立法會
Legislative Council

LC Paper No. CB(2)2548/04-05
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Tuesday, 19 July 2005 at 10:00 am
in the Chamber of the Legislative Council Building

Members present	:	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 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 absent	:	Hon Andrew CHENG Kar-foo (Chairman) Dr Hon YEUNG Sum
Members attending	:	Hon LEE Cheuk-yan Hon James TO Kun-sun Hon Emily LAU Wai-hing, JP Hon Audrey EU Yuet-mee, SC, JP Hon WONG Kwok-hing, MH Hon Jeffrey LAM Kin-fung, SBS, JP Dr Hon Fernando CHEUNG Chiu-hung

Public Officers attending : Items II and IV

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

Mr Tony CHAN
Assistant Secretary for Health, Welfare and Food (Health)

Dr T H LEUNG, JP
Deputy Director of Health

Item II

Dr Gloria TAM
Assistant Director of Health (Health Administration & Planning)

Dr Monica WONG
Principal Medical & Health Officer
Department of Health

Items III and IV

Dr York CHOW, SBS, JP
Secretary for Health, Welfare and Food

Item III

Mrs Carrie YAU, JP
Permanent Secretary for Health, Welfare and Food

Mrs Ingrid YEUNG
Deputy Secretary for Health, Welfare and Food (Health)

Dr SHIH Tai-cho, Louis
Chairman, Working Group on Primary Health Care
Health and Medical Development Advisory Committee

Dr Loretta YAM
Chairman, Working Group on Secondary Health Care
Health and Medical Development Advisory Committee

Dr LAI Kang-yiu
Member, Working Group on Tertiary and Specialized Care
Health and Medical Development Advisory Committee

Item IV

Mr Vincent LIU
Deputy Secretary for Health, Welfare and Food (Food & Environmental Hygiene) (Acting)

Dr P Y LAM, JP
Director of Health

Dr MONG Hoi-keung
Consultant Forensic Pathologist-in-charge
Department of Health

Mr TONG Chi-keung, Donald
Deputy Director of Food and Environmental Hygiene (Administration and Development)

Ms CHU Lan-ying
Senior Superintendent (Operations)
Food and Environmental Hygiene Department

Mr LEE Yuk-shing
Chief Project Manager
Architectural Services Department

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

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The Deputy Chairman informed members that as requested by the Chairman, who was indisposed, he would chair the meeting on the Chairman's behalf.

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I. Information paper issued since the last meeting

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

II. Regulation of medical devices in Hong Kong - Recent progress
(LC Paper No. CB(2)2087/04-05(01))

3. The Deputy Chairman invited members' attention to a written submission provided by the Federation of Beauty Industry (HK) Ltd which was tabled at the meeting and circulated to the Panel after the meeting vide LC Paper No. CB(2)2342/04-05(01).

4. Principal Assistant Secretary for Health, Welfare and Food (Health) (PAS/HWF(H)) briefed members on the Administration's paper, which explained the progress on the implementation of a regulatory framework for the control of medical devices, following a public consultation exercise in 2003. The gist of the paper was summarised as follows -

(a) a voluntary Medical Device Administrative Control System commenced in November 2004, under which control of the medical devices would be classified into four classes based on their risk levels. The scope of control would consist of three areas, namely, pre-market control through listing of products and traders, post-market control through establishing an adverse incident reporting system, and control on the use and operation of selected medical devices;

(b) to introduce pre-market control, manufacturers and importers of medical devices were invited to list their products, starting with Class IV devices, i.e. those with highest risks. The Department of Health (DH) would draw up guidance notes and hold briefing sessions on the listing of Class II and III devices which should take place from early 2006 onwards;

(c) a Working Group set up by DH in June 2004 to devise measures to strengthen the control on the use of selected high-risk medical devices agreed that an examination should be developed by the Vocational Training Council (VTC) to provide an avenue for Intense Pulsed-Light (IPL) operators, including beauticians, to obtain accreditation and certification as trained practitioners to provide IPL services, for the purpose of enhancing consumer protection. The

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first examination was expected to be held within 2005; and

(d) regarding post-market control, two systems (i.e. the Safety Alert and Recall System and the Adverse Incident Reporting System) had been introduced. The former, launched in January 2005, was a system through which DH maintained surveillance on safety alerts and recall notices issued by overseas authorities or manufacturers and alerted the relevant parties in Hong Kong. So far, there were two incidents for which DH had issued public alerts. As regards the Adverse Incident Reporting System, DH had not received any local report of adverse incidents since its launch.

Issues raised by members

5. Ms LI Fung-ying expressed support for the introduction of a regulatory framework for the use of high-risk medical devices. Referring to certification of qualified personnel, she asked whether any support measures would be introduced, such as provision of training to the practitioners to prepare for the certifying examinations, to ensure that their employment would not be affected. PAS/HWF replied that practitioners like beauty personnel were allowed to continue to operate IPL devices. He understood that some beauticians had received training provided by the suppliers of the equipment. He added that the VTC was in the course of developing a syllabus for the examination. When the syllabus was decided, it would be published for reference by prospective students and training institutions interested in organising the relevant training courses. PAS/HWF undertook to provide a supplementary written response to the concern raised by Ms LI about training and related matters.

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6. Mrs Selina CHOW pointed out that beauty practitioners had voiced concerns about the possible impact of the regulatory mechanism on their employment. One of the issues raised was that medical devices falling within the monitoring framework should be carefully defined, and low-risk devices and devices which were not intended for medical treatment should not be included. PAS/HWF responded that the objective of the regulatory framework was to protect public health while ensuring the community's continued access to the benefits of new technologies. It was a risk-based system under which devices with minimal health hazards and their operators would not be subject to the control. He added that the pre-market listing arrangements applicable to manufacturers and importers of medical devices would assist consumers to obtain information on the products. Guidance notes and briefing sessions had been provided to relevant traders to familiarise them with the arrangement.

7. Noting that both the Safety Alert and Recall System and the Adverse Incident Reporting System were post-market control measures, Mr LI Kwok-ying

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asked whether pre-market safety checks had been carried out to ensure that the devices met the required standards. Deputy Director of Health explained that at present, medical devices were classified into four classes based on their risks to patients and users. Low risk (Class I) medical devices would not require listing but high risk and medium risk devices had to be listed regarding, inter alia, specification of their use, efficacy and fulfillment of safety standards. Devices of all classes, on the other hand, were required to meet labelling requirements before sale. He added that the two incidents for which DH had issued public alerts were isolated cases of adverse performance of devices, and they demonstrated the need for effective surveillance.

8. The Deputy Chairman asked whether the Administration had considered the need for requiring practitioners to take out insurance to cover claims arising from mishandling of medical devices. PAS/HWF(H) replied that most medical practitioners had taken out professional indemnity insurance. As regards non-medical operators, the certification system would ensure that they had the necessary skills and training for the operation of the devices. The Administration had no plan at this stage to require them to take out insurance against the risk of claims.

9. The Deputy Chairman requested the Administration to revert to the Panel on the operation of the regulatory system in due course.

III. Health care reform

(LC Paper No. CB(2)2252/04-05(01) and "Building a Healthy Tomorrow - Discussion Paper on the Future Service Delivery Model for our Health Care System" (the Discussion Paper))

10. Secretary for Health, Welfare and Food (SHWF) gave a brief introduction on the Discussion Paper issued by the Health and Medical Development Advisory Committee (HMDAC) which was tabled at the meeting. The Discussion Paper set out the HMDAC's views on the future service delivery model for Hong Kong's health care system with a view to building a sustainable system that would be accessible and affordable by every member of the community. Deputy Secretary for Health, Welfare and Food (Health) then gave a power-point presentation on the salient issues covered in the Discussion Paper.

Issues raised by members

11. Mr WONG Kwok-hing said that the present Chief Executive (CE) had only two years to serve in his present term of office. He asked whether the long-term reform of the health care system set out in Discussion Paper had received the support of the CE. SHWF replied that the reform had the support of the CE and

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the Government as a whole.

12. Mr Vincent FANG noted that there had been recent media reports on measures to reform the health care system, before Members of the Legislative Council (LegCo) had knowledge about the details of the specific proposals. He considered that the Administration should first brief LegCo on the proposals before releasing the information to the media. SHWF replied that he did not know the channels through which the media had obtained the information. As far as the Discussion Paper was concerned, it was provided to LegCo Members at the earliest possible opportunity.

13. Referring to the recommendations in the Discussion Paper to develop the private medical sector to address the imbalance between the public and private sectors in providing medical services, and to put in place a fees and charges policy conducive to the re-positioning of public health care services, Mr WONG Kwok-hing expressed concern that the proposals would substantially increase the financial burden on users of public health care services, particularly those in the middle class who could not enjoy the protections provided under the present assistance system.

14. Mr LEE Cheuk-yan criticised the Government for giving up its commitment to provide subsidised health care services. Referring to paragraph 6 of the Discussion Paper, he pointed out that general out-patient service was not included in the four major areas proposed to be targetted by the public health care service sector. In paragraph 4.15, it was also recommended that the Government and the Hospital Authority (HA) should consider providing part of its primary medical care service through purchasing such service from the private sector. Mr LEE said that the outsourcing of primary health care services to the private sector reflected the intention of the Government to save money and its reluctance to increase resources for the provision of subsidised public health care services above the existing level of $30 billion. This would increase the financial burden on the general public as they would have to seek medical services from the private sector at much higher costs.

15. Miss CHAN Yuen-han also expressed concern that the proposed change in the role of the private sector as being a major provider of primary medical services would adversely affect the interests of health care service users, particularly the under-privileged, the elderly and the chronically ill.

16. Mrs Selina CHOW said that the position of the Liberal Party was that it was necessary to reform the present system under which there was over-reliance on publicly funded health care services. The Liberal Party supported enhanced collaboration between the public and private sectors to enable resources for the provision of medical services to the public to be put to their most effective use.

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On the financing side, she said that fees and charges for medical services should be reasonable and affordable, and there should be fair and objective criteria for determining the provision of an equitable safety net for those in need of assistance. In her view, the Administration should not adopt a broad-brush approach of classifying people into the "haves" and the "have-nots", and imposing on the former the burden of maintaining the health care system without giving them any benefit in return. Mrs Selina CHOW opined that a progressive system of assistance, which could benefit more people in the community, should be considered.

17. Mrs Sophie LEUNG said that Hong Kong could not afford to maintain the status quo of the existing system of provision of public health care service at a highly subsidised rate, which was posing an extreme financial burden on the public purse. She pointed out that discussions on ways to improve the health care system in Hong Kong to keep up with international standards and practices had started as early as in the 1980s. It was high time that the Government proceeded with a reform without delay. Mrs LEUNG considered that the proposed service delivery model as mapped out in the Discussion Paper, to be supported by an effective mechanism to monitor development, was heading in the right direction.

18. In the light of the views expressed by members, SHWF responded as follows -

(a) the Government had no intention to drive patients to seek health care services from the private sector. The Government's commitment in providing public health care services to patients would not change, and general out-patient clinics would continue to play an important role in providing urgent service to the general public;

(b) however, as past reviews had shown, the provision of heavily subsidised services could not continue to be predominantly supported by public resources and taxation, in view of the rising expenditure on health care services brought about by factors including the rapidly ageing population and advances in medical technology. It was therefore necessary to have a service delivery model which was sustainable in the long run, under which resources could be put to their most efficient and effective use. The Administration was aware of the need to develop a health care model that was capable of responding flexibly to the needs of patients, by re-aligning the roles of the public and private medical sectors in such a way that the two sectors could collaborate with each other to remove the existing imbalance between the two sectors. There should also be a platform for healthy competition for service

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providers in the private sector to upgrade service quality;

(c) at present, a large proportion of patients seeking public hospital services were suffering from non-emergency conditions. As a result, the public sector was over-stretched vis-à-vis an under-utilised private sector, and time and resources were at times wasted on unnecessary medical investigation and treatment. The aim of the recommendation for the private medical sector to take on a larger share of primary medical services was not only to address the imbalance between the public and private sectors, but also to achieve an overall improvement in the quality of the services provided to patients and optimal use of resources, hence the long term sustainability of the health care system; and

(d) the future service delivery model would continue to look after the interests of members of the public, especially those with genuine need for assistance, taking into account their financial and medical conditions. In this connection, the HA was conducting studies and analyses on patients' financial needs and expenditure on health care services with a view to determining different subsidy levels to be provided for patients with needs of differing degrees. In devising any new fees and charges policy, account would be taken of the need to put a cap on the percentage of the patient's income and assets to be used on medical services so as to limit the drain on the patient's resources resulting from the treatment. The Administration hoped that some concrete recommendations on the way forward could be developed by end of 2005 after wide consultation.

19. Mr Albert CHENG said that some of the measures taken by the Government and the HA had the effect of forcing users of public health care services to turn to the private sector, such as the increase in fees and charges for general out-patient services and the introduction of the drug formulary which required patients to self-finance certain types of drugs. He urged the Government to increase resources provided to the HA, and revise the fee charging policy to recover the full costs of medical services provided in certain cases, such as traffic accident and employees' compensation cases, where the victims were covered by insurance. Medical benefits for civil servants should also be reviewed with a view to economising on the use of public resources.

20. Dr Joseph LEE pointed out that the vast majority of patients requiring hospitalisation had turned to public hospitals. He asked whether public hospital service would be reduced after the implementation of the reformed model, and if so, by what extent. SHWF replied that at present, public hospitals provided about 95% of the total hospitalisation services. Public hospitals would continue

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to play a major role and it was not expected that the market share would be reduced drastically from the existing level. Mr Bernard CHAN said that few jurisdictions could afford such a highly subsidised health care system as in Hong Kong. In his view, the existing public health care system was not financially sustainable in the long run without a major reform.

21. In response to Mr LI Kwok-ying's questions on enhancing the gate-keeping role of family doctors, Dr Louis SHIH said that there was a general agreement among members of the Committee that for a long time in the past, there had been over-reliance on the public hospital system and specialist out-patient departments resulting in wastage of public resources in non-emergency cases. The proposed recommendations to enhance the role of family doctors and collaboration between the public and private sectors in providing primary medical services in a community setting followed the approach adopted in many jurisdictions, including the United Kingdom, the United States, Canada, the Netherlands and Sweden. The rationale was that family doctors, as primary care doctors, should be the first point of contact for the patients in most circumstances. They should be most familiar with the medical history of their patients and the factors affecting their health, and therefore able to give sound advice on whether specialist care was required in particular circumstances. Their advice would help patients to act most appropriately to avoid unnecessary specialist care and treatment, hence saving resources of both the patients and the public medical sector. Dr SHIH further pointed out that about 80% of primary medical care services were at present provided by the private sector. The strengthening of the role of family doctors would increase the efficiency and cost effectiveness of the overall health care system.

22. On the question of how HA would purchase primary medical care service from the private sector, SHWF said that detailed arrangements had yet to be worked out.

23. Mr Vincent FANG and Dr Fernando CHEUNG expressed support for the blueprint of the reform set out in the Discussion Paper. They considered that it was essential to ensure that the private sector had the ability to provide the support necessary for achieving the intended goals, e.g. an adequate supply of family doctors to provide strengthened primary medical services at the district level through the setting up of more 24-hour community clinics to deal with acute but non-emergency cases. Dr Fernando CHEUNG added that an effective monitoring mechanism should be put in place to ensure that the quality of service provided by private practitioners would be up to standard.

24. Dr Joseph LEE expressed reservation about the proposal to purchase primary medical care service from the private sector, which, in his view, was unfair to the taxpayers. He further pointed out that a family doctor could be a

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family medicine specialist or any other specialist, who could charge very high fees for the service. Ms LI Fung-ying said that outsourcing Government services to the private sector had invited many criticisms in the past. Dr Joseph LEE and Ms LI Fung-ying considered that if the Government were to purchase primary medical care service from the private sector, it was necessary to put in place a transparent monitoring system to guarantee service quality and absence of profiteering in the private sector.

25. The Deputy Chairman and Ms Audrey EU enquired about training of family doctors and measures to ensure reasonable fees and charges for their services.

26. SHWF noted members' views. He said that every outsourced Government service would be subject to stringent monitoring as regards standards and quality, and the existence of fair competition in the private sector would result in reasonable fees and charges. The promotion of the private sector in providing primary medical care would also enhance patients' choice. He pointed out that at present, a large number of medical practitioners in different specialties were acting as private family doctors. In addition to family medicine specialists, there were also specialists in paediatrics, orthopaedics, medicine and geriatrics etc. Moreover, many practitioners were pursuing continuing medical education to improve their level of professionalism. Other measures such as the proposal to promote free flow of patient records and group practice of private practitioners would also facilitate treatment of patients and sharing of desirable practices.

27. On the issue of training, SHWF said that many family doctors in private practice had worked in public hospitals and received a full range of training including training in accident and emergency. The HA was maintaining close communication with the private sector on training needs. He added that resources and facilities devoted to training of private practitioners had increased in recent years, particularly in respect of preventive care and interface between the public and private medical sectors.

28. In reply to Mr Bernard CHAN's enquiry, SHWF said that the proposal to develop a territory-wide information system under which carers in both the public and private sectors could enter, store and retrieve patients' medical record was technically viable. The promotion of free flow of patients' records could facilitate the transition of patients between different levels of care and between the public and private sectors. In the short term, all general out-patient and special out-patient clinics would provide patients with hand-held personal records and private doctors would be encouraged to do the same.

29. Ms LI Fung-ying and Miss CHAN Yuen-han considered that it was difficult to set the way forward for the future health care system without a clear

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idea of the long term financing options. They said that the public were extremely concerned about the financial burden of heavy medical service costs. The Deputy Chairman, Mr Vincent FANG and Ms Audrey EU agreed that studies on financing strategies should be conducted without delay, and the Government should work out a clear timetable as soon as possible.

30. Mr Albert HO said that the Democratic Party supported developing the private sector to provide effective primary medical care services and reduce the pressure on the public hospital system. However, as sufficiency of resources was a crucial factor for the successful reform of the health care system, a review to decide the appropriate financing methods had to be expedited. Mr HO pointed out that many health care service users in the middle class had expressed willingness to make contributions to a financing system, e.g. a medical insurance/taxation scheme, to protect themselves from the risk of heavy medical expenses which could put their livelihood in jeopardy. He considered that the financing issues should be addressed in the context of a comprehensive reform.

31. Ms Emily LAU shared the view that those with better means should contribute to the costs of health care while the underprivileged should be assisted to ensure that they would not be deprived of treatment for financial reasons. She agreed that a detailed study on the financing options should be proceeded with without further delay to enable a consensus in the community to be reached as soon as possible. She added that as the issues involved huge public interest and concerns, the membership of the HMDAC should be expanded so that different sectors could be represented and their views taken into account.

32. SHWF said that assistance to patients who could not afford the costs of private medical care would be among the issues to be reviewed in detail in the consideration of the long-term financing strategies for health care services. The HMDAC would proceed to its second phase of work on financing issues later this year, and would ensure that comprehensive consultations would be undertaken. Any major decisions would be taken only after full and thorough debate in the community. At this stage, the Government remained open as to how the future financing options should be pursued. The target was to put forth recommendations by end of 2005 or early 2006. As regards the timetable for implementing the reform measures, he said that it would depend on when a general consensus could be reached in the community. He anticipated a timeframe of five to 10 years but stressed that the Government would introduce measures on which there was community consensus as soon as possible.

33. The Deputy Chairman asked whether the Administration had conducted any research studies to facilitate its consideration of the future financing strategies. SHWF replied that the Administration had undertaken studies to look into, among other things, the utilisation pattern of medical service users, their financial status

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and affordability as well as the types of health care services sought. The analyses would assist the Administration and the HA in the review.

34. In further response to the Deputy Chairman, SHWF said that the matter of tax concession allowable for contributions to medical insurance/savings schemes might be considered in the study on health care financing issues.

Way forward

35. SHWF undertook to revert to the Panel on further progress and development after the Administration had collated the views on the Discussion Paper, the consultation period of which would expire at the end of October 2005.

IV. Public mortuary services

(LC Paper Nos. CB(2)2252/04-05(02) and (03))

36. SHWF said that the recent media reports on insufficient storage space in public mortuaries and mis-handling of bodies in the mortuaries had drawn wide attention of the public. Taking the matter seriously, the Administration had set up an Inter-Departmental Committee to look into public mortuary, cremation and other related services. The Committee, under the steer of SHWF, comprised representatives from DH, the HA, Food and Environmental Hygiene Department (FEHD), Electrical and Mechanical Services Department, Planning Department, Architectural Services Department and Homes Affairs Department. It would work with a view to examining the existing procedures, reviewing the capacities of the facilities and contingency arrangements, maximising the use of existing facilities and examining the adequacy of future provisions. The Committee had met on 11 July 2005 and the agreed measures were highlighted in the paper provided to the Panel.

37. PAS/HWF(H) and Deputy Secretary for Health, Welfare and Food (Food & Environmental Hygiene) (Acting) (DSHWF(FEH)) gave a power-point presentation on the Administration's paper, which explained the operation of public mortuaries, the measures taken to alleviate the problem of insufficient refrigerating capacity and other related issues.

Issues raised by members

38. Mr WONG Kwok-hing referred members to his letter dated 11 July 2005 to the Chairman of the Panel, which set out his recommendations on measures to improve the operation of public mortuaries for the consideration of the Administration. Noting that some of the recommendations had been taken on board by the Administration, Mr WONG enquired whether the Administration

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would install temporary racks in the cold chambers of the mortuaries for the storage of bodies, so that it would no longer be necessary to place some of the bodies on the floor when the storage space was fully occupied.

39. Director of Health (D of H) replied that arrangements had been made for additional racks to be erected. He added that with the recent completion of the Kwai Chung Public Mortuary (KCPM), which had a facility to keep 220 bodies, bodies in other public mortuaries could be transferred to KCPM if necessary. The KCPM was expected to become fully operational in September/October 2005.

40. Mr WONG Kwok-hing made the following further enquires -

(a) whether the Administration would try to identify the anonymous informant, said to be a public mortuary staff, who reported to the press on the way the bodies in the mortuaries had been handled;

(b) whether the incident indicated mis-management of the public mortuaries;

(c) the progress of introducing the operation guidelines for public mortuary staff; and

(d) the progress of investigation by the Independent Commission Against Corruption (ICAC) on allegations on corruption practices by public mortuary staff.

41. SHWF replied that the Administration had no intention to "witch-hunt" the informant. He further said that the Administration had looked into the incident and found that there was no mal-administration in the handling of bodies, since it was not an abnormal practice to put some of the bodies on the floor at times when the storage area was insufficient to store all the bodies. However, the Administration had reviewed the situation and considered that there was scope for improvement to the mode of operation.

42. Mr James TO said that according to the informant, the reporting to the media was made with the objective of improving the operation of the public mortuaries.

43. As to the operation guidelines for public mortuary staff, Consultant Forensic Pathologist-in-charge (Consultant i/c) said that they had been promulgated and put to use on 18 July 2005. The guidelines included, among other things, matters relating to proper handling of bodies and corruption prevention. Regarding allegations on corruption practices, D of H and Consultant i/c said that the ICAC had conducted investigations but no evidence of

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corruption had been identified. However, as new allegations were subsequently made by a complainant in a radio phone-in programme, the matter had been referred to the ICAC for action. Consultant i/c added that corruption prevention practices had been regularly reviewed.

44. Dr Joseph LEE asked how the Administration would ensure that the staff would comply with the operation guidelines. James TO asked whether the guidelines would allow certain flexibility to be exercised by staff members in handling the bodies. Consultant i/c responded that the guidelines specified the proper practices and procedures to be followed under normal circumstances. Both the management and the staff sides, including workers and their supervisors, had regular meetings and discussions on the practices and procedures. In exigency situations where there were difficulties in handling the bodies with the available facilities, the staff should seek instructions from their superiors or the Forensic Pathologist-in-charge. He further explained that to enable the mortuaries to operate in an efficient manner, the DH advised the next of kin of the deceased to claim the bodies as soon as possible. Overflow arrangements were also in place for transferring bodies from mortuaries with lack of storage space to other mortuaries where capacities were available.

45. In reply to Mr James TO and Dr Joseph LEE, Consultant i/c said that as new capacity was now available, it was unlikely that bodies would have to be placed and piled up on the floor of the refrigerating chambers.

46. D of H further informed members that apart from the newly completed KCPM, the Administration was considering reprovisioning the Victoria Public Mortuary, which was built in 1972 and had already become out-moded. He hoped that LegCo Members could support the proposed future reprovisioning.

47. Ms LI Fung-ying noted that at the moment, bodies were kept in public mortuaries for an average of up to 17 days. She enquired if it was possible to shorten the period.

48. DSHWF(FEH) explained that the FEHD had committed in its performance pledge that an applicant with a cremation permit could make a booking at any government crematorium within 15 calendar days from the day next to the date of application for the deceased person. However, sometimes bereaved applicants deliberately chose not to cremate the bodies within the 15-day period for various reasons. At present, the 15-day target was achievable, and the FEHD would deploy resources to cope with additional workload where necessary. He further pointed out that the existing 32 cremators were not operating all year round due to the need for repair and maintenance. As at 18 July 2005, there were more than 160 cremation slots available for use by applicants for the following 15 days.

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49. In further response to Ms LI Fung-ying, Deputy Director of Food and Environmental Hygiene (Administration and Development) said that the 15-day pledge was set at the time when the FEHD was established. The pledge was fulfilled even during the peak period from December to March. He added that the demand for cremation service had increased by about 10% during the past 10 years. As it was anticipated that the demand would rise in the future, the FEHD was planning to increase and modernise the cremation facility to cope with demand. Subject to funding approval, the cremators at Wo Hop Shek Crematorium would be increased from four to seven. It was hoped that future increase in cremation facility would shorten the waiting time for cremation.

50. On provision of niches in existing columbaria, the Deputy Chairman noted that plans were in hand to increase the number of niches managed by FEHD by more than 110,000 (or 80%) within the next decade. He asked whether the increase was sufficient to meet the demand for niches. DSHWF(FEH) responded that the increase should be sufficient. He pointed out that niches were also provided by non-government organisations and religious bodies, and many bodies which were not cremated were buried in cemeteries and other sites and places. The actual utilisation rate of niches managed by FEHD was about 2 000 to 3 000 per year.

51. The Deputy Chairman asked whether the Administration would undertake an overall review on funeral/burial and related services for public consultation. SHWF replied that the issue was being considered. The Administration might be in a position to report to LegCo in October 2005 when the new session commenced.

V. Any other business

(LC Paper No. CB(2)2252/04-05(04))

Visit to general outpatient clinics

52. Members noted the letter dated 30 June 2005 from the Chairman of the Panel to the Private Secretary to Chief Executive and Private Secretary to Chief Executive's response.

53. There being no other business, the meeting ended at 1:20 pm.

Council Business Division 2
Legislative Council Secretariat
12 September 2005