立法會
Legislative Council

LC Paper No. CB(2)1487/01-02
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

LegCo Panel on Health Services

Minutes of meeting
held on Monday, 11 March 2002 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 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 Michael MAK Kwok-fung
Members Absent	:	Hon Cyd HO Sau-lan Hon Tommy CHEUNG Yu-yan, JP
Member Attending	:	Hon Fred LI Wah-ming, JP
Public Officers Attending	:	All items Mr Thomas YIU Deputy Secretary for Health and Welfare

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Miss Joanna CHOI
Principal Assistant Secretary for Health and Welfare

Miss Eleanor JIM
Assistant Secretary for Health and Welfare

Items IV and V

Dr W M KO
Director (Professional Services & Public Affairs)
Hospital Authority

Item IV

Mr Donald LI
Executive Manager (Hospital Planning), Hospital Authority

Item V

Ms Ophelia CHAN
Assistant Director (Rehabilitation & Medical Social Services)
Social Welfare Department

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 4 February 2002
(LC Paper No. CB(2)1264/01-02)

The minutes were confirmed.

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II. Date of next meeting and items for discussion
(LC Paper Nos. CB(2)1262/01-02(01), (02) and (05))

2. Members agreed to discuss the following items at the next meeting to be held on 8 April 2002 at 8:30 am -

(a) The re-defined roles of the Department of Health; and

(b) Financial situation of the Hospital Authority.

Mr LAW Chi-kwong suggested to include fees restructuring of the Hospital Authority (HA) in the discussion of item (b) above. Deputy Secretary for Health and Welfare (DSHW) responded that the Administration would not be in a position to discuss the item next month if Mr LAW's request was acceded to, as the study on fees restructuring of HA was still underway.

3. Referring to the letter from Mr Fred LI requesting to discuss the regulation of beauty products and services provided by beauticians (LC Paper No. CB(2)1262/01-02(05)), Dr LO Wing-lok enquired when the Health and Welfare Bureau would be in a position to discuss the matter. DSHW said that the Administration was preparing a reply to a written LegCo question on the same subject raised by Mr Fred LI for the Council meeting on 13 March 2002. DSHW suggested that members considered the reply, before deciding whether the matter should be discussed by the Panel. Members agreed.

(*Post-meeting note* : The Panel on Economic Services would discuss the issue of the regulation of beauty products and services provided by beauticians at its meeting on 22 April 2002 at 10:45 am.)

4. Responding to Mr Michael MAK's enquiry, DSHW said that an information paper on the manpower situation of ancillary health care personnel requested by members at the last meeting would be submitted to the Panel before the next meeting.

III. Report of the Subcommittee on improvements to the medical complaints mechanism
(LC Paper No. CB(2)1151/01-02)

5. Members noted the above report and raised no query. The Chairman referred to the motion passed by the Panel at the last meeting urging the Government to expeditiously set up a Complaints Office in the Department of

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Health (DH) and to consider moving such Office towards independence, and said that the Administration would report the outcome of its deliberations in due course.

IV. Remodelling of Tang Shiu Kin Hospital into an Ambulatory Care Centre

(LC Paper No. CB(2)1262/01-02(03))

6. At the invitation of the Chairman, DSHW briefed members on the remodelling of Tang Shiu Kin Hospital (TSKH) into an ambulatory care centre detailed in the Administration's paper. In particular, DSHW said that the reason to remodel TSKH was to enhance ambulatory care in the Hong Kong East cluster by consolidating existing ambulatory care services in the Causeway Bay - Wan Chai district under one roof, and expanding the scope of the ambulatory care facilities offered, to better serve the health care needs of the community. The capital cost of the remodelling project was estimated to be in the region of $247 million. The Administration intended to seek the approval of the Finance Committee of the Legislative Council (FC) in April/May 2002 to embark on the remodelling works which would take about two years to complete.

7. Responding to Ms LI Fung-ying's enquiry as to whether the remodelling project would have any staffing implications, Director (Professional Services & Public Affairs), HA (Director, HA) said that similar to the recent development of cluster management in HA to rationalise hospital services, the remodelling of TSKH as an ambulatory care centre would inevitably result in some staff redeployment. He, however, pointed out that such staff redeployment would enhance cost-effectiveness in the delivery of service and better coordinate professional manpower and expertise to meet the rehabilitation and community care needs of the local population. As regards Ms LI's further enquiry on whether staff affected had been consulted, Director, HA responded that generally speaking, staff consultation would only be made on rationalisation of hospital services within a cluster rather than on an individual project. Despite such, every effort would be made to see that affected staff were deployed to posts which they preferred as far as practicable.

8. Mr Michael MAK asked the following questions -

(a) Whether Ruttonjee Hospital (RH), which was often referred to as Ruttonjee Tang Shiu Kin Hospital, would be renamed to avoid confusion with TSKH;

(b) Whether RH would take over the accident and emergency (A&E)

services from TSKH; and

(c) Whether enhancement of ambulatory care services would be made at expense of curtailing in-patient services.

9. Director, HA responded that he did not see the need to rename RH which had existed for many years. He explained that the reason why RH was often called Ruttonjee Tang Shiu Kin Hospital was because the management of RH and TSKH had been integrated since 1 April 1998 to increase efficiency and to optimise health care resource utilisation. Nevertheless, he agreed to give further thoughts to Mr MAK's suggestion.

10. As regards Mr MAK's second question, Director, HA said that the A&E services provided by TSKH would be relocated to RH upon the commencement of remodelling works of TSKH.

11. As to Mr MAK's last question, Director, HA said that although it was HA's intention to place more emphasis on the delivery of ambulatory and community care services, thus reducing reliance on institutional care in the long run, the adoption of such would be proceeded in a cautious and paced manner to ensure that patient needs would not be undermined. Director, HA further said that there was no cause for concern that funding for HA would be reduced due to reduction in bed provision, as the funding arrangement for HA was now based on population changes and not beds and facilities. Director, Hospital Authority hoped that with more better-off patients willing to use hospital services provided by the private sector, the increasing demand for hospital services brought about by the growing elderly population of the cluster could be contained.

12. Dr YEUNG Sum and Miss CHAN Yuen-han expressed support for remodelling TSKH into an ambulatory care centre. Miss CHAN further asked the following questions -

(a) Whether the A&E Department of RH had the capacity to handle the injured in major disasters and accidents occurring in Central, Wan Chai and Causeway Bay areas;

(b) Whether RH's role as a major tuberculosis centre would be undermined by its taking over the A&E services from TSKH; and

(c) Whether the District Councils (DCs) concerned had been consulted on the remodelling project.

13. Director, HA responded that the A&E services to be provided by RH would

be better than that provided by TSKH at present. Notably, the A&E Department of RH would be supported by in-patient, diagnostic and treatment facilities of RH, thus providing better medical care to patients. The new A&E Department would also be equipped with ancillary facilities to enhance its service quality and disaster handling capacity. Director, HA pointed out that the reason for relocating the A&E Department from TSKH to RH was that patients requiring hospitalisation could be admitted to RH after being treated in its A&E Department. As RH was a general hospital, patients with more serious injuries, such as that to the brain, might sometimes need to be transferred to major acute hospitals, such as Queen Mary Hospital, for hospitalisation after their conditions had stabilised in the A&E Department of RH. To allay the concern about possible delay in providing medical treatment to patients, Director, HA said that HA would shortly discuss with the Fire Services Department on the possibility of working out a set of guidelines to help ambulance staff to better decide which A&E Department of a hospital patients should be transported to so that patients would not need to be transferred to other hospitals for further treatment.

14. Regarding Miss CHAN's second question, Director, HA said that RH's role as a major tuberculosis centre would not be undermined by its taking over the A&E services from TSKH.

15. In response to Miss CHAN's last question, Director, HA said that it was the established practice of HA to consult the DCs concerned before implementing any rationalisation programme. For example, revisions had been made to the rationalisation programme of the Hong Kong East cluster due to objection raised by the DCs concerned on the plan to rationalise the services provided at the Southorn Centre and the Tang Chi Ngong Specialist Clinic several years ago. Director, HA added that it was also the established practice of HA to consult all DCs during its Annual Plan process. Miss CHAN Yuen-han hoped that the Administration would incorporate the views of DCs and local community groups in its papers to members in future. In reply to Miss CHAN's further enquiry, Director, HA confirmed that staff working at the A&E Department of TSKH would be transferred to work at the future A&E Department of RH.

16. Dr TANG Siu-tong welcomed the remodelling of TSKH into an ambulatory care centre. Dr TANG then asked the following questions -

(a) What was the number of in-patient beds in RH; and

(b) Whether there was a need to segregate tuberculosis patients from patients suffering from other ailments, having regard to the fact that tuberculosis was a communicable disease.

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17. Director, HA responded that RH had some 600 in-patient beds, about half of which were catered to patients suffering from acute illnesses. As to Dr TANG's second question, Director, HA said that there was no need to segregate tuberculosis patients from patients suffering from other ailments, as the chances of tuberculosis being passed on to other patients not infected with tuberculosis would be greatly reduced once tuberculosis patients started to receive treatment.

18. Noting that the estimated capital cost of the remodelling project was in the region of $247 million, Dr LO Wing-lok enquired what remodelling works would be required to justify such a significant amount. Executive Manager (Hospital Planning), HA explained that the reason for the apparent high cost was because, apart from the building structure, TSKH would be virtually gutted for constructing an ambulatory care centre from scratch. Dr LO hoped that the Administration would provide details of the breakdown of the capital cost and other relevant information in its paper to seek funding from FC. Executive Manager (Hospital Planning), HA responded that this would be done.

19. In summing up the discussion, the Chairman said that members were supportive of remodelling TSKH into an ambulatory care centre as part of the rationalisation programme for the Hong Kong East cluster.

V. Community Psychiatric Services of the Hospital Authority
(LC Paper No. CB(2)1262/01-02(04))

20. Director, HA and Assistant Director of Social Welfare (ADSW) briefed members on paragraphs 2 to 11 and paragraph 12 of the Administration's paper respectively regarding the provision of community psychiatric services by HA.

21. Mr Michael MAK declared that he was a registered psychiatric nurse. Mr MAK welcomed the various initiatives to enhance the provision of community psychiatric services, but was disappointed that they still fell far short of meeting patient needs. A case in point was that the number of community psychiatric nurses (CPNs) had only increased from 85 to 90 in 2001-02 and would merely further increase to 97 in 2002-03. Mr MAK pointed out that the main reason why the number of CPNs remained small was due to the fact that the three local universities providing nursing education presently did not offer first degree courses on psychiatric nursing. This situation was further aggravated by the gradual phasing out of hospital-based nursing education provided by HA. Given the pivotal role played by CPNs in the delivery of community psychiatric services, Mr MAK urged that actions be taken to speed up the training of CPNs.

22. Director, HA responded that as resources were finite, it was inevitable that

enhancement of community psychiatric services could only be taken forward in a progressive manner. It should, however, be pointed out that the bulk of new money allocated to HA in the last financial year was used on enhancement of mental health services, including community psychiatric services. For example, to alleviate the workload of CPNs, 101 community outreach workers had been recruited by HA to visit and initiate contacts with discharged mental patients in this financial year. On the issue of nursing education, Director, HA said that HA was currently in discussion with the three local universities offering nursing education and the nursing sector on how best nursing education should be provided to meet the changing needs of the community. Although it was generally agreed that nursing education should in future be all taken up by tertiary institutions, debates were still ongoing on the desirability of introducing first degree nursing course on psychiatric nursing. In future, first degree nursing course should aim at producing general practitioners with a solid grounding in general nursing knowledge, while specialisation, including psychiatric nursing, would follow after students had obtained their bachelor degree in nursing.

23. Mr Michael MAK said that pending agreement on the provision of psychiatric nursing education, some interim measures should be put in place to increase the supply of CPNs. For example, HA should release nurses to attend the Postgraduate Diploma in Psychiatric/Mental Health Nursing run by The Chinese University of Hong Kong. Director, HA responded that HA would strive to release nurses to attend the course referred to by Mr MAK as far as practicable. Director, HA added that a new batch of psychiatric nurses, currently under training by HA, would be coming on stream this year.

24. Mr Michael MAK enquired about the percentage of HA's budget which would be set aside for the provision of community psychiatric services. Director, HA said that he did not have the answer on hand, as allocation of money to various services was not made according to specialty service lines. Director, HA explained that under the new cluster management structure, a Cluster Chief Executive assumed overall responsibility for the operations and services in the cluster and was in charge of the cluster budget.

25. Mr LAW Chi-kwong expressed concern that although the various initiatives undertaken by HA to enhance the provision of community psychiatric service were moving in the right direction, these initiatives were far from being able to meet patient needs. For example, the Extended-care patients Intensive Treatment, Early diversion and Rehabilitation Stepping-stone (EXITERS) project would only take in 100 patients in 2002-03, whereas the number of discharged mental patients averaged about 12 000 each year. Mr LAW further said that he could not see how the operation of the residential facilities under the EXITERS project was much different from that of the halfway houses and the long stay care

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homes.

26. Director, HA reiterated that due to resource constraints, enhancement of community psychiatric services could only be taken forward in a progressive manner. Regarding the EXITERS project, Director, HA clarified that it was only an additional way to facilitate "extended care patients" to achieve an optimal level of functioning for the purpose of community reintegration. The reason why HA planned to start the EXITERS project with a patient intake of 100 in 2002-03, increasing to 125 in 2003-04 and to 150 per year from 2004-05 onwards was because the project was a pilot one. A critical evaluation of the EXITERS project would be conducted some time in 2006 to assess its effectiveness. Director, HA further said that patients admitted to the EXITERS project would live in group homes to be set up in vacant hospital quarters within or close to the hospital complexes of Castle Peak Hospital, Kwai Chung Hospital and Pamela Youde Nethersole Eastern Hospital. The vacant quarters would be suitably renovated to provide a home-like setting. Patients under this project would be looked after by the staff of the psychiatric units of the respective hospitals. They would stay in these supported group homes for about one year during which they would receive intensive treatment programmes (including use of newer generation of medications) and tailor-made day time programmes to enable them to acquire basic skills in leading an independent life.

27. Mr LAW Chi-kwong maintained his view that the existing level of rehabilitation services for discharged mental patients was very inadequate, as evidenced by the fact that the great majority of these patients were forced to recover at home with very little aftercare provided to them. This was because halfway houses and long stay care homes could only admit at most several hundred new patients each year. In the light of this, Mr LAW requested the Administration to provide a response on how it intended to address the whole issue of rehabilitating discharged mental patients. DSHW responded that it was

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the Administration's intention to present members with a paper along the lines suggested by Mr LAW in the near future. The Administration's paper under discussion only aimed at presenting the various initiatives undertaken by HA in recent years to enhance the provision of community-based psychiatric services and the community welfare services provided to complement HA's services launched under the aforesaid initiatives.

28. ADSW said that the Social Welfare Department (SWD) had allocated $30 million in 2001-02 to strengthen rehabilitation services for ex-mentally ill persons and their families, including a three-year on-the-job training programme this year to promote self-reliance for people with disabilities and the Community Mental Health Link set out in paragraph 12 of the Administration's paper. To shorten the queue for residential places, the number of halfway houses and long stay care

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homes places would increase by 160 and 400 respectively with the coming into operation of two rehabilitation complexes in 2004-05. Apart from this, medical social workers in psychiatric hospitals/clinics and SWD staff stationed in over 40 family services centres located throughout the territory also provided a comprehensive range of services to discharged mental patients and their families/carers.

29. Mr Fred LI said that people who wandered around naked or piled up huge amount of garbage inside their public housing units, and shouted obscene words at their neighbours all showed symptoms of psychotic illness and should be treated. However, the Housing Department (HD) and the Police very often turned a blind eye to complaints lodged against these people. As many of these people were singleton elderly on public assistance, Mr LI was of the view that SWD should intervene to render assistance rather than just giving out money to them.

30. ADSW responded that upon receipt of complaints lodged against the abnormal behaviour of such people, SWD would make home visits to these individuals, sometimes accompanied by CPNs, to persuade them to receive treatment. Where necessary, advice from psychiatrists would be sought. ADSW pointed out that as many of these individuals were adamant against receiving help, a longer time was needed to get them to receive treatment. ADSW further said that it was SWD's objective to provide a comprehensive range of services to mentally-ill persons and their families/carers. The implementation of the Community Mental Health Link was a case in point. Director, HA supplemented that once the aforesaid complaints were received by SWD, HA would be standing ready to render assistance where needed.

31. Mr Fred LI expressed reservation about the effectiveness of home visits made by SWD if these people refused to receive treatment for their mental conditions. Director, HA responded that persuasion might be the only viable way to help these individuals, as the law only allowed the use of force to get people to receive treatment only if they caused harm to themselves and others. The acts depicted by Mr LI in paragraph 29 above clearly did not fall within such definition. The Chairman remarked that in this particular case, HD might consider working out a solution from the angle of safeguarding the interests of nearby residents.

32. Dr YEUNG Sum urged the Administration to expeditiously provide members with a paper on how it intended to address the whole issue of rehabilitating discharged mental patients. Dr YEUNG further said that although the various initiatives to enhance community psychiatric services set out in the Administration's paper were moves in the right direction, three major problems still existed in the delivery of psychiatric services. Firstly, the existing manpower, being small in number and with limited training and structured

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working schedules, was ill-equipped to effectively detect people with early symptoms of psychotic illness for timely intervention to be provided. Secondly, aftercare services to discharged mental patients were grossly inadequate to help them integrate into the community. Thirdly, services provided by HD, SWD and HA were too fragmented.

33. DSHW responded that the Administration was very concerned about the problems cited by Dr YEUNG in paragraph 32 above, and actions had been and would continue to be taken to address them. For examples, apart from increasing resources for early detection of people with psychotic illness, DH would step up efforts in promoting mental health. Provision of rehabilitation services for discharged mental patients had been enhanced, as evidenced by the various initiatives undertaken by HA and SWD set out in the Administration's paper. Coordination between government departments concerned would also be strengthened to bring about more focussed efforts to help those in need. Director, HA supplemented that HA and SWD worked closely together to provide care and support to discharged mental patients and their families/carers. Apart from holding regular meetings to discuss general issues and develop new plans, additional meetings would be held to discuss a particular case where necessary. As early detection and treatment would alleviate suffering of a patient, result in better long-term treatment outcome and reduce long-term impairment to the patient, a pilot programme had been launched by HA this year for early detection and treatment of young people with psychotic illness. A programme for early detection of elderly persons with tendency to attempt suicide would also be launched next year.

34. ADSW also said that depending on the complexity of a case, SWD would sometimes hold meetings with local community groups and/or HD to see how better to help the discharged patients. As suggested by members, efforts would be made to strengthen collaboration with HD in helping discharged mental patients and their families/carers. As getting discharged mental patients employed was the most effective way to help them lead an independent and fulfilling life, ADSW said that one-third of the 7 000 sheltered workshop places and the 360 places under the on-the-job training programme for people with disabilities and over half of 1 800 supported employment placements were being occupied by mental patients.

35. Paragraph 6 of the Administration's paper stated that HA had increased the number of its multi-disciplinary community psychiatric teams (CPTs) from five to eight in July 2001 to cover service gaps in districts such as Central, Hong Kong West and South, Kowloon East, Kowloon Central, Sheung Shui and North District. Mr Andrew CHENG enquired why the additional CPTs were mainly deployed to serve discharged mental patients living in Hong Kong Island and Kowloon. Noting that the Administration's paper only mentioned initiatives to help

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discharged mental patients to integrate into the community, Mr CHENG further enquired about the assistance and support provided to families/carers of mental patients and discharged mental patients.

36. Director, HA explained that the reason why the additional CPTs were mainly deployed to serve discharged mental patients living in Hong Kong Island and Kowloon was because the two psychiatric hospitals, i.e. Kwai Chung Hospital and Castle Peak Hospital, already provided adequate community-based psychiatric services to people living in most parts of the New Territories.

37. As regards Mr CHENG's second question, Director, HA said that as mental patients were mentally incapacitated, assistance was therefore provided to their families/carers on how to take care of these patients during their stay at hospitals as well as after they returned home. The resource centres of HA psychiatric hospitals provided information on caring of mental patients and also served as a venue for families/carers of mental patients to share experience. In addition, HA met regularly with support groups formed by families/carers of mental patients to exchange views on caring of mental patients and helping them to lead a normal life. Director, HA also pointed out that community outreach work efforts were primarily aimed at providing assistance and support to families/carers of discharged mental patients. To strengthen work in this regard, 101 community outreach workers had been recruited by HA in this financial year.

38. ADSW supplemented that about 140 medical social workers in psychiatric settings, over 40 family service centres and 25 halfway houses and training and activity centres under the Community Mental Health Link all provided support to families/carers of mental patients and discharged mental patients. The clinical psychologists at family service centres also provided counselling to families/carers of mental patients and discharged mental patient upon request. Moreover, SWD had financed the setting up of support groups formed by families/carers of mental patients and the running of training courses for families/carers of mental patients and discharged mental patients.

39. In view of press reports of huge budget deficit of HA, Mr Andrew CHENG enquired whether this meant that services for mental patients and discharged mental patients would be curtailed in the future. Director, HA responded that as mental patients were socially disadvantaged, a higher priority would still be accorded to the provision of psychiatric services. Director, HA, however, pointed out that as resources were finite, HA would continue to review whether the provision of psychiatric services needed to be rationalised so as to bring about better use of resources. In line with the international trend, HA would continue to move away from institutionalisation of care for mentally ill patients and to focus on the development of community psychiatric services. Director, HA

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pointed out that in the past two years, Castle Peak Hospital and Kwai Chung Hospital had each cut back over 100 hospital beds, with the savings gained deployed to other areas more in need, including community-based psychiatric services.

40. Miss CHAN Yuen-han asked how the Administration would effectively deal with people with psychotic illness but refused treatment. Director, HA said that one possible way might be to build on the design of the pilot programme on early detection and treatment of young people with psychotic illness, such as by mobilising primary care providers and education and welfare agencies to persuade these reluctant patients to receive treatment. ADSW supplemented that SWD would step up liaisons with HD and the Police to address the problem. Seminars had been and would continue to be held to educate HD staff on the types of services provided by SWD for mental patients, discharged mental patients and their families/carers, so that HD staff would be better equipped to deal with people with psychotic illness.

41. Dr LO Wing-lok welcomed HA's move to focus on the development of community psychiatric services. Dr LO urged that in doing so, HA should render more support and training to doctors working on CPTs.

42. There being no other business, the meeting ended at 10:32 am.

Council Business Division 2
Legislative Council Secretariat
4 April 2002