

**立法會**  
**Legislative Council**

LC Paper No. CB(2)648/05-06  
(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of special meeting  
held on Monday, 17 October 2005 at 5:45 pm  
in the Chamber of the Legislative Council Building**

- Members present** : Dr Hon KWOK Ka-ki (Chairman)  
Dr Hon Joseph LEE Kok-long (Deputy Chairman)  
Hon Albert HO Chun-yan  
Hon Mrs Selina CHOW LIANG Shuk-ye, GBS, JP  
Hon CHAN Yuen-han, 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
- Members absent** : Hon Fred LI Wah-ming, JP  
Hon Bernard CHAN, JP  
Hon Andrew CHENG Kar-foo
- Members attending** : Hon Martin LEE Chu-ming, SC, JP  
Hon Howard YOUNG, SBS, JP  
Hon Emily LAU Wai-hing, JP  
Hon WONG Kwok-hing, MH
- Public Officers attending** : Dr York CHOW, SBS, JP  
Secretary for Health, Welfare and Food

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

Dr P Y LAM, JP  
Director of Health

Dr Vivian WONG, JP  
Chief Executive, Hospital Authority

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

**Staff in attendance** : Miss Mary SO  
Senior Council Secretary (2) 8

Ms Maisie LAM  
Council Secretary (2) 2

Miss Maggie CHIU  
Legislative Assistant (2) 4

---

**I. Briefing by the Secretary for Health, Welfare and Food on the Chief Executive's Policy Address 2005-2006**  
(LC Paper No. CB(2)49/05-06(01))

Secretary for Health, Welfare and Food (SHWF) briefed members on the Administration's paper which set out the new initiatives in respect of health matters of the Health, Welfare and Food Bureau (HWFB) in 2005-2006 Policy Address and gave an account of the progress of the initiatives set out in the last Policy Agenda.

2. Mr WONG Kwok-hing asked whether consideration could be given to the following -

- (a) providing a fee-waiving card to chronically-ill patients not on Comprehensive Social Security Assistance (CSSA) who had difficulty in meeting the expenses of drugs outside the Hospital Authority (HA)'s Drug Formulary, so that they did not have to apply for fee waiver with medical social workers (MSWs) every time they

needed to obtain these drugs; and

- (b) expediting the introduction of Chinese medicine (CM) clinics in all 18 districts across the territory, as well as increasing the quota of discs to be allocated each day to patients by these clinics.

Suggestions similar to those in paragraph 2(b) above were raised by Mr LEE Kwok-ying.

3. SHWF agreed that some flexibility should be allowed in the medical fee waiver mechanism administered by MSWs, to obviate the need of frequent users of medical services and drugs who were not on CSSA to apply for fee waiver on each occasion. Chief Executive, HA agreed to follow up the suggestion raised by Mr WONG in paragraph 2(a) above.

4. Regarding the suggestions raised by Mr WONG Kwok-hing and Mr LEE Kwok-ying in paragraph 2(b) above, SHWF responded as follows -

- (a) funds had been allocated for the setting up of 18 CM clinics across the territory. At least three CM clinics would come on stream in 2005-2006. More CM clinics would be set up, subject to availability of suitable sites and other related elements, such as adequate manpower and a collaborating public hospital to develop integration of Chinese and western medicine to treat patients; and
- (b) the number of patients each CM clinic could receive each day depended every much on the operation and the capability of the clinic itself, having regard to the facts that CM clinics were self-financed and their size varied.

SHWF also advised that the Administration was presently in discussion with three local universities on ways to further promote the integration of Chinese and western medicine in treating patients.

5. Ms Emily LAU expressed concern about the risk an outbreak of avian influenza in humans in Hong Kong, and asked the following questions -

- (a) had the Mainland been notifying Hong Kong promptly of outbreaks of avian influenza in the Mainland, and had Hong Kong been also maintaining effective communication and co-operation with neighbouring places where such outbreaks had occurred; and
- (b) the existing stock of antiviral drug.

6. SHWF confirmed that the Mainland had promptly notified Hong Kong of all avian influenza outbreaks in the Mainland. The Mainland had also responded very swiftly to Hong Kong's enquiry of any suspected infectious disease outbreak in the Mainland. SHWF pointed out that since the setting up of the Guangdong-Hong Kong-Macao Expert Group on Prevention and Treatment of Infectious Diseases in May 2003, a point-to-point communication with health authorities in Guangdong via telephone and/or fax had been established. Where necessary, staff from the Centre for Health Protection (CHP) and the Department of Health (DH) would visit the affected areas in the Mainland to gain more first-hand understanding of the situation. Upon request from the Mainland health authorities, the two laboratories under CHP would conduct tests for infectious diseases, including H5N1 avian influenza.

7. SHWF further pointed out that the greatest public health threat to Hong Kong remained, given the sporadic outbreak in the Mainland and other developing countries. SHWF said that the most effective strategy was to work closely with the international community, particularly affected countries and countries-at-risk, in preventing avian influenza at source in the animals, and simultaneously prepare for an avian flu induced influenza pandemic.

8. As regards Ms LAU's second question, SHWF said that CHP had been stockpiling antivirals as part of its influenza pandemic preparedness plan and aimed to gradually increase the existing level from about 2.7 million doses to about 20.5 million doses in DH in view of the limited shelf life of the drug. SHWF advised that 2.7 million doses of antiviral drug were sufficient to treat about 200 000 patients, whereas 20.5 million doses of antiviral drug were sufficient to treat over one million patients or about 20% of the population of Hong Kong. SHWF pointed out that such an arrangement was in line with guideline for stockpiling antivirals laid down by the World Health Organization. Not many places could meet such a guideline. SHWF further pointed out that it was unknown how effective the antiviral drug was in treating H5N1 avian influenza if efficient human-to-human transmission of the disease occurred. Hence, the best defence against the onslaught of avian influenza pandemic was to prevent the disease in poultry and birds, step up precautionary measures, and observe good personal hygiene. CHP and DH had already put in place a comprehensive preparedness plan for influenza pandemic, and would shortly refresh the general public on the plan.

9. Dr YEUNG Sum asked the following questions -

- (a) how prepared the Administration was in the event that there was human-to-human spread of H5N1 avian influenza; and
- (b) whether HA planned to close down the accident and emergency

(A&E) Department of Ruttonjee Hospital, and divert prospective patients to that of the Pamela Youde Nethersole Eastern Hospital.

10. SHWF responded that although there was no concrete evidence to date that there was human-to-human transmission of H5N1 avian influenza, the potential of it happening could not be ruled out. This was evident that some nurses who had cared for the first patient who died from H5N1 virus in Hong Kong in 1997 had developed antibody for the virus, showing that the virus could pass from poultry to humans, albeit the chance of such causing severe illness in humans was not high. SHWF further said that of foremost concern was that the highly pathogenic H5N1 could improve its transmissibility among humans through mutation or reassortment. Specimens of the H5N1 virus from recent affected areas, such as the Mainland, Vietnam, Thailand and Indonesia, revealed that there was a slight change in the genetic makeup of the virus. Hence, it was of paramount importance to prevent poultry from contracting avian influenza, so as to reduce the chance of humans catching the influenza virus while coming into contact with the infected poultry.

11. Regarding Dr YEUNG's second question, Chief Executive, HA clarified that HA had no plan to close down the A&E Department of Ruttonjee Hospital at this stage.

12. Ms LI Fung-ying wondered how HA could continue to carry out its various service development and rationalisation as set out in the Administration's paper, given its huge deficit and the fact that a sustainable long-term funding arrangement for HA had yet to be worked out.

13. SHWF responded that arrangement to enable the long-term sustainability of HA was in the process of being finalised shortly with the Financial Secretary (FS), details of which would be announced by FS in his coming budget speech. SHWF further said that as resources were finite, there was a need to deploy resources on areas most in need. HWFB would shortly discuss with the HA management on how resources should be used to attain efficiency and cost-effectiveness on the one hand and meet patients' needs on the other.

14. Ms LI Fung-ying hoped that SHWF could give a guarantee that the service quality of HA would not be compromised and HA staff would not be made redundant at the expense of saving costs.

15. SHWF responded that the Administration would not waver on its determination to uphold the service quality of the public health care system. SHWF further said that although the wastage rate of HA staff was about 6% this year, as opposed to an annual wastage rate of between 2% to 3% since the formation of HA, the 6% annual wastage rate of HA was not high compared to

that of other public bodies which stood at about 7% to 8%. SHWF was of the view that the main reason why more doctors left the employ of HA this year was due to the recovery of the economy. He would advise HA management to do more to keep experienced doctors in their employ longer.

16. Dr Joseph LEE asked the following questions -

- (a) what measures would be taken to see that nothing was amiss in poison prevention and control, having regard to the fact that HA, DH and the Chinese University of Hong Kong were all involved in this endeavour;
- (b) whether there was any timetable for implementing the preparedness plan for influenza pandemic mentioned in paragraph 8 above; and
- (c) whether there would be additional resources to enable HA to further promote the community-based healthcare delivery mode by providing health services away from hospital to settings nearer to the patient's home.

17. SHWF responded as follows -

- (a) there was no cause for concern that there would be omission in the development of services relating to the prevention and control of poison, as experts/professionals from DH, HA and academic institutions were all very eager to contribute their expertise on this endeavour. To better coordinate and integrate their efforts, it was therefore decided that a Working Group on Toxicology Service Development, convened by DH, should be formed;
- (b) the preparedness plan for influenza pandemic merely provided a framework for preventing influenza pandemic. The exact measures to be taken would depend on the then circumstances; and
- (c) new resources would be allocated to HA to enable it to further promote the community-based healthcare delivery mode by providing health services away from hospital to settings nearer to the patient's home.

18. Mrs Sophie LEUNG urged the Administration to do more on promoting healthy ageing, so that more elders could age at home.

19. SHWF hoped that in future, welfare and health services for the elderly could be more integrated to provide a holistic care to the elderly. For instance, to

enable frail elders to age at home, it was the Administration's intention to step up home care services with involvement from family doctors. In respect of residential care services for the elderly, SHWF said that it was the Administration's intention to merge the existing four types of residential care homes for the elderly (RCHEs) to meet different care needs of elders into one home with medical services provided, so that residents could receive a continuum of care. A pilot would be launched in selected districts next year to find out the effectiveness of such new service delivery model.

20. Mrs Sophie LEUNG hoped that consideration could be given to training more different types of nurses to cater for the varied nursing needs of elders living in the community.

21. Mrs Selina CHOW hoped that the operation hours of public outpatient clinics, including that of the Chinese medicine outpatient clinics, could be extended to better patients' needs, should resources permit. Mrs CHOW further said that although engaging the private medical sector to take on a larger share of the medical services was the right way forward, she hoped that fees charged by the private sector would still be affordable by the general public.

22. SHWF responded that each HA cluster chief executive had the flexibility to set the operation hours of the public outpatient clinics under his/her purview according to patients' needs. Clusters which had higher demand for outpatient services were allocated more resources than other clusters which had a lesser demand. SHWF further said that the past thinking of simply asking the private sector to share the medical services currently provided by the public sector was not workable. A better way was to subsidise or provide funds to the private sector to carry out these services. In so doing, fees charged by the private sector should not be beyond the affordability of the general public. HA planned to examine the viability of such an approach after securing additional resources for introducing new services involving public and private sectors participation in the next financial year.

23. Mrs Selina CHOW requested the Administration not to only focus on meeting the medical needs of the grassroots, but to also listen to the voices of the middle class, in reforming and formulating long-term financing of health care services.

24. Miss CHAN Yuen-han urged the Administration to strengthen the elderly health centres run by DH, so as to provide better primary medical services for the needy elderly.

25. SHWF responded that there was no plan to expand the elderly health centres run by DH which provided services of health assessment, physical check

up, counselling, curative treatment and health education to people aged 65 and above. As resources were finite, any additional resources should, in the Administration's view, be used on strengthening the medical care services for the frail elders living at home and at RCHEs. The Administration planned to seek members' view on the financing options, say, via co-payment or a savings scheme, for providing primary care services for the elderly in the coming year.

26. Mr Albert HO asked why only liver and nasopharyngeal cancers were covered by the cancer surveillance regime mentioned in paragraphs 11-13 of the Administration's paper, and what sort of assistance could cancer patients get from such regime. Mr HO also sought more information on the new initiative to promote healthy eating habits among school children.

27. SHWF clarified that the cancer surveillance regime would be implemented by HA through its Cancer Registry which covered all types of cancer from both the public and private sectors, albeit the participation of the private sector was voluntary at present. To improve cancer care in Hong Kong, HA would enhance the Registry to provide more accurate and timely information. HA would also coordinate multi-centre clinical trials on liver and nasopharyngeal cancers to guide the development of best clinical practice for the management of these cancers.

28. Director of Health explained that the reason for promoting healthy eating habit among school children was because the nurturing of healthy dietary habits should best start from one's formative years. In view of the rising trend of obesity among primary school students, from 16.4% in 1997-1998 to 18.7% in 2003-2004, DH was planning to collaborate with relevant government departments, professional bodies and community groups to launch a healthy eating promotional project in primary schools. DH would also seek to establish a partnership approach involving strong inter-sectoral collaboration among school staff, food suppliers, students and parents. The projects would be rolled out in 2006 and 2007, with a review to be conducted in 2008.

29. Mr Vincent FANG asked the following questions -

- (a) whether SHWF could assure HA doctors that the budgetary problem of HA had been solved with FS, having regard to the unusual large number of doctors resigning from HA this year; and
- (b) what measure was taken to ensure the quality of services provided by doctors hired by the Administration to serve RCHEs and how such an arrangement would be further developed to improve community primary medical care for the elderly.

30. SHWF responded that he was not in a position to divulge the arrangements

Action

reached with FS to enable the long-term sustainability of HA. FS would announce such arrangements at an appropriate time. Nevertheless, he had met with frontline doctors of HA on several occasions, the last time being several weeks ago, to assure them that they would not be let go because of lack of funds. SHWF further said that a mechanism had been put in place to monitor the performance of doctors hired to serve RCHEs. The mode of arranging doctors to pay visits to RCHEs in order to cure episodic illness of residents and to follow-up on elders who had relatively higher risks or who had just been discharged from hospitals would be assisted by the Community Geriatric Assessment Teams under HA. Such a mode of operation would be launched next year on a pilot basis to test its effectiveness.

31. The Chairman urged the Administration to expedite the introduction of an electronic medical record system in Hong Kong to enable the free flow of patients' records so as to facilitate the transition of patients between different levels of care between the public and the private sectors. The Chairman declared that he was a member of the HA Board. Noting the more than 10 new initiatives proposed by HA to improve medical care for patients, the Chairman wondered why only the cancer surveillance regime was included in this year's Policy Agenda.

32. SHWF responded that the introduction of an electronic medical record system in Hong Kong could not be achieved within one year's time, given the complexity of the task. To take the matter forward, an advisory committee comprising representatives from HA, DH and other stakeholders to study the feasibility of setting up such a system would be set up by early 2006. The committee would look at areas such as the information needs and information services to be provided with reference to similar systems in other countries, the interface issues between providers of care at different levels in the public and private sectors, the legal and privacy issues, the consultation mechanism to promote acceptance by the community and stakeholders, and the overall developmental timeframe. SHWF further said that HA should consider re-deploying its internal resources to launch new initiatives on a pilot basis to test their feasibility and long-term sustainability.

33. There being no other business, the meeting ended at 7:01 pm.