立法會
Legislative Council

LC Paper No. CB(2)1747/04-05
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Tuesday, 17 May 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 Hon Albert Jinghan CHENG
Member absent	:	Dr Hon Joseph LEE Kok-long
Public Officers attending	:	All items Miss Susie HO, JP Deputy Secretary for Health, Welfare and Food (Health) Mr Paul CHENG Acting Principal Assistant Secretary for Health, Welfare and Food (Health)2

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

Items IV and V

Mr H K WONG
Assistant Secretary for Health, Welfare and Food (Health)5

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

Item VI

Dr Louis CHAN
Administrative Assistant to Chief Executive
Hospital Authority

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

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

Miss Maggie CHIU
Legislative Assistant (2) 4

I. Confirmation of minutes
(LC Paper No. CB(2)1532/04-05)

The minutes of the meeting held on 18 April 2005 were confirmed.

II. Information paper issued since the last meeting

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

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III. Items for discussion at the next meeting
(LC Paper Nos. CB(2)1530/04-05(01) to (02))

3. Members agreed to discuss the following items at the next regular meeting to be held on Monday, 13 June 2005 at 8:30 am -

(a) Further discussion on Hospital fees and charges - Non-eligible persons and private patients;

(b) Provision of Chinese medicine outpatient clinics in public health care system and in districts; and

(c) Report on the Public Consultation on the Drug Formulary of the Hospital Authority.

IV. 8060MM - Improvement of facilities in the Specialist Outpatient Block of Pamela Youde Nethersole Eastern Hospital
(LC Paper No. CB(2)1530/04-05(03))

4. Director (Professional Services and Operations) (D(PS&O)) briefed members on the Administration's paper which sought Members' support for the proposed capital works project to improve the facilities in the Specialist Outpatient (SOP) Block of Pamela Youde Nethersole Eastern Hospital (PYNEH) to cope with the demand arising from the increasing number of outpatient attendances. The proposed improvement project included -

(a) the construction of an additional lift tower annexed to the SOP Block with the provision of two passenger lifts;

(b) the installation of two dumb-waiters;

(c) the provision of satellite X-ray facilities;

(d) the conversion of the upper entry level of the SOP Block into office accommodation for Central Patient Registration; and

(e) the improvements to the existing air-conditioning system and the provision of eight additional toilets.

The cost of the project was estimated to be $59.0 million in money-of-the-day prices. The construction works were planned for commencement in December 2005 and completion in July 2007. The Administration would submit the proposal for the consideration of the Public Works Subcommittee in early June 2005.

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Issues raised

5. Mr Albert HO noted that the proposed project to improve the facilities in PYNEH was prompted by the significant increase in outpatient attendances, which had exceeded the planned patient throughput of the SOP Department by 200% since the Department came into operation in 1994-95. Mr HO was concerned whether the proposed capital works project alone would be sufficient to address the problem. He asked whether the manpower resources of the SOP Department had increased over the years to meet the increasing demand for SOP services.

6. Dr KWOK Ka-ki asked for information on the manpower establishment position of the SOP Department since it started to operate.

7. D(PS&O) replied that he has no such information readily at hand. He said that the manpower of the SOP Department by and large grew proportionately with the workload over the years. The present improvement project was specifically targeted at addressing the problem of inadequate "hardware" facilities in the SOP Department which had adversely affected the services provided to the public. He added that so far as the overall resources allocated to PYNEH were concerned, they were decided on the basis of the criteria applicable to other district public hospitals, including, for example, distribution of population in the districts.

8. Mr Albert HO said that the Hospital Authority (HA) should carefully examine the existing inadequacies and deficiencies of the facilities. He pointed out that in addition to satellite X-ray facilities, other equipment, e.g. computerised scanning machines, should be made available urgently. He cautioned that if patients' attendance at PYNEH continued to grow at a rapid rate and to such an extent that could hardly be coped with by existing facilities, other larger scale reprovisioning works might have to be undertaken.

9. Mr Vincent FANG expressed similar concern. He considered that the completion of the capital works would need to be expedited. Some of the improvement items, such as the satellite X-ray facilities, should be provided as soon as possible.

10. Dr KWOK Ka-ki supported the proposed capital works project. He considered that the Administration and the HA should make detailed projections and estimates of the demand for public healthcare services and funding needs in the next five to 10 years to ensure that there would not be a shortfall in the services provided at PYNEH.

11. D(PS&O) said that relatively speaking, the Eastern Island district was in a better shape than other districts with sharp population growth, such as districts in the New Territories, in terms of provision of public healthcare services. The

population growth in the Eastern Island district should have peaked and it was expected that the increase in patients' attendance at the SOP Department of PYNEH would stabilise in the near future. The proposed capital works project would improve the provision of SOP services and the anticipated completion of the project by July 2007 was a realistic target. With the completion of the project, outpatient service provided at PYNEH should be able to cater for the demand in the next five to 10 years. He further said that the HA would examine the possibility of providing satellite X-ray facilities at an earlier stage as suggested by Mr Vincent FANG.

12. Mr LI Kwok-ying made the following enquiries -

(a) whether the proposed construction works, upon completion, would take up some of the space of the SOP Department and hence affect its services, given that no additional space could be made available to the Department;

(b) whether the reception counters in the individual specialist clinics could be combined, with the setting up of a central registration office (CRO) to serve the entire SOP Department; and

(c) whether the number of male and female outpatient attendants had been taken into account in designing the provision of eight additional toilets.

13. Dr KWOK Ka-ki asked whether the practice of setting up a CRO would be extended to other public hospitals.

14. D(PS&O) and Executive Manager (Hospital Planning) responded as follows -

(a) the construction of an additional lift tower annexed to the SOP Block would not take up extra area within the building;

(b) the setting up of a CRO at the upper entry level of the SOP Block was to ease the congestion at individual clinics by centralising part of the reception functions carried out by the registration counter of each clinic. The CRO would also process attendance, registration and payment for consultation, while reception counters in individual clinics would continue to handle follow-up appointments and collection of drug charges after consultation;

(c) the eight additional public toilets would be converted from the existing staff toilets at different floor levels. They were designed in accordance with the criteria laid down in the Buildings Ordinance;

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and

(d) whether or not a CRO should be established would depend on the particular needs of individual hospitals and clinics, having regard to factors such as the physical location and environment, the area and design of the premises, as well as the effect on maximising operational efficiency and convenience to the patients.

15. Mrs Selina CHOW supported the proposed project, pointing out that provision of a satisfactory service to the patients was of overriding importance. Referring to the waiting time for outpatients in the X-ray facilities, she said that the average waiting time figures provided in the Administration's paper did not reflect the genuine situation, especially the worst cases. She considered that the situation should be reviewed to ensure that the hospital's service pledge to the public could be maintained.

16. In response, D(PS&O) said that every effort would be made to reduce the waiting time for patients. He pointed out that as explained in the paper, with the provision of a new satellite X-ray facilities in the SOP Block to serve the outpatients who would then enjoy one-stop services in the SOP Block, the X-ray Department in the Main Block would be able to serve inpatients exclusively. The estimated waiting time for outpatients in the new satellite X-ray facilities in the SOP Block would be about 10 to 15 minutes, while that for inpatients in the X-ray Department in the Main Block would be about 15 to 25 minutes. It was expected that the response time for inpatients, and hence their length of stay in hospital, would be shortened, and there would be less backlog in the future.

17. Mrs Sophie LEUNG said that with rapid technological advancement, scientific equipment could easily become out-moded when more advanced product came onto the market within a very short time. She suggested that the Administration and the HA should consider adopting a new approach of procuring equipment by way of short-term leasing arrangement so that equipment of the latest technology could be used for the benefit of the patients. Such arrangement would also be more cost-effective. She further suggested that a special committee comprising medical specialists and other professional staff to monitor the procurement should be set up.

18. D(PS&O) noted Mrs LEUNG's views. He said that under existing practice, procurement of equipment by the Government was done mostly through centralised bulk purchases to enable negotiation for bargain prices and effective provision of maintenance and repair services. He said that the option of leasing arrangement suggested by Mrs Sophie LEUNG could be explored with the Administration.

19. Dr YEUNG Sum asked whether the HA would take the opportunity to

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introduce Chinese medicine consultation service to enhance outpatients service at PYNEH.

20. Deputy Secretary for Health, Welfare and Food (Health) responded that in accordance with the commitment made by the Administration, Chinese medicine outpatient clinics would be provided in each of the 18 districts of the territory. However, the actual timeframe for introducing the service in individual districts would vary. She pointed out that as far as the PYNEH was concerned, one major limitation was the lack of sufficient space to accommodate a new Chinese medicine outpatient service. Hence, other suitable locations would be explored. She said that this would be dealt with as a separate issue and should not affect the proposed project to improve the facilities in the SOP Department of PYNEH.

21. D(PS&O) supplemented that the Administration and HA was actively considering the feasibility of providing a Chinese medicine outpatient service in Wan Chai to meet the demand of the public.

22. In summing up, the Chairman said that the Panel supported the proposed capital works project.

V. 8062MM - Improvement of infection control provision for autopsy facilities in public hospitals

(LC Paper No. CB(2)1530/04-05(04))

23. D(PS&O) briefed members on the Administration's paper which sought Members' support for the proposed capital works project to improve the infection control provision for autopsy facilities in 11 public hospitals. The scope of the proposed project comprised four parts, namely -

(a) upgrading the mechanical ventilation and air-conditioning systems;

(b) reconfiguring the layout to segregate between "clean" workflows and "dirty" workflows to avoid cross contamination;

(c) replacing ceiling, wall and floor finishes which had become damaged or worn out over the years; and

(d) installing or procuring appropriate equipment items such as ventilated autopsy tables, biological safety cabinets and hydraulic trolleys for lifting bodies etc.

The cost of the project was estimated to be $68.4 million in money-of-the-day prices.

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Issues raised

24. Ms LI Fung-ying expressed support for the proposed project to improve autopsy facilities in the public hospitals. She said that it was essential for the HA to provide a safe and healthy environment for hospital personnel, particularly those working in high-risk areas such as autopsy rooms. She pointed out that as explained in the Administration's paper, the existing autopsy facilities in public hospitals were inadequate for meeting present day requirements in respect of infection control provision, and the proposed improvement project was to ensure that the facilities complied with international standards. Noting that the 11 public hospitals included some relatively new hospitals such as the Tseung Kwan O Hospital, Ms LI asked whether the planning and design of the autopsy facilities of the hospitals were problematic hence causing the deficiencies.

25. Mr LI Kwok-ying asked whether the same degree of deficiencies existed in all the 11 hospitals.

26. D(PS&O) replied that all the hospitals complied with the prevailing safety and health standards at the time when they were built. He explained that the uplifting of autopsy facilities now proposed aimed principally at reducing the risks posed by highly infectious air-borne diseases, the importance of doing so was clearly shown by the outbreak of the Serious Acute Respiratory Syndrome (SARS) two years ago. As international safety standards had been upgraded after the SARS outbreak, improvements to the existing autopsy facilities in public hospitals would need to be made. He added that the description about the inadequacies of existing facilities was a generalisation and the degree of deficiencies actually varied among different hospitals. For the relatively newer hospitals such as the Tseung Kwan O Hospital and the North District Hospital, smaller scale upgrading works as compared with others would be carried out.

27. In reply to Mr LI Kwok-ying's questions, D(PS&O) said that he was not aware of cases of hospital personnel contracting infectious diseases resulting from working in autopsy rooms. He said that great importance was attached to measures to protect the health of staff members handling the storage and post-mortem examination of bodies. These included, among others, frequent and thorough cleansing, decontamination and sterilisation of autopsy rooms and provision of sufficient protective gear for the staff. He further said that under existing operational guidelines, autopsy would not be performed on people died of highly infectious diseases unless it was considered absolutely necessary to do so. In this connection, he supplemented that under some special circumstances, such as emergence of new infectious diseases, autopsy would be extremely useful to help identify the causes of the disease and for deciding the most suitable treatment for the patients. The need for carrying out autopsy should therefore be considered on an individual case basis.

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28. D(PS&O) further informed members that subject to approval given by the Legislative Council, the improvement works would be carried out in phases. In order not to cause a halt on autopsy operations in all the hospitals, suitable arrangements would be made for the autopsy cases in a particular hospital to be absorbed by another hospital when the improvement works were being carried out. He said that as the project would commence soon, it would not be necessary for additional short-term improvement works to be carried out at individual hospitals.

29. Dr KWOK Ka-ki said that he supported the proposed project. He pointed out that effective promotion of occupational safety and health required the active participation and contribution from front-line staff, who knew best about the working environment and the work processes and were directly exposed to hazards at the workplace. He asked whether and how front-line hospital personnel had been involved in improving the facilities.

30. Executive Manager (Hospital Planning) replied that internal communication channels and consultation mechanism were in place through which both the management and the staff could work together and discuss ways and means to improve safety and health at the workplace. The views of the staff would be solicited and carefully considered. At the Head Office level, there were safety and health professionals dealing with occupational safety and health matters and providing expert advice on improvement measures.

31. D(PS&O) added that in promoting awareness of the importance of occupational safety and health and encouraging active staff participation, relevant training courses and promotional activities were organised by the head office, clusters and hospitals. Moreover, a central occupational safety and health committee was in operation which was responsible for the central coordination of efforts to improve overall occupational safety and health. The autopsy improvement proposal of individual hospitals had incorporated the views of staff working in autopsy rooms and personnel from the pathology departments.

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32. In summing up, the Chairman said that the Panel supported the proposed capital works project. He suggested that the Administration should provide a time schedule setting out the phases of the project and a breakdown on the funding requirements for each of the 11 hospitals when the Administration submitted the proposal for the consideration of the Public Works Subcommittee.

VI. Hospital fees and charges - Non-eligible persons and private patients

(LC Paper Nos. CB(2)1530/04-05(05) and CB(2)1560/04-05(01))

33. D(PS&O) briefed members on the paper provided by the Administration on a new proposed minimum package fee for Non-eligible Persons (NEPs) giving birth in public hospitals and a proposed revision of private service consultation

fees (LC Paper No. CB(2)1530/04-05(05)).

Issues raised by members

Minimum package fee for NEPs giving birth in public hospitals

34. In reply to members' questions about the proposed minimum package charge for NEPs giving birth in Hong Kong at public hospitals, which was $20,000 covering obstetric services for the first three days of hospitalisation, D(PS&O) explained the objective of the proposal as follows -

(a) to reduce the number of NEP mothers giving birth in public hospitals. It was an adopted principle that subsidised medical services should not be diverted to non-residents and visitors at the expense of local residents. Under the existing system of medical charges, while NEPs were allowed to access public medical services, they were required to pay higher fees, which were set on a cost recovery basis;

(b) to discourage premature discharge against medical advice. At present, for inpatient services, the NEP charge was $3,300 per day. The fee structure had encouraged NEP mothers to minimise their stay in public hospitals, and given rise to a much greater risk of complications in the delivery process. The introduction of a package charge would remove the financial incentive for NEP mothers to cut short their hospitalisation deliberately; and

(c) to achieve a more rational implementation of the cost recovery principle. The present charge of $3,300 per day reflected the overall average daily cost of inpatient services. However, due to the fact that obstetric services involved intensive investigations and interventions, the current rate was insufficient to cover the full cost to the HA. In addition, since most of the more intensive obstetric services for child delivery were provided in the early stage of hospitalisation, the late presentation and early discharge of NEP mothers had further hampered HA's ability in recovering the cost of services provided.

35. DSHWF(H) supplemented that under existing public healthcare policy, there should be minimum competition between public and private hospitals. While medical services are provided by public hospitals, those who could afford higher fees were encouraged to seek private services. She said that in setting the minimum package charge, reference had been made to the fees in the private sector. It was hoped that increasing the medical fees to a level close to the charges by the private sector would encourage NEPs to make greater use of medical services provided by the private sector, hence easing the pressure on the

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public hospitals and clinics.

36. Mr LI Kwok-ying noted that if the NEP mother stayed more than three days in the hospital, the extra days would be charged at the current flat rate of $3,300 per day. He asked whether the rate of $3,300 reflected the actual cost of the services per day after the first three days. D(PS&O) replied in the affirmative.

37. Members supported the introduction of the proposed package charge to reduce the risk of implications for the NEP mothers and their newborns arising from premature discharge from hospital, but doubted whether it could reduce the number of NEP mothers giving birth in public hospitals and achieve full cost recovery of obstetric services. Mr Albert HO considered that the package charge could even worsen the bad debt situation. He said that most of the NEP mothers with short hospital stay could afford the prevailing flat rate of $3,300 per day but not the package charge of $20,000. He was concerned that with the introduction of the package charge, some NEP mothers who might otherwise pay for their short stay in the hospital would choose to stay for a longer period and default the entire payment altogether. Mr Vincent FANG, Ms LI Fung-ying and Miss CHAN Yuen-han expressed similar concern. They considered that increasing medical fees would not deter NEP women from coming to Hong Kong to give birth in public hospitals. It would instead lead to a rise in the number of defaulting cases.

38. D(PS&O) admitted that there could be cases of NEP mothers failing to pay the package charge. However, it was expected that with the charging of the fees based on the principle of cost recovery, the overall position of recovering the costs of the services could be improved. The real effect of the package charge would have to be assessed after its implementation. He further pointed out that at present, the majority (i.e. 79%) of the NEP mothers giving birth in Hong Kong in public hospitals paid for the medical services they received.

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39. Mr Albert HO suggested that consideration should be given to allowing NEP mothers to make payment by instalments.

40. Mr Vincent FANG said that in certain foreign jurisdictions such as the United States, permanent residence status might not be granted to a newborn child before settlement of the expenses for the medical services provided. Ms LI Fung-ying and Miss CHAN Yuen-han also pointed out that in some jurisdictions, women in a late stage of pregnancy might be restricted from entering the country.

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The Chairman suggested that the Administration should draw reference from the experience in other countries in considering appropriate measures to be adopted.

41. DSHWF(H) informed members that subsequent to the Panel meeting on 13 December 2004 at which the Administration briefed members on measures for addressing the increasing use of public medical services by non-residents of Hong Kong, the issue of increasing amount of bad debts arising from cases of female

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NEPs from the Mainland giving birth in public hospitals in Hong Kong had been taken up with the Security Bureau. A number of options to address the problem had been examined and the Administration's considerations were as follows -

Refusing entry of pregnant women from the Mainland into Hong Kong and forbidding defaulters from leaving Hong Kong before settlement of outstanding medical fees

(a) there would be legal implications for implementing the above proposals. Vistors were normally allowed to enter Hong Kong provided that they met the immigration requirements. The Immigration Department could not refuse entry of a visitor solely on the ground of pregnancy. It was also difficult to justify prohibiting NEP mothers to leave Hong Kong solely on the ground of an outstanding fee payment. In addition, costs (in terms of provision of accommodation etc) might have to be incurred to implement this measure;

Requesting the Mainland authorities to bar pregnant women suspected of planning to give birth in Hong Kong to come to Hong Kong

(b) it was difficult for the Mainland authorities to refuse exit applications from Mainland women solely because they were pregnant;

Refusing to issue birth certificate until the healthcare fees had been settled

(c) according to Article 24(2)(1) of the Basic Law and the decision of the Court of Final Appeal in the case of *Director of Immigration v Chong Fung-yuen*, Chinese citizens born in the Hong Kong Special Administrative Region had the right of abode (ROA) in Hong Kong. Birth certificate was a supporting document for ROA and the birth record of people born in Hong Kong had to be provided to the Immigration Department. Under the law, the Administration could not withhold the issuance of birth certificates before the parent has paid the amount due to the Hospital Authority;

Refusing to grant re-entry into Hong Kong to NEP women from the Mainland who had given birth in Hong Kong and defaulted payment

(d) as the child born in Hong Kong had ROA, it was likely that the NEP mothers who had given birth in Hong Kong and returned to the Mainland would seek re-entry into Hong Kong at some later point in time. Imposing re-entry restrictions on NEP women who had not settled the outstanding payment for obstetric services they had received in Hong Kong could be an effective deterrent against

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default payment. The Administration was now actively considering how this proposal could be taken forward, taking into account the legal, legislative and administrative implications of putting it into practice.

Admin

42. DSHWF(H) said that the Administration would revert to the Panel on the progress of its deliberations on the viable options in due course.

43. Members considered that the situation of increasing number of NEPs coming to Hong Kong for childbirth should be controlled at source through cooperation with the Mainland authorities. The Chairman opined that the Administration should also give further thought to finding solutions to address the problem of bad debts arising from NEP mothers defaulting payment of the medical expenses. Miss CHAN Yuen-han said that the Administration should enlist the assistance of Mainland authorities in recovering the outstanding fees, if the defaulters' addresses in the Mainland were known.

Admin

44. The Chairman considered that the Administration should study the experience of other jurisdictions in adopting measures to address the problems arising from NEPs seeking public medical services, including recovery of outstanding payment for the medical services from defaulters. He said that the Administration should hold discussions with the Mainland authorities on finding solutions to the problems.

Private service consultation fees

45. Dr KWOK Ka-ki opined that the Administration had not given sufficient information in its paper to justify the proposal to replace the daily standard rates charged on patients seeking private service consultation at private wards in public hospitals by rates in pre-set ranges. He said that a lot of issues required to be clarified in detail before he could decide whether or not to support the proposal. He made the following comments on the proposal -

(a) the Administration should clarify the policy intention behind the proposed introduction of the revised fee charging mechanism. Under the proposal, the relevant hospitals and clinics had the discretion to charge for their private service consultations at different levels, provided that the charge was within the pre-set ranges. This gave rise to concern that there had been a change in policy that private service consultation would be provided to patients provided that they could pay for the service at the fee level set by the hospitals concerned, and that the real purpose of the proposal was to increase income for the HA by expanding private service, even if it might affect the provision of public service consultation; and

(b) the impact of the proposal had to be carefully assessed. Due to financial constraints, the expansion of services provided by HA in one area would lead to reduction in the resources available in other areas. It would not be acceptable if the expansion of private service would result in less people being able to benefit from subsidised public medical services, and more patients being forced to obtain private service at a higher fee. Without an increase in the resources available to the HA, it would not be worthwhile to expand private service at public hospitals and clinics at the expense of public medical service.

46. Dr KWOK Ka-ki further said that the Administration should analyse the costs of private medical service provided at individual public hospitals for different specialties to facilitate members' consideration of whether the fee charged for the service was reasonable.

47. Both Miss CHAN Yuen-han and Mr LI Kwok-ying supported the view that the HA should not compete with the private sector in providing private service consultation. The HA should utilise its limited resources in the provision of subsidised public medical service for the general public. Mrs Sophie LEUNG suggested the introduction of a more flexible system under which private service consultation fees in different public hospitals would be regularly reviewed and be allowed to change in accordance with market demand.

48. D(PS&O) responded to members' concerns as follows -

(a) public hospitals and clinics had long been providing private consultation service to the patients and HA had no intention to change the level of the service. The present proposal to replace the fixed daily standard rate by rates within pre-set ranges was to achieve cost recovery of the service and increase flexibility in fee charging to reflect accurately variations in the complexity of the patients' clinical conditions and in the special expertise that might be required in providing treatment in different hospitals. In the past, the HA had received complaints from patients that the existing system of charging daily standard rates for private service was not fair;

(b) private service consultation was available to both inpatients and outpatients but the level of the service was limited in practice. The purpose of providing private service was to afford an additional choice for patients seeking treatment at HA hospitals and clinics. The level of inpatients private service that could be provided was effectively limited by the capacity of the different hospitals providing the service. Private service for outpatients, on the other hand, was mainly provided at the two teaching hospitals of the universities and

the Queen Elizabeth Hospital, and a substantial proportion of the patients were civil servants and employees of HA and their family members;

(c) private service accounted for only a small part of the overall services provided at HA hospitals and clinics. Hence, changes in the fees for private service would not have a significant effect on the financial position of HA. It was also not expected that the new fees would induce more patients to seek private medical service at public hospitals; and

(d) under the revised fees for outpatient charges for first consultation per visit, the pre-set range of $550 - 1,750 was set on the basis of a 25-minute consultation by a specialist doctor (average cost was about $550) up to a 45-minute consultation by a consultant doctor (average cost was about $1,750). The actual fees charged also varied with different specialties.

Admin 49. Dr KWOK Ka-ki and Mr Albert HO requested the Administration to explain -

(a) the methodology for setting the proposed new private service consultation fees in pre-set ranges to replace the current standard rates;

(b) the policy on and factors to be considered in the allocation of resources for the provision of private services at HA hospitals and clinics, taking into account that the provision of private services might adversely affect medical services in other areas; and

(c) whether a monitoring mechanism had been put in place to regulate the provision of private services at individual hospitals and clinics at appropriate levels.

Admin 50. Ms LI Fung-ying also requested the Administration to provide updated information on the number of patients seeking private service consultation at HA hospitals and clinics.

Way forward

51. The Chairman said that in view of the queries raised by members relating to fees and charges for NEPs and private patients as well as the insufficient information provided by the Administration on the proposed revision of private service consultation fees, the two items should be further discussed by the Panel at its next meeting in June. He asked the Administration to take account of

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Admin members' views and provide a response for discussion at the next meeting.

VII. Any other business

Long-term rehabilitation patients in Prince of Wales Hospital refusing discharge

52. Dr KWOK Ka-ki pointed out that Legislative Council Members had recently received a letter from staff members of the Prince of Wales Hospital which referred to the problem of patients under long-term rehabilitation refusing to be discharged from the hospital. He requested the Administration to provide an

Admin information paper on the subject to facilitate discussion at a future meeting.

53. There being no other business, the meeting ended at 10:38 am.

Council Business Division 2
Legislative Council Secretariat
10 June 2005