立法會
Legislative Council

LC Paper No. CB(2)1818/01-02
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

LegCo Panel on Health Services

Minutes of meeting
held on Monday, 8 April 2002 at 8:30 am
in Conference Room A of the Legislative Council Building

Members Present	:	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
Member Absent	:	Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP (Chairman)
Public Officers Attending	:	All items Mr Thomas YIU Deputy Secretary for Health and Welfare Miss Eleanor JIM Assistant Secretary for Health and Welfare

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Item IV

Dr P Y LAM, JP
Deputy Director of Health

Dr Constance CHAN
Assistant Director (Health Administration & Planning)
Department of Health

Miss Angela LUK
Principal Assistant Secretary for Health and Welfare

Item V

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

Miss Joanna CHOI
Principal 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 March 2002
(LC Paper No. CB(2)1487/01-02)

The minutes were confirmed.

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II. Date of next meeting and items for discussion
(LC Paper Nos. CB(2)1488/01-02(01) and (02))

2. Members agreed to discuss the following items at the next meeting to be held on 13 May 2002 at 8:30 am -

(a) Establishment of a Radiotherapy Centre and Redevelopment of the Accident and Emergency Department at Princess Margaret Hospital; and

(b) Redevelopment and Expansion of Pok Oi Hospital.

3. Deputy Secretary for Health and Welfare (DSHW) said that he would inform the secretariat within the next two weeks as to whether the Administration would be in a position to discuss the issue of the Health and Health Services Research Fund in May 2002.

III. Information paper issued since the last meeting
(LC Paper No. CB(2)1499/01-02(01))

4. Mr Michael MAK expressed concern that the information paper provided by the Administration entitled "Manpower situation of ancillary health care personnel" merely set out the total number of nurses, radiographers, physiotherapists, medical laboratory technologists, occupational therapists and optometrists as at 28 February 2002, but failed to provide information on the future supply of ancillary health care personnel to meet projected demand. Mr MAK also pointed out that the paper did not provide information on the manpower situation of other ancillary health care personnel such as dieticians and clinical psychologists.

5. DSHW explained that the paper did not provide information on the manpower situation of other ancillary health care personnel such as dieticians and clinical psychologists because the paper was aimed at covering only those ancillary health care professions with regulatory systems. DSHW further explained that the paper only provided information on the supply of ancillary health care personnel up to 2003-04 because the planning exercise for the University Grants Committee (UGC)-funded programmes, including ancillary health care personnel related programmes at sub-degree and undergraduate levels currently offered by The Chinese University of Hong Kong, the Polytechnic University of Hong Kong and the University of Hong Kong, for the 2004-05 to 2006-07 triennium would only start later in the year. The Administration would

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be happy to provide members with the student number targets and other related information for the UGC-funded ancillary health care personnel related programmes for the next triennium once they became available. The Deputy Chairman suggested and members agreed that the Administration should provide the additional information when available for discussion by the Panel.

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IV. Redefined roles of Department of Health

(LC Paper No. CB(2)1488/01-02(03))

6. At the invitation of the Deputy Chairman, Deputy Director of Health (DDH) took members through the Administration's paper which detailed the proposed redefined roles of Department of Health (DH).

7. Mr Michael MAK asked the following questions -

(a) How the implementation of the accountability system for principal officials would impact on the proposed redefined roles of DH;

(b) What action(s) would be taken by DH to strengthen its collaboration with other government departments in keeping the environment clean and food fit for human consumption;

(c) Whether training would be provided to better prepare staff for the expanded role of DH in health advocacy and promotion; and

(d) What action(s) would be taken by DH to encourage more secondary school students to use its Student Health Service, having regard to the fact that adolescence was a period of transitions and was also the time when various health-compromising behaviours began to set in.

8. DSHW responded that he could not give an answer at this stage as to how the implementation of the accountability system for principal officials would impact on the proposed redefined roles of DH as details on such a system had not yet been announced. DSHW however pointed out that the implementation of the accountability system for principal officials should not affect DH's plan to adopt the proposal in the Consultation Document on Health Care Reform for DH to take on the role of an advocate for health and to strengthen preventive care. In the Chief Executive's Policy Address 2001, one of the Key Result Areas for Health Services was to advocate the development of a living environment conducive to health and ensure the availability of a lifelong preventive programme promoting health, wellness and self-responsibility. To effect such, a series of new initiatives to strengthen preventive services to provide lifelong holistic care, which were

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discussed at the previous Panel meeting held on 4 February 2002, would be launched by DH.

9. Responding to Mr MAK's second question, DSHW said that DH participated in inter-departmental working groups formed to exchange information on and render assistance in keeping the environment clean and food fit for human consumption. DDH supplemented that with DH taking on the role of an advocate for health, its collaboration with other government departments in keeping the environment clean and food fit for human consumption would continue to be stepped up.

10. In reply to Mr MAK's third question, DDH said that actions had been taken by DH to enhance the health promotion capability and effectiveness of its staff for the expanded role of DH in health advocacy and promotion. For example, DH had invited Sydney University to jointly run a training course in health promotion for 40 staff in 2001 to equip them with necessary skills in health promotion across various health services within the Department. The Central Health Education Unit of DH would be reorganised in 2002-03 to strengthen its leadership role in health advocacy and promotion. DH had also discussed with local universities on providing training for nurses working in DH on public health nursing. A plan was also underway to invite overseas institutions to provide training to DH staff on health risk assessment.

11. As regards Mr MAK's last question, DDH said that to address the rising concern about the psychosocial health status of adolescents, the Student Health Service had set up a new Adolescent Health Programme to promote and improve the psychosocial health of adolescents. A multidisciplinary team comprising doctors, nurses, clinical psychologists, social workers and dieticians had been set up to conduct programmes for adolescents, their parents and teachers in secondary schools. The pilot adolescent health team was set up in June 2001. It was DH's aim to introduce such programme to 18 secondary schools in the 2001-02 school year. There was also plan to set up another 17 teams by 2003-04 to gradually cover all secondary schools in Hong Kong.

12. Responding to Mr MAK's further enquiry about the composition of the 40 staff currently receiving training in health promotion, DDH said that they comprised doctors, nurses and allied health care personnel.

13. Mr Michael MAK hoped that DH would play a more proactive role in health advocacy and promotion, including developing closer ties with the relevant policy bureaux/government departments in this endeavour.

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14. Referring to paragraph 4 of the Administration's paper which stated that DH had since 1990 introduced and developed a number of disease prevention and health promotion oriented programmes recommended by the Working Party on Primary Care (the Working Party), Mr LAW Chi-kwong requested the Administration to provide information on which recommendations of the Working Party DH had and had not adopted, the progress made so far for those recommendations which had been adopted, and the reasons for not adopting certain recommendations. Mr LAW further said that DH had to date only concentrated on collecting and disseminating information on the prevention and control of diseases. To better live up to its role as an advocate for health, Mr LAW was of the view that DH should embark on collecting and disseminating information on ways to maintain and improve health. DH should also work with local community groups, such as the District Councils, to help them set health goals and develop programmes targeting at the specific health needs of people living in their districts.

15. DDH responded that most of the recommendations of the Working Party had been put into practice. The main reason why some recommendations of the Working Party were not adopted was due to the fact they were not feasible. Notwithstanding, DDH agreed to provide the information requested by Mr LAW in paragraph 14 above. DDH further said that DH had been collecting and disseminating information on ways to achieve healthy lifestyles, and efforts in this regard would continue to be stepped up. DDH also pointed out that with the development of the Public Health Information System (PHIS), DH would be able to collate and analyse data from services within and outside the health care sector to generate information and to identify key areas where maximum health impact could be achieved with public health intervention. DDH concurred with Mr LAW about the importance of engaging the community in health promotion. To this end, DH had been working with the district health committee set up throughout the territory to draw up health programmes targeting at the specific health needs of local residents. For example, health programmes targeting at older persons had been drawn up for districts which had a high proportion of elderly population.

16. Dr TANG Siu-tong noted that savings gained from the transfer of five general out-patient clinics (GOPCs) to the Hospital Authority (HA) was $36.9 million, whereas the cost of operating these five clinics under HA was $115 million. In the light of this, Dr TANG enquired about the reasons for the significantly higher operating cost of HA. Dr TANG further enquired whether consideration would be given to contracting out some of the general out-patient services to private practitioners.

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17. DSHW clarified that the $36.9 million savings gained by DH for transferring five GOPCs to HA only referred to staff cost and did not include other operating costs such as administration overheads and services provided by other government departments, whereas the $115 million for operating five GOPCs under HA was the aggregate annual overall operating cost. DSHW assured members that there was no cause for concern that the transfer of GOPCs from DH to HA would result in increased public spending, as the Administration had stated on several occasions in the past that no additional money would be allocated to HA for taking over GOPCs from DH. DSHW further said that despite the fact that the five GOPCs under HA was family medicine-based, the unit cost per consultation provided by GOPCs under DH and HA was about the same, i.e. about $200-odd. DSHW undertook to provide members with information on the calculations of the unit cost per consultation provided by GOPCs under DH and HA when the paper on the transfer of GOPCs from DH to HA was put up to the Panel for discussion in due course. As to Dr TANG's second question, DSHW said that the Administration was still considering the viability and desirability of contracting out some of the general out-patient services to private practitioners and had not yet come up with any concrete view on the matter.

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18. The Deputy Chairman requested the Administration to provide more information on how the $75 million allocated to fund the pilot scheme of transferring five GOPCs from DH to HA was used. DSHW said that relevant information had already been provided, but agreed to elaborate further in its paper on the transfer of GOPCs from DH to HA to be submitted to the Panel later.

19. Ms LI Fung-ying asked about the reason(s) for studying the regulation of health claims and examining the appropriate regulatory framework for medical devices, as the role of the DH in matters relating to health claims and the safe use of medical devices was more an informant and expert adviser rather than regulator as stated in paragraph 11 of the Administration's paper.

20. DDH responded that the studying of the regulation of health claims and examination of the appropriate regulatory framework for medical devices were made in response to a clear public call for DH to take on a more proactive role in regulation and to take on the functions of a prosecutor in this regard. DDH further said that as DH's role in the enforcement of certain ordinances such as the one on undesirable advertisements was limited and cases had to be referred to other authorities for investigation and prosecution. Work was underway to look into the feasibility of establishing a prosecution unit within DH with a view to expediting and stepping up law enforcement activities through direct involvement in the investigation and prosecution process.

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21. Miss CHAN Yuen-han said that she noted from press reports that it was DH's intention to contract out some cervical cancer screening works to the private sector. In view of this and HA's plan to increase collaboration with the private sector with a view to improving the present uneven distribution or workload between the public and private sectors, Miss CHAN enquired about the division of work between DH and HA in the provision of primary care.

22. DDH clarified that although there would be private participation in the delivery of cervical cancer screening programme, there was no plan at this stage to contract out such work to the private sector as reported by the media. DDH further said that currently the cervical cancer screening services were provided by DH's Maternal and Child Health Centres, HA, and the Family Planning Association. A Cervical Screening Task Force consisted of esteemed local experts from professional Colleges and universities, major providers such as the Family Planning Association, as well as non-government organisations like the Hong Kong Cancer Fund had been set up to design, implement and evaluate the proposed populated-based cervical screening programme. The Task Force had met for the first time in January 2002 and had developed a work plan. Major initiatives included devising effective education and recruitment strategies, setting up quality management standards, and building an information system to facilitate programme operation.

23. DSHW said that the division of work between DH and HA in the provision of primary care was clearly defined in that DH's role was in health advocacy and prevention of diseases whereas that of HA was in provision of medical care, including the provision of ambulatory care. In reply to Miss CHAN's further enquiry as to whether there would be plan to transfer DH services which had a curative element, such as the women's health centres, to HA, DSHW said that DH had no plan to do so at this stage save for the GOPCs. At the request of the Deputy Chairman, DSHW agreed to brief members on the provision of primary care in future.

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24. Ms Cyd HO expressed regret that the Administration's paper did not mention DH's role in the handling of medical complaints, and enquired about the Administration's stance in this regard. Ms HO further said that DH should also educate the public on complementary and alternative medicine, such as chiropody and naturopathy, which although were not considered an integral part of conventional medicine, had nevertheless been proven safe and effective in treating certain ailments.

25. DSHW responded that the Administration was still studying the feasibility of setting up a Complaints Office under DH, with a view to moving such Office

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towards independence in the long run. The Administration would revert to members as soon as a decision on it had been made. Responding to Ms HO's suggestion on educating the public on complementary and alternative medicine, DDH said that DH would consider the appropriate way to provide members of the public with information on complementary and alternative medicine so that they could make their informed choice.

26. Dr YEUNG Sum expressed regret about the lack of progress in the provision of primary health care in terms of health promotion, provision of medical check-up by DH and HA to detect any early sign of diseases, provision of family medicine in the local communities, and the adoption of common clinical protocol to facilitate the transfer of patients at different stages of treatment between the public and private sectors.

27. DSHW responded that the Administration was equally concerned about the need to step up health promotion, develop family medicine and adopt a common clinical protocol, and proposals to achieve such were contained in the Consultation Document on Health Care Reform and would be implemented. As to the suggestion of providing free or heavily-subsidised medical check-up, DSHW said that this would need to be considered very cautiously as significant outlay from the public purse would be required.

28. The Deputy Chairman said that paragraphs 15 to 19 of the Administration's paper failed to give a clear picture of the Administration's direction in health advocacy and promotion, and urged that a set of clear policy objectives and mechanism to evaluate their effectiveness should be drawn up. DSHW responded that the Administration would examine the existing policy objectives on health advocacy and health to make them clearer, particularly in relation to which parties should assume which tasks. Although the effectiveness of health advocacy and promotion could be reflected in the health status of people living in Hong Kong, DHSW agreed to explore the feasibility of developing a mechanism to evaluate their effectiveness.

V. Financial situation of the Hospital Authority
(LC Paper No. CB(2)1488/01-02(04))

29. At the invitation of the Deputy Chairman, Director (Professional Services & Public Affairs) (Director, HA) introduced the Administration's paper which set out the financial situation of HA and the measures HA would implement to address its short-term budget problem.

30. Mr LAW Chi-kwong asked the following questions -

(a) Whether the estimated budget deficit of $582 million in 2002-03, representing about 1.9% of the gross recurrent subvention for that year, had already taken into account the 2% savings to be achieved under the Government's Enhanced Productivity Programme (EPP) in 2002-03;

(b) Reason why the review of HA's fees structure was not mentioned in the Administration's paper;

(c) Whether HA's plan to review its human resources policies and staff remuneration packages stated in paragraph 13 of the Administration's paper implied that HA was considering cutting staff salaries to address its budget deficit; and

(d) How would HA go about achieving its goal of encouraging more better-off patients to use services in the private sector, having regard to the fact that the existing system did not provide any incentive for these patients to leave the public health care system.

31. Director, HA replied in the positive to Mr LAW's first question and confirmed that the 2% savings from EPP had already been deducted from the Government's subvention to HA. On the review of HA's human resources policies and its staff remuneration packages, Director, HA said that he would not comment on the issue at this stage as the matter was very sensitive and HA had not yet come to any view on it. Regarding Mr LAW's last question, Director, HA said that with the adoption of common clinical protocol and mechanisms for outcome evaluation, the implementation of PHIS which would enable sharing of patient records (subject to the individual patient's wishes) and the adoption of more transparent pricing by the private sector, it was envisaged that better interface between the public and private sectors would be achieved. Moreover, with increasingly more private patients getting better informed of the longer time needed to receive specialist treatments from the public sector, it had been observed that many of them had eventually decided to continue using services provided by the private sector. The fact that it had now become easier for private practitioners to obtain patient records from the public sector had also helped to encourage better-off HA patients to use services provided by the private sectors. Notwithstanding, Director, HA said that that HA would not force its patients to transfer to the private sector if they wished to remain in the public health care system.

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32. As to Mr LAW's second question, DSHW explained that the reason why the review of HA's fees structure was not mentioned in the Administration's paper was because it was a different issue from HA's short-term budget problem. This was because the review of HA's fees structure was not aimed at reducing Government commitment to the financing of the public health care system. Rather, the aims of the review were to examine how to target subsidy to various services in the most appropriate manner, how the relative priorities of services might be reflected in the subsidy level and how inappropriate use and misuse of services could be minimised. Moreover, the decision to embark on such a review was made prior to the surfacing of HA's budget problem. DSHW further said that it was the Administration's plan to consult members on the recommendations of the review later in the year.

33. Mr LAW Chi-kwong said that another way to encourage HA patients to use services provided by the private sector was to allow their private practitioners to keep track of their condition while they were undergoing treatment in HA hospitals, as this would enable private practitioners to take care of their patients again after they were discharged from the hospitals.

34. Dr YEUNG Sum opposed the suggestion that HA should in future only provide accident and emergency (A&E) services and treat patients with acute and more serious diseases, whereas the treatment of the less acute and chronic diseases should be left to the private sector so as to improve the present uneven distribution of workload between the public and private sectors. Dr YEUNG was adamant that the Administration should not lightly change Hong Kong enviable public health care system, which provided accessible, quality, equitable and affordable health care for all, without first consulting the public just because about 94% of the hospital services was at present provided by the public sector. Dr YEUNG further said that the Democratic Party would raise objection if the Administration should attempt to introduce new fees and/or to increase existing fees to address its budget deficit. The Democratic Party, however, would consider fees charging for certain services if the aim was to deter inappropriate use of services. Even if that was the case, the Democratic Party was of the view that the Administration must first consult the public on the fees proposal before deciding on the way forward.

35. DSHW assured members that the Administration would consult members and the public before introducing any changes to the delivery of public health care service, including fees restructuring, before deciding on the way forward. DSHW further assured members that irrespective of outcome of the review of HA's fees structure, no one in Hong Kong would be deprived of adequate medical care because of lack of financial means.

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36. In view of the claim made by some public hospital doctors for monetary compensation from HA for failing to grant them one rest day every seven days in the past six years, Mr Tommy CHEUNG enquired whether HA had made any estimation on the amount of money it might need to pay to the doctors concerned. Mr CHEUNG further enquired about the number of additional doctors which HA would need to recruit in order to enable it to grant rest days for all doctors.

37. DSHW responded that it would not be appropriate for the Administration to give any estimate on the amount of monetary compensation which HA might need to pay to the doctors involved in the claim at this stage, as the matter was currently being heard by the Labour Tribunal. Director, HA supplemented that the claim made by some public hospital doctors over rest days had no relationship with HA's short term budget problem, and should be treated separately. Director, HA further said that as a result of the implementation of various measures to address the working hours of doctors, HA was now able to grant compensatory off for statutory holidays for all doctors and directives had been issued to all HA hospitals requiring them to grant one rest day every seven days for all doctors. Director, HA pointed out that most of the about 270 doctors to be recruited in 2002-03 would mainly be deployed to alleviate the workload of doctors. Moreover, starting from 1 July 2002, the HA Head Office would centralise the pool of doctors for deployment to hospitals to enable all hospitals to grant rest days for all doctors.

38. Mr Michael MAK declared that he was an employee of HA. Mr MAK opined that HA's budget deficit was mainly brought about by the fact that there was no clear policy on the respective roles of public and private hospitals, which had given rise to HA's unusually high share of the hospital services. In this connection, Mr MAK considered it unfair if HA should address its budget problem from the angle of cutting staff cost, which accounted for 80% of HA's total expenditure. In his view, HA should request more resources from the Administration to meet rising demand for its services, instead of trying to contain its rising costs by cutting staff salaries. Mr MAK was of the view that the rampant creation of consultant posts over the past few years at the expense of frontline staff had contributed to the existing budget problem of HA. Mr MAK expressed reservation about the statement made by the Secretary for Health and Welfare that HA's budget problem was merely short-term and could be resolved in three years' time.

39. DSHW responded that it was Government's policy that no one would be deprived of adequate medical care because of lack of means. To this end, public health care service had all along been targeted at the socially disadvantaged, the low-income groups and at major risks and chronic illness which even the middle class would have difficulty in affording. To rectify the lopsided distribution of workload between the public and private sectors, work was being carried out to

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strengthen HA's cooperation and interface with the private sector. HA would encourage public/private collaboration through the formulation of referral protocols with private practitioners for the treatment of selected clinical conditions, develop partnership in discharge planning and shared-care protocols; develop collaborative models of service provision with the private sector; develop collaborative skills training programmes to facilitate the upgrading of medical skills of private practitioners; and facilitate shared-care by sharing patient information with private practitioners. Apart from these, DSHW said that the Administration was presently considering public views received on the various options to ensure the long term financial sustainability of the public health care system. The Administration would consult members and the public on the financing option(s) once a decision on it had been made.

40. Director, HA supplemented that HA would not lay the blame of its budget deficit on staff, as its human resources policies and staff remuneration packages were not determined by staff. Director, HA further said that the creation of consultant and specialist posts in the past few years was necessary to meet service demand. Comparing with developed countries overseas, the ratio of consultants/specialists to population was not high. Director, HA hoped that members and the public, before criticising HA for causing the uneven distribution of workload between the public and private sectors, would have regard to the dilemma HA was put in. There was a need for HA to meet public call for a public health care system which must be accessible, affordable, equitable and of high quality and yet it was constrained by resources which were finite.

41. Miss CHAN Yuen-han said that one effective way to address HA's budget deficit was to tackle the present uneven distribution of workload between the public and private sectors. Miss CHAN further said that although the provision of medical care by HA was of good quality, she would not support injection of more public money to improve its services unless it was the Administration's intention for all health care services to be solely provided by the public sector.

42. Ms LI Fung-ying enquired about the impact of the implementation of the EPP initiatives, as set out in paragraph 9 of the Administration's paper, on staff.

43. Ms Cyd HO considered that there was much room for improvement in services provided by HA, such as the lack of privacy and crowded condition of some hospital wards. Ms HO shared Dr YEUNG's views that the Administration should not change the delivery of public health care service to protect the interests of the private sector, say, by prolonging the waiting time for specialist out-patient services. Instead, the private sector should play a more proactive role in convincing the public as to how their services were superior to that provided by the public sector. Ms HO further said that she would not object to fees charging

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for certain services provided by HA on the condition that people who could not afford the fees should be waived from paying them.

44. Mr Andrew CHENG sought more information on the collaborative models and shared-care mentioned by DSHW in paragraph 39 above. Noting that HA would review its human resources policies and staff remuneration packages to explore further opportunities for optimising the use of its resources, Mr CHENG enquired whether this implied that staff salaries would be cut. Mr CHENG further enquired whether downsizing of senior management would be an area for cost savings.

45. DSHW responded that the Administration had no intention to make HA the sole health care provider in Hong Kong, as there was room for the co-existence of both public and private health care providers. Although there would always be price differences between the two sectors, when patients chose a provider, they normally had regard to the entire service package. The fee level was an important factor to consider, but so were other factors such as freedom to choose doctors, convenience and confidence. To improve public/private interface and collaboration, a working group under the Health and Welfare Bureau had been set up. The Administration planned to brief members on the collaborative models of service provision with the private sector and how patient information could be shared with private practitioners once they had been drawn up by the aforesaid working group. DSHW reiterated that under no circumstances would the Government deviate from its established policy of upholding that no one would be denied adequate medical care because of insufficient means.

46. Regarding HA's plan to review its human resources policies and remuneration packages, DSHW said that this was nothing new as the Administration was currently also conducting a comprehensive review on civil service pay policy and system and HA's pay scales generally followed that of the civil service. DSHW further said that in line with the direction of implementing a new cluster-based management, the number of senior administrative staff in HA Head Office and hospitals had been reduced. For example, the number of directors in HA had now been reduced to five.

47. Director, HA said that although the implementation of HA's EPP initiatives had resulted in staff taking up more tasks, their additional workload had at the same time been off-set by the implementation of the new cluster-based management which enabled work to be delivered in a more efficient manner. Director, HA further said that there was no question that HA would prolong the waiting time for specialist out-patient services in order to force patients to use services provided by the private sector. As was practised in the A&E departments of hospitals, a triage system of according priority to patients in life-threatening

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situation was also adopted by the specialist out-patient clinics. For example, patients suffering from cancer would normally be accorded priority to see doctors over those patients suffering from non-life threatening diseases.

48. The Deputy Chairman said that doctors in both the public and private sectors generally supported the continued improvement of HA services. Their major concern was that valuable resources should be spent on people most in need.

49. There being no other business, the meeting ended at 10:52 am.

Council Business Division 2
Legislative Council Secretariat
3 May 2002