立法會
Legislative Council

LC Paper No. CB(2)2310/00-01
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

LegCo Panel on Health Services

Minutes of meeting
held on Tuesday, 17 July 2001 at 8:30 am
in Conference Room A of the Legislative Council Building

Members Present	:	Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP (Chairman) Dr Hon LO Wing-lok (Deputy Chairman) Hon Cyd HO Sau-lan Hon Bernard CHAN Hon Andrew CHENG Kar-foo Hon LAW Chi-kwong, JP Dr Hon TANG Siu-tong, JP Hon Michael MAK Kwok-fung
Members Absent	:	Hon CHAN Yuen-han, JP Dr Hon YEUNG Sum Hon LI Fung-ying, JP
Public Officers Attending	:	All items Mr Thomas YIU Deputy Secretary for Health and Welfare Dr Constance CHAN Acting Deputy Director of Health Mr Eric CHAN

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Assistant Secretary for Health and Welfare

Item III

Dr E K YEOH, JP
Secretary for Health and Welfare

Dr T A SAW, JP
Acting Director of Health

Mr Eddie POON
Principal Assistant Secretary for Health and Welfare

Dr FUNG Hong
Deputy Director (Hospital Planning & Development)
Hospital Authority

Item IV

Miss Joanna CHOI
Principal Assistant Secretary for Health and Welfare

Dr FUNG Hong
Deputy Director (Hospital Planning & Development)
Hospital Authority

Ms Susie LUM
Senior Executive Manager (Nursing)
Hospital Authority

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

Staff in Attendance : Miss Mary SO
Senior Assistant Secretary (2) 8

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I. Confirmation of minutes of meeting held on 11 June 2001
(LC Paper No. CB(2)2087/00-01)

The minutes were confirmed.

II. Date of next meeting and items for discussion
(LC Paper Nos. CB(2)2088/00-01(01) - (02))

2. Members agreed not to hold meeting(s) during the summer recess unless urgent matters requiring immediate attention came up.

III. Report on Public Consultation on Health Care Reform
(LC Paper No. CB(2)2088/00-01(04))

3. At the invitation of the Chairman, Secretary for Health and Welfare (SHW) briefed members on the salient points of the Administration's paper which summarised the outcome of the consultation exercise on the health care reform and the way forward proposed by the Administration.

4. Mr Andrew CHENG noted that according to paragraph 22 of the paper, the Administration had set up a working group with insurance industry representatives to identify scope for closer collaboration and to devise new products and policies that would dovetail with the implementation of the Health Protection Account (HPA) scheme. The Administration hoped that through intensive discussion among the parties concerned, the working group would be able to work out some feasible options so that the general public could have a clearer idea about the potential use and benefit of the HPA when it consulted the public again. In view of the aforesaid, Mr CHENG enquired whether the Administration had come to a view that the HPA proposal should be implemented despite strong reservation expressed by the public on the proposal because it would impose additional financial burden on households on top of the Mandatory Provident Fund Scheme.

5. SHW responded that the Administration was well aware of the fact that it was not the right time to implement a HPA scheme, given that the economy had not yet fully recovered. Nevertheless, in view of the increasing demands which the aging population, advances in medical technology and rising public expectations for quality health services would put on the public health budget, the Administration considered it now timely to commission further in-depth studies to examine the feasibility of different structures for and various operational aspects of the HPA scheme despite the concern expressed about the proposal, in order to

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reduce the burden on the next generations and to strengthen the long-term financial sustainability of the public health care system. SHW explained that the reason for pursuing the HPA proposal was because the public health care system could no longer be financially sustainable in the long term through taxation alone. Moreover, although user fees could be raised to fund the public health care system, due regard must be given to ensure that the increased fees would remain affordable by the general public. As the Health Security Plan proposed by the Harvard team had not been well received by the public, the HPA proposal was therefore the best option which the Administration could think of to help finance the public health care services. SHW assured members that the Administration would not implement the proposed scheme until after the completion of the aforesaid studies, which would take about 18 months to complete. With more details in hand, the Administration would be in a better position to address the public's common concerns, such as the actual rate of contribution, detailed reimbursement arrangement, restrictions on the use of HPA savings, and the implementation timetable, etc. SHW further said that the Administration would not contemplate the implementation of the HPA proposal until at least the economy had fully recovered. He also envisaged that the implementation of a HPA scheme would take many years to complete.

6. Mr Michael MAK asked the following questions -

(a) How many of the 24 submissions on the health care reform received from academics and of the 82 submissions from community organisations and private companies were from economists and insurance companies/organisations respectively;

(b) What action(s) would the Administration take to address the concern raised by some health care professional groups that the proposed transfer of the general out-patient clinics (GOPCs) from the Department of Health (DH) to the Hospital Authority (HA) would not achieve the desired result of a better integration of primary and secondary care for the whole system of health care in Hong Kong, given the fact that GOP service provided by DH only represented one-tenth of the market share. There was also doubt as to whether HA had the necessary expertise, experience and resources to operate the GOPCs effectively; and

(c) Details such as the number, background, scope of work and remuneration of the panel of overseas advisers who would be appointed by the Administration to advise the Health and Welfare Bureau (HWB) on health care reform and the related policy issues.

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7. SHW responded that to his knowledge, the numbers of submissions received from economists and insurance companies/organisations on the health care reform only constituted a small percentage of the submissions received from academics and community organisations and private companies. The requested information could be furnished to members after the meeting.

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8. As regards Mr MAK's second question, SHW said that HA had no intention to increase the market share of the public sector in the provision of GOP service upon the transfer of GOPCs from DH to HA, and that the number of discs allocated would remain unchanged upon transfer. The GOP service under HA would be re-designed into clinics attending to primarily the financially vulnerable and the chronically-ill, who were exposed to high financial risk because of the long term treatment required. Moreover, these clinics would serve as the base for the introduction of family medicine whereas the hospital setting of HA provided the training ground for family doctors. To provide a useful reference for the transfer of GOPCs to HA, a plan was in hand to conduct a pilot scheme for the transfer of five GOPCs to HA in this financial year, and a total of $75 million had been allocated to undertake the tasks. SHW further said that it was understandable that DH staff currently working at the GOPCs would be worried about whether they would continue to be in the employ of DH upon the transfer of all GOPCs to HA. To address such, a working group would be set up to work out the arrangements for staff affected by the transfer. Regarding the concern that HA lacked the necessary expertise, experience and resources to operate the GOPCs effectively, SHW said that there was no question of such a situation, having regard to the fact that HA had started its family medicine training programme for its doctors since 1997-98. In addition, it had also set up family medicine-based clinics to assist its specialist out-patient clinics patients.

9. As to Mr MAK's last question, SHW said that the panel of overseas experts to advise HWB on health care reform matters and the related policy issues would comprise five to six experts in clinical work, health care practice, insurance and economics, etc. Composition of the expert panel would, however, be changed in accordance with the topics seeking advice. As the remit of the expert panel was to advise HWB on health care reform matters and the related policy issues, overseas experts invited to serve on the panel would not be remunerated like a consultant. The Administration would provide them with accommodation, air-ticket and subsistence allowance if they were asked to attend a panel meeting in Hong Kong, which was expected to be held one to two times a year.

10. As only a handful of submissions received on the health care reform were from economists and insurance companies/organisations, Mr Michael MAK was of

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the view that the Administration should take the initiative to invite economists and insurance companies/organisations to give views on the HPA proposal. SHW responded that the Administration had all along been in discussion with economists and insurance companies/organisations on the HPA proposal and would step up discussions with them and other concerned parties to work out some feasible options so that the general public could have a clearer idea about the potential use and benefit of the HPA. In addition, a working group had been set up with insurance industry representatives to identify scope for closer collaboration and to devise new products and policies that would dovetail with the implementation of the HPA scheme.

11. Dr TANG Siu-tong asked the following two questions -

(a) The scope of work of the consultancy study undertaken by the University of California, Berkeley; and

(b) How would the increase in fees of public health care services impact on the fees charged by doctors in private practice.

12. SHW responded that the consultancy study undertaken by the University of California, Berkeley was to assess the impact of fees restructuring on the utilisation of public and private health care services. It should however be pointed out that although it was proposed in the Consultation Document on Health Care Reform that savings from the HPA could be used either to pay for medical and dental expenses at public sector rates or to purchase medical and dental insurance plans from private insurers, such proposals would not be taken into consideration by the consultancy team in their studies on fees and charges. SHW further said that although the revised fees structure would influence the distribution of workload between the public and the private sectors, it was difficult to say how it would impact on the fees charged by private doctors as they were determined by various factors such as the quality of service delivered by the medical practitioners and the number of medical practitioners providing similar service, etc.

13. Mr Bernard CHAN pointed out that the phrase "Despite the absence of an open endorsement of the HPA" contained in the first sentence of paragraph 22 of the English version of the Administration's paper was omitted in the Chinese version. The English version read "Despite the absence of an open endorsement of the HPA, the insurance industry re-affirmed in their submission the willingness to work with the Government in developing new insurance products which could be purchased by individuals' HPA savings.", whereas the Chinese version read "保險業界亦在他們的書面意見中明確表示願意與政府合作發展新的保險計劃，以

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配合頤康保障戶口內存款的使用". Mr CHAN considered that the English version of the first sentence of paragraph 22 of the Administration's paper more aptly reflected the sentiment of the insurance sector. Although willing to work with the Government to develop new products to complement the HPA scheme, the insurance sector nevertheless considered it very difficult to come up with such products as the highly subsidised fees and charges of the public hospitals provided no incentive for people to purchase their own health care insurance. There was also doubt as to whether savings from the HPA were adequate for retirees to buy health care insurance policies from private insurers.

14. SHW apologised for the oversight highlighted by Mr CHAN. SHW agreed that the significant price differences between the public and the private sectors had led to the present rather uneven distribution of workload between the public and the private sectors. Apart from revamping the fees structure of public health care services to encourage better-off patients to use the services provided by the private sector, there were also many areas which the private sector could explore to rectify the aforesaid lopsided situation. For examples, private hospitals could develop more non hospital-based services which required considerably less cost to operate than hospital-based services and private medical practitioners and private hospitals could come together to form a cluster.

15. The public and the private sectors could also explore how the two sectors could collaborate and develop new health care products in which both sectors could participate and contribute to the benefits of the patients. To this end, two working groups would be set up to look into the interface between the public and the private sectors in greater depth. One working group would involve private hospitals with a view to developing new joint health care services and products with their public counterparts. The second working group would comprise medical practitioners from both the public and the private sectors to explore scope for closer collaboration and cooperation. It was expected that the two working groups would come up with concrete proposals in six months' time after their first meeting. To address the concerns raised about the HPA proposal, SHW hoped that the working group which had been set up with insurance industry representatives to identify scope for closer collaboration and to devise new products and policies that would dovetail with the implementation of the HPA scheme would be able to work out some feasible options in 18-month time.

16. The Chairman said that one possible way to improve the interface between the public and the private sectors, which had all along been advocated by the Liberal Party, was to develop a collaborative working arrangement between the two sectors.

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17. Dr LO Wing-lok enquired about the criteria used by the Administration to assess the public views on the health care reform, having regard to the fact that the Administration still decided to take various proposals forward despite strong reservation or objection had expressed on them. He pointed out that despite strong reservation expressed by the public on the HPA proposal, the Administration had set up a working group to take the proposal forward; despite the fact that 60% of the submissions made by health care professionals expressed objection to the proposed transfer of GOPCs from DH to HA, the Administration had launched a pilot scheme to transfer five GOPCs to HA this financial year; despite the fact that the great majority of representatives from the health care sector and other concern groups attended the meeting of the Subcommittee on improvements to the medical complaints mechanism on 22 June 2001 expressed objection to the setting up of a Complaint Office in DH, the Administration stated in paragraph 16 of its paper that two-thirds of the submissions from health care professionals accepted the setting up of a Complaint Office in DH. Dr LO further expressed concern that the number of people who could receive the GOP service would be reduced as a result of the transfer of GOPCs to HA, having regard to the fact that these clinics would be re-designed to target primarily at the financially vulnerable and the chronically ill and also serve as the training ground for family medicine. Although he had requested information on how HA would use the $75 million on the pilot scheme to transfer five GOPCs to HA this financial year at the Panel meeting on 14 May 2001, response from the Administration was still being awaited. Dr LO also hoped the Administration would not disregard the recommendations made by consultancy team from the University of California, Berkeley on restructuring of fees and charges of public health care services, as occurred in the case of the recommendations made by the Harvard team on improving Hong Kong's health care system.

18. SHW hoped that members in making criticisms should be fair and based on facts, otherwise it would not be conducive to addressing the concerns raised. SHW said that the Administration had not used any criteria to assess the views made by the public on health care reform in their submissions, as the views expressed were presented as they were. Although strong reservation had been expressed on the HPA proposal, there were no overwhelming objections to it. In fact, the concept of medical savings did receive a fair amount of support from District Councils, health care professionals, academics, and even members of the public. The latest tracking survey conducted in May 2001 also revealed that more respondents preferred a compulsory medical savings scheme (44%) to a compulsory social insurance scheme (28%).

19. On the transfer of GOPCs to HA, SHW said that about half of the medical practitioners responded to the survey conducted by the Hong Kong Medical

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Association (HKMA) in February 2001 supported such transfer. The political parties were also generally supportive of the proposed measure. Under these circumstances, the Administration considered it appropriate to make reference to the experience from the pilot scheme to transfer five GOPCs to HA in this financial year. To address the concerns expressed by staff who would be affected by the transfer, a working group would be set up to deal with such. As regards the information requested by Dr LO concerning how the $75 million allocated to undertake the transfer of five GOPCs to HA in 2001/2002 would be used, SHW said that HA would provide such information.

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20. On the proposal of setting up a Complaint Office in DH, SHW said that the Administration had made it quite clear in paragraph 18 of its paper in that it had not come to a decision on the proposal and would keep an open mind on any suggestions to improve the patient complaint system. Notably, the Administration would consider a host of reform measures expected to be put forward by the Hong Kong Medical Council in the latter part of this year, as well as the comments and suggestions made by the Subcommittee on improvements to the medical complaints mechanism, before deciding on how to improve the mechanism for handling medical complaints. SHW further said that paragraph 16 of the Administration's paper was merely stating a fact as based on a survey conducted by HKMA, two-thirds of health care professionals accepted the setting up of a Complaint Office under DH.

21. Mr LAW Chi-kwong expressed disappointment that the Administration failed to consider public views that elders with little or no financial means should be provided with better oral health and dental care. Noting that no mention was made in the Administration's paper about the proposals to set up a Research Office in HWB to support the Administration in formulating health policies and to develop a computer-based Health Information Infrastructure to allow access to all health care providers. Mr LAW enquired whether these two proposals would be implemented. Mr LAW was of the view that for these two proposals to achieve the desired results, they should be complementary to one another. Mr LAW was also of the view that the proposed Research Office should engage local academics specialising in health care in its research work.

22. SHW responded that plans were in hand to set up a Research Office in HWB to support the Administration in formulating health policies, and to develop a computer-based Health Information Infrastructure to allow access to all health care providers, including those in the private sector and eventually to the welfare sector. On the suggestion that the Research Office in HWB should engage local academics specialising in health care in its research work, SHW said that this was the intention of the Administration. Moreover, local health care researchers would

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be encouraged to conduct research work on their own to which the Administration could also make reference. On the question of providing better oral health and dental care better oral for elders with little or no financial means, SHW said that this could not be done as, given resource constraint, public funds should be used in areas where the funds could achieve the best health outcome. To this end, DH would continue with the present educational and preventive efforts and confine its curative services to those with special needs. To assist the lower income groups and the elders to obtain quality dental care, the Administration would take active step to encourage more non-governmental organisations to provide affordable dental care on a self-financing basis.

23. Ms Cyd HO was of the view that apart from increasing the fees of public health care services to encourage better-off patients to use services provided by the private sector, consideration should be given to encouraging private providers to come up with more price competitive products. Ms HO further said that she would object if the eligibility for financial assistance from the second safety net would be based on that for the Comprehensive Social Security Assistance (CSSA) Scheme, having regard to the fact that many people, such as the chronically ill and the elders, though not eligible for CSSA, might still have difficulty in paying for even the highly subsidised services. To allay public concerns in this regard, Ms HO was of the view that the Administration should state clearly the eligibility criteria for financial assistance from the second safety net.

24. SHW clarified that the aim of the review of the fees structure of the public health care system was to examine how to target Administration's subsidy to various services in the most appropriate manner, as it was believed that public funds should be channeled to assist lower income groups and to services of major financial risks to patients. The review would also examine how the relative priorities of services provided might be reflected in the subsidy level and how inappropriate use and misuse of services could be minimised. The Administration, however, hoped that the revamped fees structure would be effective in influencing patient behaviour. Apart from minimising inappropriate use and misuse, the revamped fees structure would also help to improve the uneven distribution of workload between the public and the private sectors. On the suggestion of encouraging private providers to come up with more price competitive products, SHW said that discussions were being made amongst private providers in this regard. The Administration would shortly get in touch with the private providers and insurance companies to see how the new products could be supported with insurance policies, so as to provide better-off patients with more incentive to use the services provided by the private sector.

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25. As to the suggestion of laying down eligibility criteria for financial assistance from the second safety net, SHW said that this was not desirable as the needs of patients were varied. A better approach to assist those who had insufficient earnings or who had difficulty in paying for even the highly-subsidised services because of serious or chronic diseases was for the second safety net to operate like the existing Samaritan Fund. SHW explained that currently patients attending all hospitals managed by HA could apply for assistance from the Samaritan Fund. The purpose of the Samaritan Fund was to provide financial assistance to needy patients in meeting expenses required in the course of medical treatment which were not included in the hospital maintenance or out-patient consultation fees in public hospitals and clinics. Patients who had indicated that they had difficulty in meeting the costs of the items would be referred to medical social workers for assessment of their eligibility for assistance. A patient whose income was below the Median Monthly Domestic Household Income (derived from surveys conducted regularly by the Census and Statistics Department) would normally receive assistance from the Samaritan Fund. In considering patients' financial status, the patients' liquidable savings would be assessed on a household basis. Although it was the Administration's intention to require patients seeking financial assistance from the second safety net to undergo assessment by a medical social worker to ascertain their eligibility for assistance, every effort would be made to ensure that such a procedure would be as simple as possible so as to avoid creating unnecessary inconvenience to the patients.

26. Ms Cyd HO said that if the Administration refused to set out the eligibility criteria for applying financial assistance from the second safety net, the public would not support the proposed fees revision. Ms HO further said that relying on the Samaritan Fund to provide a second safety net was not entirely satisfactory, as there were instances whereby some patients were forced to give up receiving certain treatments because they were refused financial assistance from the Fund. SHW reiterated that drawing a line for determining the eligibility for applying financial assistance from the second safety net would impose restrictions on how medical social workers could help the patients, having regard to the fact that the circumstances of individual patients were different. SHW assured members that even with the implementation of fees revision, the Administration would continue to uphold its long-held policy of ensuring that no one would be denied adequate medical care because of insufficient means. Public health care services would continue to be highly-subsidised, which in effect was a first safety net provided to the patients. In addition, patients on CSSA would continue to be waived from paying the medical bills. Patients not on CSSA but had difficulty in paying for even the heavily-subsidised services because of serious or chronic illnesses would be protected with a second safety net modelled on the existing Samaritan Fund.

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27. Summing up the discussion, the Chairman said that the Panel would continue its discussion on the health care reform in future, as the Administration would consult members again on various reform proposals set out in Annex B of the Administration's paper before taking them forward.

IV. Nursing Manpower in Public Hospitals
(LC Paper No. CB(2)2088/00-01(03))

28. Deputy Director (Hospital Planning & Development), Hospital Authority (DD(HPD)) took members through the Administration's paper which detailed the nursing manpower in public hospitals.

29. Members noted an analysis on the nursing manpower in HA hospitals provided by Mr Michael MAK, which was tabled at the meeting.

30. Mr Michael MAK expressed disappointment that the Administration's paper failed to admit that there was a shortage of nurses in public hospitals, having regard to the fact that many wards were often filled to their maximum capacity and extra beds needed to be put in to cope with sudden demands. Mr MAK invited the Administration to join him for a hospital visit to understand the real situation. Mr MAK pointed out that despite the growing population, i.e. from 6 270 700 in 1999 to 6 796 700 in March 2001, and the increase in the number of hospital beds, i.e. from 27 544 in 1999 to 28 877 in March 2001, the total number of nurses, including qualified nurses and trainee nurses, had actually been dropping from 20 435 in 1999 to 19 746 in March 2001. Mr MAK further pointed out that to his knowledge, the total number of nurses in public hospital numbered over 21 000 in 1997. Mr MAK further said that he could not agree with the Administration's view that health care assistants and, to some extent, care assistants could alleviate the workload of nurses, having regard to the fact that the natures of work of nurses and health care assistants/care assistants were not the same. As HA mainly relied on nursing degree graduates from local universities to increase its nursing manpower, Mr MAK enquired about the percentage of nursing degree graduates from local universities who would work for HA after graduation.

31. Deputy Secretary for Health and Welfare (DSHW) responded that the Administration attached great importance to ensuring that the delivery of public health care service was of a high standard. As a result of a series of improvement measures undertaken by HA, public feedback on HA services had generally been positive during the past few years. Regarding the comments made that the total number of nurses had decreased despite increases in population and hospital beds, DSHW said that such a decrease had not undermined the manpower situation of

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nursing staff as the decline in number of trainee nurses from 3 792 in 1999 to 1 497 in March 2001 had been more than offset by an increase in number of qualified nurses from 16 644 to 18 249 over the same period. DSHW explained that this was because a qualified nurse could take up the full duties of a nurse, whereas a trainee nurse needed to spend about one-third of his/her working hours attending classes, and in discharging duties, had to work under the supervision of qualified nurses. DSHW further said that although nurses and health care assistants were two different types of workers, it was estimated that about 10% to 15% of nursing duties which were of simple nature, such as feeding and bathing patients, helping patients to get out of bed, turning a patient's position, etc. could be delegated to these health care assistants. Over the years, HA had strengthened the manpower of health care assistants from 3 825 in 1999 to 4 138 in 2001. A plan was in hand to recruit an additional 2 000 health care assistants in this financial year. DSHW assured members that HA would continue to explore further measures and opportunities that could help alleviate the workload of nurses and enhance effective utilisation of nursing manpower. DSHW added that he would be happy to join Mr MAK for a visit to HA hospitals to understand the manpower situation of nurses.

32. DD(HPD) said that HA was aware that certain departments in some major acute hospitals could sometimes become very crowded. To cope with the upsurges in workload in, say, the medical wards, additional nurses would be deployed to cope with service demand. Moreover, hospitals had re-engineered and re-organised many of their work processes in order to maximise the utilisation of available resources. DD(HPD) further said that increase in nursing manpower could only made in a gradual manner. HA hoped that with the development of ambulatory and community care services, less people would need to be hospitalized or remain in the hospital for an extended period of time, which in turn should help to improve the workload in wards.

33. Senior Executive Manager (Nursing), Hospital Authority (SEM(N)) supplemented that to cope with the upsurges in workload in various departments within a hospital, many hospitals had set up central nursing staff pools to facilitate redeployment of nursing staff to cope with service demand. The HA Head Office also had a central pool of nurses for deployment to hospitals on a need basis to cope with fluctuations in the workload in different hospitals. SEM(N) further said that HA was committed to employing all nursing degree graduates from local universities. 142 current nursing degree graduates from local universities would join HA this month. In addition, HA had recruited 50 qualified nurses from the outside market who would join HA in August 2001. It was envisaged that these additional nursing staff would help HA to better cope with the upsurges of patients in various pressure areas, such as the medical wards. SEM(N) also said that in line

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with the practice adopted in Australia, nursing students from local universities attending training at HA hospitals were not considered as part of the HA workforce as was in the case of students from HA nursing schools attending training in HA hospitals. Although nursing students from local universities attending training at HA hospitals were not considered as part of the HA workforce and there would no longer be any trainee nurses from HA nursing schools after 2002, such an arrangement would not affect the nursing manpower as the work of a first year student nurse was judged to be equivalent to that of a health care assistant. In view of the change in the staff mix of nurses arising from the upgrading of basic nursing education from hospital-based nursing education to degree level in tertiary education, HA would review the nursing manpower situation on a quarterly basis to ensure that the quality of health care services would not be undermined.

34. Mr Michael MAK enquired whether HA had set any manpower requirement for nurses, and if so, whether such a requirement was met. DD(HPD) responded that hospitals could generally cope with the service demand, except for some pressure areas such as the medical wards. DD(HPD) reiterated that if there were upsurges in the workload in a particular department or ward, additional nurses would be deployed to cope with service demand.

35. Dr LO Wing-lok said that the Administration's paper failed to give a full picture of the manpower situation of nurses in public hospitals. In this connection, Dr LO requested the Administration to provide information on the nursing manpower situation in pressure areas, such as the number of nurses working night shift in an emergency ward, in the Accident and Emergency Department and in the surgical ward, etc. DD(HPD) undertook to provide the requested information.

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36. Mr LAW Chi-kwong said that to enable members to better understand the nursing manpower situation, the Administration should also provide information on how much time nurses had gained in attending patients as a result of the health care assistants taking over 10% to 15% of the work of the nurses in simple care duties and the work undertaken by trainee students from HA nursing schools and students from local universities attending training in HA hospitals. Mr LAW further said that HA should set a manpower requirement for nurses, which could serve as an objective standard to assess the manpower situation of nurses. DSHW agreed to give Mr LAW's suggestion more thoughts.

37. Ms Cyd HO shared Dr LO's views expressed in paragraph 35 above. Ms HO hoped that the Administration, in providing additional information on nursing manpower in public hospitals, should also include an assessment on

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nursing manpower requirement arising from the development of ambulatory and community care services and the changing of funding arrangement based on population. Ms HO further said that in future discussion of nursing manpower in public hospitals, nursing groups, student nurses, nursing educators and other parties concerned should be invited to give views and attend the meeting.

38. DD(HPD) responded that he might not be able to provide an assessment on nursing manpower requirement arising from the development of ambulatory and community care services in within a short time, as the development of such was only being tried out in selected areas. Ms HO said that in this case, the Administration should provide information on the development of services in these pilot areas.

39. There being no other business, the meeting ended at 10:46 am.

Legislative Council Secretariat
19 September 2001