立法會
Legislative Council

LC Paper No. CB(2)1532/04-05
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 18 April 2005 at 8:30 am
in Conference Room A of the Legislative Council Building

Members present	:	Hon Andrew CHENG Kar-foo (Chairman) Dr Hon KWOK Ka-ki (Deputy Chairman) Hon Albert HO Chun-yan Hon Mrs Selina CHOW LIANG Shuk-yee, GBS, JP Hon CHAN Yuen-han, JP Hon Bernard CHAN, JP Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP Dr Hon YEUNG Sum Hon LI Fung-ying, BBS, JP Hon Vincent FANG Kang, JP Hon LI Kwok-ying, MH Dr Hon Joseph LEE Kok-long Hon Albert Jinghan CHENG
Members attending	:	Hon Tommy CHEUNG Yu-yan, JP Hon KWONG Chi-kin
Public Officers attending	:	All items Miss Susie HO, JP Deputy Secretary for Health, Welfare and Food (Health) Mr Tony CHAN Assistant Secretary for Health, Welfare and Food (Health)

Items IV and V

Dr T H LEUNG, JP
Deputy Director of Health

Item IV

Dr Cindy LAI
Assistant Director (Special Health Services)

Item V

Mr Jeff LEUNG
Principal Assistant Secretary for Health, Welfare and Food (Health) 1

Medical Council of Hong Kong

Professor Grace TANG, JP
Chairman, Education and Accreditation Committee

Mr H Y AU
Secretary

Item VI

Mrs Ingrid YEUNG
Principal Assistant Secretary for Health, Welfare and Food (Health) 2

Dr Allen W L CHEUNG
Director (Professional Services & Operations)
Hospital Authority

Dr Beatrice CHENG
Senior Executive Manager (Professional Services)
Hospital Authority

Clerk in attendance : Ms Doris CHAN
Chief Council Secretary (2) 4

Staff in attendance : Mr Paul WOO
Senior Council Secretary (2) 3

Action

I. Confirmation of minutes
(LC Paper Nos. CB(2)1184/04-05 and CB(2)1243/04-05)

The minutes of the meetings held on 25 February and 14 March 2005 were confirmed.

II. Information paper issued since the last meeting

2. There was no information paper issued since the last meeting.

III. Items for discussion at the next meeting
(LC Paper Nos. CB(2)1239/04-05(01) to (02))

3. Members agreed to discuss the following items at the next regular meeting to be held on Monday, 9 May 2005 at 8:30 am -

(a) Improvement of Facilities in the Specialist Outpatient Block of Pamela Youde Nethersole Eastern Hospital;

(b) Improvement of Infection Control Provisions in Autopsy Facilities; and

(c) Hospital fees and charges - Non-eligible Persons and Private Patients.

(*Post-meeting note* : The regular meeting in May 2005 was subsequently rescheduled for 17 May 2005 at 8:30 am.)

IV. Further discussion on proposed amendments to Smoking (Public Health) Ordinance
(LC Paper Nos. CB(2)1046/04-05(01), CB(2)1074/04-05(01), CB(2)1206/04-05(01) and CB(2)1236/04-05(01))

4. Deputy Secretary for Health, Welfare and Food (Health) (DSHWF(H))

briefed members on the paper provided by the Administration (LC Paper No. CB(2)1046/04-05(01)), which responded to the issues raised by members at the meeting on 10 January 2005 on the proposed amendments to the Smoking (Public Health) Ordinance. In brief, the Administration's latest position was summarized as follows -

(a) the Administration had considered members' views on exploring more sources of funding for stepping up publicity and public education to promote a no smoking culture in the community. The Administration would make every effort to achieve increased funding from various sources for undertaking research and educational activities to promote anti-smoking;

(b) taking into account the need to protect employees from passive smoking in the workplace and the views expressed by members, the Administration was inclined to withdraw the original proposal to exclude mahjong places and commercial bathhouses from the definition of indoor workplaces to be included in the proposed amendments;

(c) the Administration considered that a fixed penalty system lacked flexibility in enforcing the legislative requirements and had therefore decided against the introduction of such a system; and

(d) the Administration intended to introduce the amendment bill to the Legislative Council (LegCo) in May 2005. The Administration expected that it would take six to eight months for LegCo to complete scrutiny of the bill, and the bill could be enacted in around mid 2006. Appropriate transitional provisions would be included in the bill to enable the management of the places bound by the proposed smoking ban to have sufficient time to make the necessary arrangements in the light of the legislative requirements. Meanwhile, the Administration would continue to consult the affected trades and businesses on the legislative proposals and promote the public's understanding of the proposals.

5. DSHWF(H) also drew members' attention to the summary of studies on the economic impact of smoke-free policies in the hospitality industry provided by the Administration in response to members' requests raised at the meeting on 25 February 2005 (LC Paper No. CB(2)1074/04-05(01)). She said that the information was collated from research findings available on the Internet covering Hong Kong, Australia, New Zealand, some European countries including the United Kingdom, and certain States of the United States of America. She pointed out that for studies sponsored by the tobacco industry, the findings mostly

reflected a negative economic impact created by a no-smoking policy. Conversely, for researches not sponsored by the tobacco industry, the results indicated that a no-smoking policy created minimal or even positive effect on the economy.

Issues raised by members

Transitional provisions and exceptional arrangements

6. Dr YEUNG Sum supported that the bill should be introduced into LegCo as soon as possible. In reply to Dr YEUNG's enquiry on transitional arrangements, DSHWF(H) said that the Administration was still conducting consultation on the appropriate transitional provisions to be built into the bill to facilitate compliance with the new statutory requirements. At this stage, the Administration was inclined to provide a transitional period of three to six months for the legislative provisions to take effect, upon the enactment of the bill. She said that provisions on transitional arrangements would be clearly stated in the bill.

7. Mr Tommy CHEUNG said that a transitional period of only three to six months was impracticable. He pointed out that, for example, if an operator of a restaurant/eating place wished to apply for structural alteration of the premises to adapt to the new statutory requirements, it would take about nine months for the application to be processed. DSHWF(H) responded that it was expected that the legislative amendments would take effect by mid-2006. Upon the gazettal of the Bill, the affected trades should start making preparations and adaptation arrangements for the purpose of compliance with the new requirements, and a transitional period of three to six months after the passage of the bill was considered appropriate, in order not to cause undue delay in the implementation of the new legislation.

8. Dr KWOK Ka-ki asked why it was necessary to make structural alteration to the premises to adapt to the new requirements. DSHWF(H) replied that in the course of consultation on the proposed legislative amendments, an issue had been raised that certain restaurant/catering operators might wish to apply for conversion of part of the indoor area into an open space seating area so as to accommodate smoking patrons without breaching the new legal requirements. She reiterated that the Administration would continue to consult the trades on the legislative proposals with a view to improving the provisions.

9. The Chairman said that various trades and industries had called for a much longer transitional period. He urged the Administration to conduct detailed consultation before a firm decision was taken. DSHWF(H) said that the legislative intent and the proposed legislative proposals would be clearly explained to the trades, and consultation would still take place before and after the bill was

introduced.

10. In response to members' enquiries, DSHWF(H) said that exclusion of some places from the definition of indoor workplaces was considered in the context of human rights, privacy, enforceability as well as protection of employees in indoor workplaces. The Administration had revised its previous proposals on exceptional arrangements having regard to the views expressed in the consultation process.

11. Mr Tommy CHEUNG said that the Administration had been flip-flopping in its consideration on introducing exceptional arrangements and transitional provisions. This indicated that the proposals had not been well thought through. He said that there was no urgent need for the introduction and passage of the bill, which would deal a tremendous blow on the trades affected. He expressed concern that many operators in the trades might have to close down their business before their existing tenancies expired and suffer great losses.

12. Mr Tommy CHEUNG also queried why the Administration had not accepted the proposal to allow smoking in entertainment establishments during certain periods of time of the day. He also questioned why places such as private clubs were not covered under the proposed exemptions. Mr Vincent FANG supported that the smoking ban should be lifted for certain periods of time of the day.

13. DSHWF(H) responded that to allow smoking during certain periods of time would be impracticable from the enforcement point of view. Moreover, the Administration considered it necessary to protect employees from health hazards posed by passive smoking in the workplace. For the same reasons, it was considered that private clubs should not be excluded from the definition of indoor workplaces. The Chairman pointed out that in many private clubs, the club members were obliged to observe certain restrictions, such as prohibition on use of mobile phones inside the club premises.

14. Mr Vincent FANG said that the Administration should exercise suitable flexibility in excluding certain places from the smoking ban. In his opinion, private clubs, karaokes and majong places should be considered for exclusion.

15. Mr LI Kwok-ying asked why the Administration had proposed to exclude suites in hotels from the new requirements, pointing out that smoke could diffuse through the central ventilation system. DSHWF(H) replied that hotel suites were excluded because they were accommodation areas similar to a private residence. Moreover, it would not be feasible to require hotels to install independent ventilation systems for separate rooms which could completely shut off smoke diffusion.

Action

Enforcement and public education

16. Dr KWOK Ka-ki and Mr LI Kwok-ying were concerned whether the resources of the Tobacco Control Office (TCO) were enough to enable it to enforce the new legislation effectively. Dr KWOK considered that other law enforcement agencies should assist in enforcement actions. He pointed out that under the Occupational Safety and Health Ordinance, employers were required to provide a safe working environment for their employees. Exposing employees to the risk of second-hand smoking in the workplace might be considered a breach of the Ordinance. He opined that the Labour Department and the Food and Environmental Hygiene Department, which made frequent inspections at places of work, should also be involved in carrying out enforcement duties.

17. DSHWF(H) informed members that at present, the TCO had an establishment of about 30 staff. The strength of TCO was proposed to be doubled in order to enable it to carry out its enforcement duties effectively. Where necessary, manpower resources from the Police would be deployed to TCO to assist in its work. The Administration would closely monitor the resources situation and seek additional funding where necessary. She added that enforcement action alone was not enough to ensure compliance with the legislative requirements. The Administration would strengthen publicity and public education to achieve sustained community support for promoting a no smoking culture. Relevant government departments would also be assisting in this endeavour.

18. Ms LI Fung-ying and Miss CHAN Yuen-han pointed out that employees in the catering industry were extremely concerned that the new legislation would place additional legal responsibilities on them to enforce the smoking ban. In their opinion, this could easily lead to conflicts and confrontation between the staff and the customers. Ms LI and Miss CHAN opined that the Administration should not put the burden of law enforcement on employees of the establishments. DSHWF(H) explained that existing legislation already conferred power on the management staff of statutory no smoking areas, e.g. restaurants with seating accommodation for over 200 persons, cinemas and shopping malls, to take enforcement actions, such as recording the names and identity card numbers of the smokers and referring the case for follow-up. The staff, however, were not mandatorily required to carry out the enforcement actions. The same enforcement arrangements would be proposed in the legislative amendments relating to smoking ban in indoor workplaces, restaurants and bars. She added that the primary responsibility for law enforcement was vested in the Government, and the Administration would continue to review how the enforcement mechanism could be improved.

Action

19. Ms LI Fung-ying urged the Administration to review the provision of enforcement authority to employees. She said that in practice, this had created heavy pressure on the employees.

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20. The Chairman suggested that the Administration should study the systems and practices in other jurisdictions in relation to implementation of no smoking policies, such as the types and strength of the enforcement agencies, in devising an effective enforcement mechanism.

21. Dr YEUNG Sum pointed out that there was a growing trend that more and more young people, in particular females, had taken up smoking. He asked what anti-smoking measures had been taken to target at young people. Deputy Director of Health responded that the Administration was aware of the need to educate young people to refrain from taking up the habit of smoking. However, as anti-smoking was a community wide issue, a comprehensive publicity and public education programme on health harzards created by smoking should target at the community at large, instead of focusing on specific groups of people. He added that this approach was more effective as recommended by the World Health Organisation (WHO). Dr YEUNG Sum said that young people were particularly prone to picking up bad habits due to peer-group influence. He considered that the Administration should pay particular attention to educating them to stay away from smoking.

22. Dr KWOK Ka-ki asked whether the Administration would consider the option of imposition of a levy on the tobacco industry as a source of funding to finance activities to promote the no smoking policy. DSHWF(H) said that the Administration preferred not to adopt such a method for fear that this would send the wrong message to the community that the Government was cooperating with and in support of the tobacco companies. She added that the WHO had also advised against raising fund through a levy on the tobacco industry.

23. Referring to the legislative proposal to revoke the exemption from the ban on display of tobacco advertisements currently applicable to licensed hawker stalls and retail outlets with two employees or less, Mr Vincent FANG said that the removal of exemption would pose serious financial problems for the stall operators, who totalled more than 1 200 in number.

24. Dr KWOK Ka-ki pointed out that the healthcare expenditure for treatment of smoking related diseases was estimated to amount to $900 million per annum. He considered that the Administration should produce more Announcements of Public Interests to promote anti-smoking in the community. Dr KWOK added that health hazards posed by passive smoking in the workplace on employees should be one of the important aspects to be focused on in publicity activities.

Action

25. DSHWF(H) noted the views. She said that promotional activities on anti-smoking were on-going through various publicity means including television and radio broadcasting. New rounds of publicity campaigns on the proposed amendments would be launched at different stages of time.

Way forward

Admin

26. The Chairman requested the Administration to give full consideration of the views from all sectors of the community on the proposed legislative proposals, particularly the controversial issues relating to transitional and exceptional arrangements. He hoped that concrete provisions of the bill could be finalised soon to enable further in-depth consultation and discussion to take place.

V. Continuing medical education for medical practitioners
(LC Paper No. CB(2)1239/04-05(03))

27. DSHWF(H) briefed members on the Administration's paper, which explained the mandatory continuing medical education (CME) scheme for medical practitioners proposed by the Medical Council of Hong Kong (the MC), and the Administration's latest thinking on the matter.

Issues raised by members

28. Mrs Selina CHOW said that given the importance of maintaining a high standard of medical professionalism, there should be no objection in principle to encouraging medical practitioners in Hong Kong to undertake CME. However, the means with which the objective was to be achieved would need to be carefully considered, with detailed consultation with members of the profession. She pointed out that as stated in the Administration's paper, professional medical organisations, including the Hong Kong Medical Association, Hong Kong Doctors Union, Practising Estate Doctors' Association and the Association of Licentiates of Medical Council of Hong Kong, had expressed reservation and objection to the proposal of linking compliance with mandatory CME with renewal of practising certificates. Mrs CHOW said that she tended to go with the opinion that while it was important to promote CME, doctors should be motivated to pursue CME on a voluntary basis, instead of being forced to do so. Moreover, one should not underestimate the ability of the patients themselves to make informed judgment as regards their choice of healthcare providers. She considered that the Administration and the MC should try out the effect of various incentive means first before deciding whether to push through a compulsory CME scheme.

29. Ms LI Fung-ying said that the standard of medical care and professional expertise in Hong Kong was very high by comparison with places elsewhere in the

world. All local practising doctors were professionally qualified and there was also in existence an effective monitoring mechanism to regulate the professional conduct of medical practitioners. In her opinion, patients' health and interests did not appear to be in jeopardy. She said that the Administration should reconsider whether there was an urgent need to implement a compulsory CME scheme. She also shared the view of Mrs Selina CHOW that consumers, including patients, were capable of making rational choices in seeking treatment from medical practitioners. Ms CHAN Yuen-han also doubted the necessity to introduce a compulsory CME scheme linking renewal of practising certificate, given the high level of medical professionalism in Hong Kong. She said that the Administration and the MC should take full heed of the concern expressed by practitioners who objected to the proposed compulsory scheme and strike the right balance between all parties.

30. Mr Vincent FANG said that while he supported CME, he was of the opinion that the Administration and the MC should spend more time in discussing with medical practitioners on whether a compulsory system should be introduced. They should also consult the medical profession on the implementation details, including an appropriate appeal mechanism under the system. Dr Joseph LEE and Mr LI Kwok-ying agreed that in view of the objection of some major medical organisations, the Administration should further conduct in-depth consultation with members of the profession before deciding the way forward.

31. DSHWF(H) said that the Administration did not question the level of professionalism of doctors in Hong Kong, but considered that professionals should seek to refresh their knowledge and CME was essential for them to meet the increasing demand on quality medical service. She said that there was already a consensus in the profession regarding the importance of CME to keep medical practitioners updated on current developments in medical practices. As explained in the Administration's paper, specialist doctors were already required by the Hong Kong Academy of Medicine to undertake CME and by the Medical Registration Ordinance to remain on the Specialist Register. After in-depth discussion for two years, the MC launched its voluntary "CME programme for practising doctors who are not taking CME programme for specialists" on 1 October 2001. The most recent information showed that some 3 000 non-specialist doctors had participated in the voluntary programme. Taking into account the total number of about 10 100 registered doctors practising locally, this meant that about 73% of the registered doctors were undergoing CME, but only about half of the non-specialists were engaged in CME.

32. DSHWF(H) added that the MC had considered various other measures to deal with those who did not respond to the voluntary scheme, including imposition of a fine and conditions of practice, as well as a requirement for doctors to undergo assessment or examination. The MC subsequently concluded that the

most appropriate and effective means to ensure compliance with the CME requirement was to link the requirement with renewal of practising certificate. DSHWF(H) further pointed out that similar practices regarding continuing professional education were also adopted in the solicitors and the accountancy professions in Hong Kong.

33. DSHWF(H) further said that the Administration would continue to maintain dialogue with members of the profession on the implementation details of the compulsory CME scheme, including the proposal to link compliance of the CME requirement with renewal of practising certificate, as well as matters relating to appeal. She pointed out that legislative amendments would be required for the implementation of any compulsory requirements and the Administration intended to introduce such amendments to LegCo in the next legislative session.

34. Dr KWOK Ka-ki declared that he was a member of the MC and the Hong Kong Medical Association. He said that he supported CME, which was an essential element for the continued development of medical standard and knowledge. However, he also shared the view that a cautious approach should be adopted in deciding the measures to be taken to ensure that medical practitioners would pursue CME on a life-long basis, given the fact that at present the bulk of the local practising medical practitioners were undertaking CME. He expressed concern that a radical compulsory scheme would be counter-productive in achieving the objective. He agreed that a more detailed study should be made on overseas experience in the matter.

35. Professor Grace TANG said that the conclusion reached by the MC to implement a compulsory CME scheme for all medical practitioners was not due to any shortcomings of the voluntary programme, but because it was considered that the time was ripe to further the objective of CME by way of a compulsory scheme, with completion of the voluntary CME cycle. This would enhance the confidence of the public in the standard of medical care in Hong Kong. The MC also considered that linking compliance with the CME requirements with renewal of practising certificates of medical practitioners was a simple and effective means to ensure compliance with a mandatory CME scheme. The practice was common in places with mandatory schemes, and had also been adopted for Chinese medical practitioners in Hong Kong.

36. Regarding the question of incentive, Professor TANG pointed out that under the voluntary scheme, there were measures to motivate practitioners to participate in CME, including the award of a CME Certificate to practitioners to certify that they had achieved a satisfactory level of CME activity during a particular period. The Certificate could be displayed inside the doctors' offices. In addition, doctors who had accumulated 90 or more CME points for the three-year CME cycle would be allowed to use the title "CME-Certified" on their

visiting cards. Moreover, the names of medical practitioners who had attained specific levels of CME would be put on the website of the MC for reference of the public.

37. Mrs Selina CHOW said that while compulsory CME was adopted in other jurisdictions, the method of implementation varied. She opined that the Administration should provide more information on overseas experience to facilitate the Panel's consideration. Professor Grace TANG said that she would provide information on some studies in respect of the usefulness of CME.

38. In reply to the questions from Dr KWOK Ka-ki and Mr LI Kwok-ying, DSHWF(H) said that a wide variety of courses were available to enable medical practitioners to obtain CME points, which included free courses available on the Internet and other convenient week-end courses. She pointed out that continuous improvements had been made to the voluntary CME programme since its implementation in 2001 to facilitate medical practitioners to undertake CME.

39. Mr Albert HO said that he could not see the logic of people agreeing to the need for CME on the one hand and opposing the introduction of a compulsory CME scheme on the other. He pointed out that the solicitors and the accountancy professions had for a long time adopted a compulsory continuous education system and members of the professions had not raised any objection to the fulfillment of the requirement as a condition for their continued practice. He considered that there should not be any insurmountable problems for the medical profession to adopt the same system. In any case, there appeared to be only a small minority of medical practitioners who were not willing to undertake CME. Mr HO further said that being a solicitor, he had handled quite a number of medical negligence claims. He was concerned that without compulsory CME, the standard of medical care in Hong Kong would be adversely affected. He expressed strong support for the compulsory system as proposed by the Administration and the MC.

40. Mr Albert CHENG also supported a compulsory CME system. He said that the same system applied to solicitors and accountants and medical practitioners should not be an exception. He added that as medical practitioners' work in treatment of patients involved human lives, there were all the more reasons for them to be subject to the requirement of compulsory CME to keep the profession abreast of new medical knowledge and technology. Mr CHENG pointed out that since there was no need for examinations, the CME requirement was not difficult to meet. He considered that a mandatory CME programme linking renewal of practising certificate with compliance with CME should be implemented immediately. He further said that medical practitioners should also be required to take compulsory examinations under the scheme.

41. Dr YEUNG Sum said that the high level of medical professionalism in Hong Kong needed to be sustained through compulsory CME, as advancement in medical knowledge and technology was taking place at rapid speed. The MC, being the gatekeeper for the medical profession, had a duty to maintain and upgrade the professional status and expertise of practitioners. He said the as the voluntary CME scheme was introduced as early as 2001 and the voluntary cycle had now been completed, there should be no further delay in implementing a compulsory scheme.

42. Mrs Selina CHOW cautioned that the Administration should carefully re-examine its proposal to link compliance with CME with renewal of practising certificate. She said that all doctors in Hong Kong fulfilled the necessary professional qualifications before they were allowed to practise, and it would appear to be unjust to them if subsequent legislative amendments were to be introduced imposing certain stringent requirements and removing the existing right to practice for failure to comply with such requirements. She said that CME was desirable in the interests of the medical profession but a compulsory system might not be the best approach. She added that in reality, medical practitioners who did not engage themselves in CME would ultimately suffer in terms of falling status and business. Patients, on the other hand, should be able to make informed decisions on which practitioners they should turn to, provided that a transparent and updated system was available through which patients could have easy access to the relevant information. Mrs Sophie LEUNG expressed similar views.

Admin

43. The Chairman requested the Administration to provide, for further consideration by the Panel, more detailed information in writing on studies on the CME systems in overseas jurisdictions, the implementation details of the proposed compulsory scheme, and to revert to the Panel on the progress of the Administration's consultation with members of the medical profession on the scheme.

VI. Grant for the Samaritan Fund

(LC Paper No. CB(2)1239/04-05(04))

44. Members noted the paper provided by the Administration on a proposed grant of $200 million to the Samaritan Fund (the Fund) to meet its funding requirements at least up to 2006-07 (LC Paper No. CB(2)1239/04-05(04)).

Issues raised by members

45. Dr Joseph LEE noted that the demand for assistance under the Fund had been on the rise and it was expected that the Fund would have accumulated a deficit of around $38.3 million as at 31 March 2005. He sought the following

information from the Administration -

(a) applications approved or rejected in the past five years;

(b) funding support for the Fund; and

(c) long-term planning to ensure the sustainability of the Fund.

46. DSHWF(H) and Director (Professional Services & Operations) (D(PSO)) replied as follows -

(a) approved cases (inclusive of partially subsidised cases) accounted for more than 95% of the total applications for assistance under the Fund;

(b) the Hospital Authority (HA) played a part in soliciting private donations which had always been a significant source of funding for the Fund. However, as there were fluctuations in the amount of private donations that could be procured, the Fund also had to rely on funding support from the Government from time to time to meet its expenditure; and

(c) the Administration would study the long-term funding arrangement for the Fund in the context of its on-going planning and discussion on healthcare financing and funding arrangement for the HA. The Administration would revert to the Panel on the progress at an appropriate juncture.

47. Dr KWOK Ka-ki said that he supported the proposed grant to the Fund but expressed concern that the grant could not solve the long-term financial problems facing the Fund. He expressed the view that the Administration and HA should act more proactively in encouraging financial support for the Fund from different sectors and step up fund-raising activities, pointing out that there were many people and bodies in the community who were willing to contribute to the Fund. He suggested that donation boxes could be made available at public hospitals and clinics to collect donations. Miss CHAN Yuen-han agreed with Dr KWOK that community involvement and support should be encouraged. Referring to the information provided in the Administration's paper on private donations, Dr KWOK enquired why a major charitable organisation had stopped its funding support in July 2004.

48. DSHWF(H) said that the Fund had been placing great emphasis on wide community participation for its funding arrangement. Because of the state of the economy in recent years, there had been less donation received and the low rate of

interest had reduced the Fund's income from such source. At the same time, there had been an increase in demand for assistance under the Fund and therefore, the financial position of the Fund had been adversely affected. The Administration would continue to explore with the HA new possibilities of private donations for the Fund. Regarding the charitable organisation mentioned in the paper, she explained that the organisation had been providing financial support to the Fund on a five-year programme since 1999. The cessation of donation was because of the completion of the assistance programme.

49. Miss CHAN Yuen-han expressed support for the funding proposal. She added that the Administration should expedite its review on healthcare financing and funding arrangement for the HA and report to the Panel as soon as possible. She hoped that the Administration could arrive at some concrete options within this year. Mr Vincent FANG expressed similar views. He added that the proposed grant of $200 million for the Fund up to 2006-07 might not be enough to maintain its sustainability, if the healthcare financing review resulted in drastic increases in fee charging items.

50. DSHWF(H) responded that public consultation on healthcare financing was a major work target of the Administration in the latter half of the year. It was expected that consultation on service model options could commence in July 2005. The Administration would invite active community participation in the process of consultation including, in particular, discussions and communication with patients groups. She said that the Administration would be able to update the Panel on the progress and the way forward in June 2005. The Administration aimed to provide a paper on Healthcare Reform for the consideration of the Panel in due course.

Admin

51. Dr KWOK Ka-ki asked whether the vetting criteria of the Fund would be reviewed so that the Fund could better cater for the needs of the patients. D(PSO) replied that individual applications for assistance under the Fund were assessed on the basis of the patient's family income with reference to the Median Monthly Domestic Household income, the patient's total family savings and the actual cost of the medical item. In assisting in vetting applications involving expensive drugs required by the patients, the Medical Social Workers would exercise their professional judgment in deciding the level of financial support to be granted. He said that there had been calls for adjustment of the assessment criteria to give more attention to the views of the public including that of the patients themselves. He said that HA was considering setting out more clearly how applications should be assessed, taking into account relevant factors such as the result of the current consultation on the implementation of a Standard Drug Formulary.

52. The Chairman and Miss CHAN Yuen-han said that the patients and various patients groups had expressed grave concern about the fee charging mechanism

under the Standard Drug Formulary and its impact on the poor, the aged and the chronically ill. They urged the Administration to fully consider the community's views before any decision was taken. DSHWF(H) replied that as explained by the Administration in previous discussions on the subject, the objective of the Standard Drug Formulary was not to save costs but to standardise the prescription of drugs in public hospitals/clinics and the different drug formularies currently adopted by individual hospitals and clusters.

53. Mr LI Kwok-ying said that he recalled that in March a newspaper had reported on a case where a child suffering from an acute congenital disease requiring life-long dosage of an extremely expensive drug costing more than $100,000 per year was refused assistance under the Fund because the drug was a non-HA standard drug not included in the Standard Drug Formulary. The child was said to be a member of a family on Comprehensive Social Security Assistance. The Medical Social Worker was only able to seek assistance for the child from another fund specially for needy children but the assistance only covered one year. Mr LI opined that the Fund, which was meant to be a safety net for needy patients, should exercise more flexibility in dealing with very special cases.

54. DSHWF(H) said that the Fund, as with other funds, had its funding scope laid down in objective criteria and standards. These included, among other things, the clinical efficacy and therapeutic effectiveness of the drugs concerned. D(PSO) added that while he did not have concrete information on the case at hand, a number of factors could have affected the result of the application, such as the residency status of the child and the possibility that the drug was one which had preliminary medical evidence only or with only marginal benefits but at significantly higher costs.

55. Dr YEUNG Sum said that he shared the worries about the long-term financial situation of the Fund in view of the increasing demand for assistance brought about by, among others, rapid advancement in medical technology and the ageing population. The proposed grant in question could therefore only meet requirements in the short term. He stressed that the Administration and the HA must make every effort to explore new funding sources for the Fund. DSHWF(H) responded that the Administration was aware of the concerns expressed and would take members' views into careful consideration.

56. Dr YEUNG Sum further said that the Democratic Party took the firm stand that equitable medical services should not depend on the affordability of the patients. Therefore, all drugs proven to be of significant benefits, regardless of how expensive they were, should be paid for by the Administration, instead of by the patients themselves or through the assistance provided under the Fund. At Dr YEUNG's request, DSHWF(H) undertook to provide a written response to explain the Administration's position on the matter.

Action

(*Post-meeting note* : The Administration's reply was issued to members on 29 April 2005 vide LC Paper No. CB(2)1416/04-05(01).)

57. Members noted that the proposed grant for the Fund would be submitted to the Finance Committee in May 2005 for its consideration. The Chairman asked the Administration to provide a coordinated response to the issues raised by members before the next meeting of the Panel.

Admin

Council Business Division 2
Legislative Council Secretariat
13 May 2005