chairman asked for details on how HWB conducted manpower reviews for health care professionals in both public and private sectors. SHW said that the review he mentioned earlier in reply to Hon HO Sai-chu's question (paragraph 8) also covered the private sector. He explained that in conducting such reviews, the Administration made reference to the following data -

- (a) the turnover rates of the health care professionals in DH and HA;
- (b) the number of registrations granted by various health care regulatory bodies (such as the Medical Council of Hong Kong) each year; and
- (c) the average lengths of services of the various grades of health care professionals as obtained in previous manpower reviews.

The Chairman further asked whether the Administration would take into account the new services planned to be commissioned in making the manpower projections. He said that for example, the provision of a hospital in Tung Chung would surely have bearing on the projected manpower requirements. On the other hand, he questioned how adjustments would be made to the manpower projections in case the hospital planned for Tung Chung was shelved. Furthermore, the Chairman pointed out that there might be a disparity between the number of registered health care professionals and the number of those in practice which would affect the accuracy of the manpower review.

14. SHW acknowledged that any manpower review had its limitations and would not be fully accurate. However, he believed that the gathering of the abovesaid data would be useful for manpower planning purposes. Although he agreed that the disparity pointed out by the Chairman might exist, he emphasized that the Administration would not just rely on one single group of data in the analyses. Instead, it would take into account the various factors that he had explained earlier. SHW further said that as the Administration had made long-term service forecasts based on population growth and demographic changes, it was able to project the

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additional manpower requirements arising from the commissioning of new services. He added that the shelving of one or two service projects during a particular financial year would only affect the manpower requirements for that year. It would not, however, affect very much the overall manpower requirements estimated for the projection period. In response to the Chairman's further question, SHW said that HWB aimed to complete the manpower review before EMB decided on the allocation of funds to the tertiary institutions for the next three years.

15. Mr HO Sai-chu asked if the Administration would devote more resources to the provision of nursing homes for the elderly in order to cope with the ageing problem of the Hong Kong population. SHW said that the Administration had taken into account the population growth and the ageing factor in planning the provision of nursing home places. He added that the Administration was committed to providing adequate long term care facilities to meet the health care needs of the community. Mr HO Sai-chu took the view that as the cost of providing additional beds in nursing homes was lower than that in public hospitals, the Administration should provide more resources for nursing home care. SHW agreed that it was usually more cost-effective to provide long term care support to the frail elderly. Other than medical care services, such as nursing homes, DH and HA had been strengthening the health care services provided by the Visiting Health Teams and Community Geriatric Assessment Teams. He further said that from time to time patients in public hospitals were referred to rehabilitation centres or nursing centres where appropriate for follow-up service.

16. In response to the Chairman's question, SHW said that the infirmaries under HA provided medical and nursing care for elderly people suffering from chronic diseases and in need of long-stay rehabilitation service. In addition, the Social Welfare Department subsidized care and attention beds for the elderly people who required less medical care.

17. Miss Cyd HO Sau-lan pointed out that many elderly people preferred Chinese medicine. However, the provision of such services in public hospitals was very limited at present. In addition, there was the problem that the elderly recipients of the Comprehensive Social Security Assistance could not apply for reimbursement of medical expenses if they consulted Chinese medicine practitioners. To improve the situation, Miss HO urged the Administration to provide Chinese medicine services in Government clinics and incorporate Chinese medicine into the public health system. She also asked whether the Administration had any plans to provide Chinese medicine in-patient service and to attract more students to study Chinese medicine. SHW said that the consultation paper to be issued early next year would set out the proposed way forward for the development of Chinese medicine in Hong Kong. He explained that as the Chinese Medicine Ordinance was passed only in July 1999, implementation details for the regulatory systems for the profession were still

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being worked out by the Chinese Medicine Council of Hong Kong. He assured Members that the Administration would review the role of Chinese medicine in the public health system.

18. Miss Cyd HO Sau-lan further asked what difficulties were involved in incorporating Chinese medicine into the public health system. SHW responded that the registration of Chinese medicine practitioners had not even started. He added that the Administration, in deliberating the issue, would take into consideration the progress in registering Chinese medicine practitioners, and the interface between Chinese medicine and Western medicine. Miss HO expressed dissatisfaction at the reply. She considered that it was not necessary for the Administration to finish registering all Chinese medicine practitioners first before it could ascertain what difficulties would be involved in incorporating Chinese medicine into the public health system. She added that since the Administration was ready to provide details of the way forward by early next year, it should be able to let members know some of the plans now. SHW explained that it was not appropriate for him to go into detail the development plan for Chinese medicine at the present moment as the subject should be discussed in the wider context of the review of Hong Kong's health care system and its financing.

19. Dr LEONG Che-hung referred to paragraph 8 of SHW's speaking note and pointed out that there were criticisms from patients about the inconvenience caused to them as a result of the rationalization of services implemented by HA. He asked whether the Administration would consider explaining to the public that the new measures were both cost-effective and beneficial to patients. In reply, SHW pointed out that the new measures would not only improve efficiency but also improve the quality of service. However, he appreciated that some patients would need time to adjust to some new changes, such as the relocation of obstetric and gynaecology services from Caritas Medical Centre to Princess Margaret Hospital. SHW pointed out that each time before HA reorganized and rationalized its services, it would first provide the full details to the District Board concerned for consultation. However, he agreed that there was need for HA to improve communication with the public and he undertook to further liaise with HA in this regard.

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20. Dr LEONG Che-hung said there was feedback that ambulances often failed to deliver patients to the appropriate hospitals which provided the required services. SHW explained that it was because at present there were no health care professionals on an ambulance to identify the illness the patient was suffering from or to assess the patient's conditions. Thus, there might be difficulty in deciding to which hospital the patient should be sent. However, he agreed that for specific services, such as traumatology, patients showing clear symptoms of illnesses should be delivered to the appropriate hospitals immediately to receive the required medical treatment.

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21. Dr TANG Siu-tong asked whether the Administration planned to set up a Chinese medicine hospital or a Chinese medicine out-patient clinic in the near future to provide clinical training for undergraduates of Chinese medicine. SHW pointed out that such training was being provided at Haven of Hope Hospital for Chinese medicine students under the supervision of their professors. He added that as the students were only in the first year of their studies, the scope of their clinical training was limited to basic skills, such as learning the proper way of communicating with patients. It did not include training on prescriptions or therapy.

22. Miss CHAN Yuen-han pointed out that the Human Reproductive Technology Bill being scrutinized by the Legislative Council involved wide-ranging and complicated issues such as surrogacy and test-tube babies. She said that although the scrutiny of the Bill had proceeded for over one year, it had not attracted much public attention nor public debate especially on the issue of surrogacy. She asked what action would be taken by the Administration to arouse more public attention and discussion on the Bill. She pointed out that feedback from surveys conducted some community organizations had shown that public views on surrogacy were diverse. SHW said that he was aware of the problems mentioned by Miss CHAN and undertook to explore ways to improve the situation. He agreed with Miss CHAN that the problems that surrogacy might create should be clearly explained to the public to avoid any future misunderstanding.

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23. Mrs Sophie LEUNG sought SHW's views on the cost-effectiveness of the local pre-employment training for general medical practitioners and paramedical personnel as compared with some advanced countries. SHW explained that as the public expenditure incurred by the training was included in the budget on education under EMB's control, he was not in the position to answer the question. However, he said that HWB could seek more information from EMB on the subject. Mrs LEUNG pointed out that it was necessary to make such a comparison to enable the Administration to better assess whether it had overspent on such training or not. She also emphasized that it was important for HWB to evaluate the quality and standards of the general medical practitioners and paramedical personnel trained locally. SHW commented that it was desirable to recruit some health care personnel trained abroad for Hong Kong to enlarge the spectrum of expertise here. However, the proportion of them should not be too large as he believed that the locally trained health care personnel should be better able to meet the needs of the community. Sometimes, direct comparison with other countries might be difficult as the case mix and the mix of various health care personnel were different from those in the local situation.

24. The meeting ended at 10 am.

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Legislative Council Secretariat
9 February 2000

**1999 POLICY ADDRESS
SPEAKING NOTE FOR SHW**

**LEGCO PANEL ON HEALTH SERVICES MEETING
ON 14 OCTOBER 1999**

INTRODUCTION

Last week, the Chief Executive Mr. Tung Chee Hwa promulgated his third policy address. As a follow-up, I am glad to have today's opportunity to explain to you our plans for health care services next year.

REVIEW OF PROGRESS 1999-2000

2. We have achieved good progress in delivering the 44 undertakings made in previous years, covering disease and food surveillance, health promotion efforts, and improvements to the curative services. Of these 44 undertakings, we have completed action on 17 of them, and remain on schedule to deliver 26 others. We are behind schedule on only one item and we are confident that we will catch up shortly.

3. In summary, our major achievements in the past year included -

- Completion of the Consultancy Study on the Hong Kong Health Care System.
- Enactment of the Chinese Medicine Ordinance.
- Commissioning of 754 additional public hospital beds.
- Commencement of the "Healthy Living into the 21st Century" Campaign.

WORK PLAN FOR THE COMING YEAR

Chinese Medicine

4. For the coming year, I would like to start with our future work on Chinese medicine. With the enactment of the Chinese Medicine Ordinance in July 1999, the Chinese Medicine Council of Hong Kong was established in September. The immediate task of the Council is to prepare the relevant subsidiary legislation. We are working on the Regulations related to the registration of practitioners to be submitted to the Legislative Council and hope to commence the registration process in the year 2000. Controls over the trading and manufacture of Chinese medicines will be introduced by phases, starting from 2000. In the coming year, we shall examine how best we can assist in the development of international standards for Chinese medicines.

Public Health

5. The Department of Health will continue its good work on disease surveillance and prevention. Construction of the new Public Health Laboratory in Shek Kip Mei, scheduled for opening in 2002, is in good progress. Planning for the establishment of a Public Health Information System, which will capture the community health status and disease patterns, has started. Continuous efforts will be made by the department to enhance its surveillance and evaluation capacity.

6. The Healthy Living Campaign will continue in earnest. According to recent surveys, the Campaign has increased public awareness of the importance of public, personal and food hygiene. We shall build on this, and in the coming year, continue to organize health education and promotion programmes, focusing on the benefits of healthy life styles, self-care, proper hygiene practices and environmental improvements. We look forward to the community's support and assistance in making Hong Kong a healthier place to live in.

Curative Services

7. We aim to provide a total of 853 additional public hospital beds in 1999-2000. We have already provided 158 additional public hospital beds since April 1999 and remain on target to provide the remainder before the end of next March. In the coming financial year, i.e. 2000-2001, we shall provide another 460 public hospital beds. By then, the total number of beds in the public hospital system will rise to around 29000. The construction of Tseung Kwan O Hospital has been completed and the Hospital will commence operation in early 2000. Planning for the redevelopment of Pok Oi Hospital and the establishment of a Radiotherapy Center at Princess Margaret Hospital is in good progress.

8. The Hospital Authority will continue to examine how best to reorganize and rationalize its services on a cluster basis. For example, it plans to complete the relocation of the inpatient obstetric service from Tsan Yuk Hospital to Queen Mary Hospital by 2001 and the rationalization of the services provided at Tang Shiu Kin Hospital, Ruttonjee Hospital and Tang Chi Ngong Specialist Clinic by 2003. These efforts will not only bring improved management efficiency, but also better convenience to the patients.

9. The HA will take steps in the coming year to reduce the average queuing and waiting time for out-patient specialist services. These will include changes to the mode of operation and re-deployment of resources. The Authority will consider how to enhance its community care service to look after the discharged patients and to reduce re-admission. The continuous development of day care, ambulatory and community care services will help reduce hospital admission and length of stay. The search for new and innovative ways to provide cost-effective care is a continuous effort. Improved productivity can release valuable resources to fund new or improved services for the benefit of patients.

Health Care Review

10. Finally, I want to say a few words on the Health Care Review. The Consultancy Report prepared by the Harvard team was released for public consultation in April this year. So far, we have received a total of 2100 submissions. We are now studying and analyzing these submissions. We aim to issue a consultation document, early next year, to seek public support for our proposed way forward.

11. According to the submissions received, there is an overwhelming support for introducing reforms to our current health care system, including financing reforms, to ensure the long term sustainability of the system.

12. There is a good measure of public support for enhancing the role and effectiveness of primary health care, improving the integration of services between the public and private sectors and between the primary and specialists services, imposing tighter control on the standard of medical care and increasing the transparency of the complaint mechanisms. On financing reforms, views are varied. We will carefully consider these views when proposing the way forward.

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