立法會
Legislative Council

LC Paper No. CB(2)565/01-02
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

LegCo Panel on Health Services

Minutes of meeting
held on Monday, 12 November 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 CHAN Kwok-keung Hon CHAN Yuen-han, JP Dr Hon YEUNG Sum Hon Andrew CHENG Kar-foo Hon LAW Chi-kwong, JP Dr Hon TANG Siu-tong, JP Hon LI Fung-ying, JP Hon Tommy CHEUNG Yu-yan, JP Hon Michael MAK Kwok-fung
Public Officers Attending	:	Dr E K YEOH, JP Secretary for Health and Welfare Dr Margaret CHAN, JP Director of Health Dr William HO, JP Chief Executive, Hospital Authority Miss Joanna CHOI

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Acting Deputy Secretary for Health and Welfare

Miss Angela LUK
Principal Assistant Secretary for Health and Welfare 1

Mr Eddie POON
Principal Assistant Secretary for Health and Welfare 3

Mr LAU Wai-ming
Assistant Secretary for Health and Welfare

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

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

I. Confirmation of minutes of meeting held on 11 October 2001
(LC Paper No. CB(2)209/01-02)

The minutes were confirmed.

II. Date of next meeting and items for discussion
(LC Paper Nos. CB(2)109/01-02(01) and CB(2)235/01-02(01) and (02))

2. In response to the Chairman's question, Acting Deputy Secretary for Health and Welfare (DSHW)(Atg) confirmed that the Administration had not received a copy of the China Hong Kong Medical Association's letter to Members of the Legislative Council (LegCo) (LC Paper No. CB(2)109/01-02(01)). In the circumstances, the clerk would send a copy of the letter to the Administration for its consideration on how to deal with the issue raised in the letter.

3. Mr Tommy CHEUNG proposed to discuss the survey entitled "Proposed smoking ban : impacts on Hong Kong hospitality business" conducted by KPMG. As the Administration intended to brief members on the results of the public consultation on the proposed legislative amendments to the Smoking (Public

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Health) Ordinance in early 2002, Secretary for Health and Welfare (SHW) suggested that the survey mentioned by Mr CHEUNG be discussed then. Members agreed.

4. Referring to the list of issues to be considered (LC Paper No. CB(2) 235/01-02(01), Mr LAW Chi-kwong enquired when the Administration would be in a position to discuss the issue of introducing statutory registration for psychologists, ancillary dental personnel as well as other allied health professionals, and the issue of mental health service. (DSHW)(Atg) responded that she could not give a timetable as to when the Administration would be ready to discuss the first issue as studies on it were presently being conducted. SHW advised that the Administration would be in a position to discuss the issue of mental health service in early 2002. Members agreed that members of the Panel on Welfare Services should be invited to join the discussion of this issue.

5. The Chairman enquired when the Administration would be in a position to discuss the issue of North Lautau Hospital. (DSHW)(Atg) responded that it was not the appropriate time to discuss the subject, as the land identified for the construction of the hospital would not become available until the end of 2006/early 2007.

6. The Chairman suggested and members agreed that she followed up the issue of items for discussion at the next meeting scheduled for 10 December 2001 with the Administration after the meeting.

III. 2001 Policy Address - Health Services

(LC Paper No. CB(2)235/01-02(03))

7. At the invitation of the Chairman, SHW introduced the Administration's paper which set out the policy objectives and initiatives for health services in the coming year.

Regulation of Chinese medicine

8. Miss CHAN Yuen-han enquired about the timetable for introducing the subsidiary legislation to bring about regulatory measures for Chinese medicines and the progress of registration of Chinese medicine practitioners (CMPs).

9. Director of Health (D of H) responded that preparation of the subsidiary legislation was close to completion, and it was the Administration's intention to table such at LegCo by end 2001. As regards the registration of CMPs, D of H

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said that the names of the listed CMPs would be gazetted in December 2001 and the first batch of registered CMPs promulgated in early 2002. Depending on the level of their experience, knowledge and skills, listed CMPs would be required to undergo a registration assessment and/or to take the Licensing Examination conducted by the Practitioners Board of the Chinese Medicine Council of Hong Kong.

10. Miss CHAN Yuen-han urged the Administration to expedite its work on the registration of CMPs and the regulation of Chinese medicines, so as not to hinder the development of Hong Kong into a traditional Chinese medicine (TCM) port. Miss CHAN then enquired about the latest position in taking the aforesaid proposed development forward.

11. D of H said that she did not know how the name of TCM port had arisen. She noted that the Chief Executive (CE) stated in his 1997 Policy Address that he strongly believed that Hong Kong had the potential to develop over time into an international centre for the manufacture and trading of Chinese medicine, for research, information and training in the use of Chinese medicine, and for the promotion of this approach to medical care. Further statements reaffirming CE's belief in Hong Kong's potential to become an international centre for Chinese medicine and medical practitioners were made in his 1998 Policy Address. D of H explained that apart from registration of CMPs and regulation of Chinese medicines, other initiatives such as introducing Chinese medicine into the public health sector, education on Chinese medicine, research and development on Chinese medicine and partnership with the private sector to facilitate the commericalisation of Chinese medicine-based products were also integral to taking the aforesaid policy vision forward. As the making of Hong Kong into a world centre for Chinese medicine involved various policy areas, D of H undertook to liaise with the relevant policy bureaux/departments to provide a comprehensive paper detailing the progress made in this regard for members' information.

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Introducing Chinese medicine out-patient service into the public health care system

12. Mr Michael MAK asked for more information relating to the manpower requirement for the 18 Chinese medicine out-patient clinics to be set up by 2005.

13. Ms Cyd HO asked the following questions -

(a) What arrangements were made for providing clinical training for local graduates of Chinese medicine, having regard to the

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Administration's plan to only introduce Chinese medicine into the public health sector in the form of out-patient service; and

(b) What were the research and development works which were being and/or had been undertaken by the Hong Kong Jockey Club Institute of Chinese Medicine Limited housed under the Innovation and Technology Commission.

Ms HO expressed concern that students of Chinese medicine graduating from local universities in 2003 would not be able to have their internship in local hospitals and would not have an opportunity to apply all they had learnt in universities and through clinical training at hospitals in Guangzhou after graduation.

14. Ms Cyd HO opined that in order that Hong Kong could become an international centre for Chinese medicine, it was necessary to improve the standards of people engaged in the practice and development of Chinese medicine. To this end, Ms HO was of the view that local universities should offer higher degree courses on Chinese medicine, and bring in more highly qualified Chinese medicine professionals from the Mainland to teach students and carry out research work. Consideration should also be given to the setting up of an educational exchange programme to enable students of Chinese medicine to gain knowledge of the practice and development of Chinese medicine in the Mainland as well as in countries such as Japan and South Korea.

15. Mr LAW Chi-kwong requested the Administration to provide information on the allocation of public funds for research and development of Chinese medicine.

16. Dr LO Wing-lok enquired whether consideration would be given to the development of a databank on the safety of Chinese medicine, including, say, the effects of taking certain Chinese medicine along with certain western medicine.

17. Noting the Department of Health (DH)'s plan to develop standards to ensure the quality and safety for the commonly used Chinese medicinal herbs from 2002-03, Mr Andrew CHENG enquired whether consideration would be given to advancing the timing of registering proprietary Chinese medicines so as to better align with the registration of CMPs and the regulation of Chinese medicine.

18. On the questions raised by members in paragraphs 13(b), 15 and 16 above concerning research and development of Chinese medicine, SHW responded that the paper to be prepared by D of H mentioned in paragraph 11 above would strive to provide the requested information. SHW further said that apart from the

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research and development of Chinese medicine currently being carried out at the universities, by the Innovation and Technology Commission and the private sector, the $100 million Health and Health Services Research Fund to be established under the Health and Welfare Bureau (HWB) would also be opened for application to conduct research studies and projects on Chinese medicine.

19. As regards whether the introduction of Chinese medicine into the public health system would be confined to out-patient service, SHW said that this was not the case as it was the ultimate goal of the Administration to integrate Chinese medicine with western medicine in the public health care system in the long run. As the introduction of Chinese medicine into the public health system was a new policy, it was necessary to take such introduction forward in a cautious manner.

20. As to the development of standards to ensure the quality and safety for the commonly used Chinese medicinal herbs, SHW said that DH had already started some groundwork on the matter. Given the complexity and unprecedented nature of the task, it was not possible to advance the timing of developing regulatory standards for commonly used Chinese medicinal herbs from 2002-03. Moreover, given the large number of proprietary Chinese medicines being sold in Hong Kong, it would take several years to complete the first round of assessment of their safety, quality and efficacy.

21. On the suggestion of establishing a databank on the safety of Chinese medicine, D of H said that this was also the Administration's intention. D of H further said that manufacturers, wholesalers and retailers of Chinese medicine would be required by law to report to DH any incident of adverse side-effect of taking Chinese medicine, either alone or along with western medicine. Work would also be carried out by DH to encourage the public to report similar incidents to DH, the Hospital Authority (HA) or their doctors/CMPs. D of H added that DH was currently discussing with the World Health Organisation (WHO) on the possibility of designating Hong Kong as a WHO Collaborating Centre on Chinese medicine.

Manpower requirement for the new initiatives

22. Ms LI Fung-yung expressed concern whether HA had enough frontline health care personnel, particularly doctors, to carry out the various new initiatives, such as the taking over of DH's general out-patient clinics and the adoption of family medicine practice thereat, set out in the Administration's paper. Referring to paragraph 6 of the Administration's paper which stated that maintaining good health was a personal responsibility, Ms LI queried whether this meant that the Administration was set on implementing the Health Protection Account (HPA)

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scheme proposed in the Consultation Document on Health Care Reform and adopting the "user-pay" principle in public hospitals.

23. SHW responded that before introducing any new patient services, thorough planning would be made to ensure that there would be adequate manpower to carry out the services. SHW assured members that the workload of existing doctors would not be increased as a result of HA taking over DH's general out-patient clinics, as additional fund would be allocated to HA for taking up such new service and recruiting family medicine trainees. In respect of the latter, SHW pointed out that HA had started training family medicine doctors in 1998 and would recruit an additional 75 family medicine trainees in 2002-03. In order to cope with the increase of 366 public hospital beds and 80 day places in 2002-03, 270 doctors would be recruited. Additional nurses and other health care personnel would also be recruited to cope with the aforesaid additional patient services. Breakdown of the types and numbers of additional manpower required to cope with the additional patients services would be set out in next year's Budget.

24. Chief Executive, HA supplemented that despite resource constraints, the bulk of HA resources had been used on employing more frontline staff. For example, although the total headcount in HA had only increased 1% over the past four years, the number of doctors and qualified nurses had increased by 25% and 20% respectively, while the number of senior staff at HA Headquarters had decreased by 20% over the same period. Ms LI Fung-ying further enquired as to whether the number of patients had also increased by 25% over the past four years. Chief Executive, HA said that although he did not have the figure on hand, increase in the number of patients over the past four years did not amount to 25%. Notwithstanding, doctors' workload would continue to be heavy due to rising patients' expectations and increase in the complexity of new technologies. He, however, pointed out that findings of recent internal audit showed positive improvement in the working hours of doctors as a result of employing more new doctors and the implementation of measures to alleviate doctors' workload.

25. Referring to the statement "maintaining good health was a personal responsibility", SHW clarified that it did not have the connotation ascribed by Ms LI in paragraph 22 above. The reason for saying that maintaining good health was a personal responsibility was because a person's good health depended very much on whether he/she practised a healthy lifestyle and followed doctors' advice and instructions.

Strengthening tobacco control framework

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26. Mr Tommy CHEUNG enquired whether the number of prosecutions against people who smoked in a designated no smoking area had risen since the setting up of the Tobacco Control Office (TCO) early this year. Mr CHEUNG further enquired whether consideration would be given to empowering officers of TCO to initiate prosecuting action against people who smoked in a no smoking area.

27. D of H responded that to her understanding, there was no significant increase in the number of prosecutions against people who smoked in a designated no smoking area since TCO came into operation. She, however, observed that managers of restaurants and shopping malls had become more confident in enforcing the anti-smoking legislation as a result of the assistance and support rendered by TCO. Responding to Mr CHEUNG's second question, D of H said that the Administration had no objection to the suggestion of empowering TCO officers to initiate prosecution action against people who smoked in a no smoking area if this was supported by the general public.

Parenting programme and men's health programme

28. Dr TANG Siu-tong sought more information on the men's health programme and the parenting programme mentioned in paragraph 6 of the Administration's paper. Dr TANG enquired why the parenting programme was considered a health service and not a social service. Noting that nicotine replacement therapy (NRT) would be introduced in general out-patient clinics in 2002 to help people give up smoking, Dr TANG enquired about the reason for such introduction.

29. D of H responded that the parenting programme, based on the philosophy that parents were their children's first and most important teachers, was aimed at assisting parents of newborns to participate more effectively in their children's early development and learning. D of H further said that the parenting programme would be run by the Maternal and Child Health Centres (MCHCs). The reason for assigning MCHCs with the task was because MCHCs, with their ambit of providing a comprehensive range of health services for women of childbearing age and children from birth to five years old, were considered best placed to take up the task. Moreover, about 90% of babies born in Hong Kong used the child health service provided by MCHCs. SHW supplemented that numerous studies had confirmed the positive impact of parenting programme on young children. For example, children at age three whose parents had participated in a parenting programme were significantly more advanced in language, problem solving and other cognitive abilities, and social development than children of the same age whose parents had not participated in a parenting programme. SHW further said that the fact that MCHCs would run the parenting programme should not duplicate

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the work of the Social Welfare Department (SWD), as the programme was focused on ensuring the healthy physical and psychological development of young children.

30. As to the reason for introducing NRT in general out-patient clinics to help people give up smoking, D of H said that this was because studies had shown that the success rate of people giving up smoking by undergoing NRT was much higher than just relying on counselling, i.e. 27% as opposed to 14.7%. In the light of this, NRT would be introduced in four general out-patients clinics as a start. If the new measure proved to be effective, NRT would be introduced to more general out-patients clinics. Responding to Dr TANG's further enquiry as to whether people would smoke again once they stopped undergoing NRT, D of H said that it was difficult to give a definite answer to the question as the process of quitting smoking varied greatly from person to person. D of H also explained that the 27% success rate referred to people who continued to abstain from smoking six months after undergoing NRT.

31. D of H said that similar to the women's health programme, the men's health programme was aimed at raising men's awareness of the importance of leading a healthy lifestyle and educating them on the prevention of important health problems such as prostrate cancer, high blood pressure, heart disease and diabetes. As men tended to pay less attention to their health and would only see doctors when illness struck them, it was envisaged that many of them would not visit clinics for services. To address such, DH was considering delivering health education and counselling service to men, say, in their workplace. Mr LAW Chi-kwong remarked that if this was done, the Administration would invite criticism of giving preferential treatment to men as diseases such as high blood pressure, heart disease and diabetes were diseases common to both sexes. D of H reiterated the reason for bringing health education and counselling service to men, and further said that the same arrangement could be made for women if necessary.

32. Mr LAW Chi-kwong enquired whether consideration could be given to providing a "one-stop" medical care service for elders seeking treatment for general ailments. SHW responded that HA's integrated clinics could meet the needs of elders for one-stop health care service. In order to provide a more comprehensive, client-centred and integrated manner to frail elders, SHW said that a working group comprising representatives from SWD, HA and DH had been set up to look into the matter. One of the ideas being contemplated was to create a dedicated team of doctors for providing geriatric care for elders living in subvented residential care homes. The working group also considered it necessary to increase the number of nursing staff in subvented residential care homes and upgrade their nursing skills.

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33. With DH taking up the role as an advocate for health and gradually phasing out its role as a provider of primary care, Mr LAW Chi-kwong was of the view that the Administration should provide a paper setting out the future workplan of DH. In response, D of H referred members to paragraph 6 of the Administration's paper which outlined the initiatives which would be undertaken by DH to provide lifelong holistic care. Apart from taking up the role as an advocate for health, DH would play a bigger role in the regulation of health services, drugs and pharmaceuticals, Chinese medicines and health food. SHW supplemented that papers on the aforesaid initiatives, to be submitted to members later, should give a clearer picture of the new functions and duties of DH. SHW further said that not all of the aforesaid initiatives would be undertaken by DH, as it was envisaged that there would be private sector participation in some of them, such as the cervical screening programme.

34. Dr YEUNG Sum enquired about the timetable for implementing the HPA scheme and introducing a new fees structure for HA hospitals and clinics. SHW responded that the Administration had not yet come to a decision on implementing the HPA scheme. A review of the HPA scheme was underway and would be completed by 2003-04. As to the timing of introducing a new fees structure for HA hospitals and clinics, SHW said that the Administration would need to wait until the study of the fees structure with the objective of targeting public subsidies at areas of greatest needs was completed in March 2002, before finalising the implementation details. SHW assured members that the Administration would pay due regard to the economic situation in determining the timing of the fees increase. Moreover, the new fees structure would be set at levels affordable by the general public and that people on Comprehensive Social Security Assistance (CSSA) would continue to be exempt from paying them. In short, the Administration would continue to uphold its long-held policy that no one would be denied adequate medical care because of insufficient means.

35. Mr Michael MAK opined that HWB should take up a co-ordinating role in matters relating to protecting public health, some of which came under the policy areas of the Environment and Food Bureau and the Occupational Safety and Health Council. Mr MAK said that the Administration should not exclude student nurses from the calculation of nursing manpower in public hospitals. If students nurses were counted as part of the nursing workforce, the result was not an increase of 20% of nurses over the past four years as stated by the Administration, but a decrease of 10-odd percent over the same period. Mr MAK further said that the Administration should not waver from its plan to ban smoking in all restaurants, regardless of their size and seating capacity, and bars and karaokes, despite opposition from the trades concerned. Noting the Administration's plan to

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employ 1 000 health care assistants in 2002-2003 to strengthen the provision of extended care services in public hospitals, Mr MAK urged that additional funding be allocated for such purpose and not at the expense of not employing additional nurses.

36. Dr LO Wing-lok enquired about the number of staff working at the Research Office established within HWB, their grading and job duties, and whether funding for the Office would be sought from the Finance Committee of LegCo. To meet the pressing needs for jobs, Dr LO urged the Administration to speed up the planning of 43 repairs and maintenance projects of public hospitals so that the tendering exercise for these projects could commence in the next financial year. Dr LO then enquired when the registration of chiropractors would be completed and the latest developments in the training of family medicine doctors.

37. Sharing the concern raised by Ms LI Fung-ying and Mr Michael MAK regarding the heavy workload of doctors and nurses in public hospitals, Miss CHAN Yuen-han requested the Administration to provide information on the manpower situation of these staff as well as other frontline staff such as health care assistants.

38. SHW responded that HA planned to recruit 500 qualified nurses next year to cope with increase in workload and enhance the quality of nursing care. SHW explained that the reason why student nurses were excluded from the calculation of nursing manpower was because a student nurse only had to spend about one-third of his/her working hours in discharging duties and had to work under the supervision of qualified nurses. SHW further said that the Administration attached great importance to addressing the heavy workload of doctors and nurses. Apart from adopting various alleviating measures within the hospitals, the Administration was presently in discussion with the private sector on the formulation of common clinical protocols and mechanisms, which should help to reduce the workload of public doctors and nurses in treating patients transferred from the private sector.

39. As regards the Research Office, SHW said that a proposal would shortly be submitted to the Finance Committee of LegCo for the setting up of the Research Office. The staffing establishment of the Research Office would be eight to nine persons, with some of them pitched at directorate rank. Its main task was to commission research studies, either conducted in-house or contracted out, to support the Administration's health policy formulation. It would also take forward studies in connection with the proposals for financing of the public health care system in the Health Care Reform Consultation Document. SHW pointed out that although funding proposal for the Research Office was yet to be submitted to the

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Finance Committee, the Research Office had already commenced its work with internal funding from HWB. Currently, the Research Office was manned by two doctors, one deployed from HA and another from DH, and one social worker.

IV. Charging of fees for Accident and Emergency Services

40. Principal Assistant Secretary for Health and Welfare 3 (PAS/HW3) said that as charging of fees for accident and emergency (A&E) services was part of the fees review mentioned by SHW in paragraph 34 above, the Administration would need to wait for the review results before finalising the details for charging of fees for A&E services. The Administration would take account of the economic situation in determining the effective date for charging of fees. To ensure no one was denied A&E services for lack of financial means, the fees would be set at levels affordable by the general public, with a safety net in place for those who could not afford even the highly subsidised services. PAS/HW3 further said that the proposal of fees charging for A&E services was generally accepted by the general public. According to the results of three surveys, over 50% of the respondents supported the proposal so as to minimise misuse of A&E services. Written submissions from District Councils and members of the public also expressed their support for the proposal. In response to the Chairman, PAS/HW3 said that the Administration would be willing to brief members on the results of the review on fees structure should members deem necessary.

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41. Mr LAW Chi-kwong expressed reservation about introducing fees for A&E services, as the objective of deterring misuse of the services could not be fully realised unless A&E fees were significantly higher than that charged for out-patient services. If that was the case, then the A&E fees would end up higher than the daily rate for staying in a general ward, which was unreasonable.

42. Mr Michael MAK said that educating the public on the proper use of A&E services was another way to minimise misuse of such services. Miss CHAN Yuen-han also said that one way to reduce the high demand for A&E services was to improve the operation of general out-patient clinics, say, by increasing the number of discs allocated each day. Miss CHAN further said that the Administration should explore with the private sector on ways to attract better-off patients to use the services in the private sector.

43. Dr YEUNG Sum said that he and the Democratic Party opposed the charging of fees for A&E services as people of little financial means but not on CSSA might be denied such services. This was because, as illustrated by Mr LAW in paragraph 41 above, fees for A&E services had to be set significantly higher

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than that for out-patient services in order to have any effect of deterring misuse of A&E services. Dr YEUNG also expressed concern that introducing fees for A&E services would trigger fees increase in other public health care services.

44. Dr LO Wing-lok said that the Administration should think more clearly what it wished to achieve before introducing fees for A&E services. He pointed out that such fees had to be set at quite a high level in order to provide incentive to choose services in the private sector.

45. Ms Cyd HO said that she had an open mind on the charging of fees for A&E services. Since such services were heavily subsidised, any savings could be used to provide more resources for other services such as out-patient service. In order to see whether there had been any improvement in the situation, Ms HO requested the Administration to provide the latest figures on the utilisation of A&E services.

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46. SHW responded that there was a need to introduce fees for A&E services to minimise misuse of the services, so that resources could be used on areas most in need. SHW reiterated that fees for A&E services would be set at levels affordable by the general public and that no one would be denied such services because of lack of financial means. SHW further said that increasing the daily number of discs allocated by out-patient clinics would not help to encourage people to use out-patient services instead of A&E services as people were charged for using out-patient services whereas A&E services were free of charge. SHW also said that it would not be unreasonable for A&E fees to be higher than the daily fee for staying in a general ward, as using the A&E services was generally one-off whereas hospitalisation entailed a longer period of stay.

47. The Chairman concluded the discussion by pointing out that there would be ample opportunities for discussion of the subject in the future.

48. There being no other business, the meeting ended at 10:45 am.

Council Business Division 2
Legislative Council Secretariat
3 December 2001