立法會
Legislative Council

LC Paper No. CB(2)602/05-06
(These minutes have been seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 14 November 2005 at 8:30 am
in the Chamber of the Legislative Council Building

Members present : Dr Hon KWOK Ka-ki (Chairman)
Hon Albert HO Chun-yan
Hon Fred LI Wah-ming, JP
Hon Mrs Selina CHOW LIANG Shuk-yee, GBS, JP
Hon CHAN Yuen-han, JP
Dr Hon YEUNG Sum
Hon Andrew CHENG Kar-foo
Hon LI Fung-ying, BBS, JP
Hon Vincent FANG Kang, JP
Hon LI Kwok-ying, MH

Members absent : Dr Hon Joseph LEE Kok-long (Deputy Chairman)
Hon Bernard CHAN, JP
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP

Member attending : Hon WONG Kwok-hing, MH

Public Officers attending : All items

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

Item VI only

Ms Margaret TAY
Executive Manager (Professional Services and Medical Development), Hospital Authority

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

Staff in attendance : Item IV only

Mr Watson CHAN
Head (Research and Library Services)

Mr Simon LI
Research Officer 6

All items

Miss Mary SO
Senior Council Secretary (2) 8

Miss Maggie CHIU
Legislative Assistant (2) 4

I. Information paper(s) issued since the last meeting

There was no information paper issued since the last meeting.

II. Items for discussion at the next meeting
(LC Paper Nos. CB(2)297/05-06(01) and (02))

2. Members agreed to discuss the following items at the next regular meeting to be held on 12 December 2005 at 8:30 am -

(a) Guideline on the implementation of the Undesirable Medical Advertisements (Amendment) Ordinance 2005; and

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(b) Outcome of the Health and Medical Development Advisory Committee consultation on the future service delivery model for Hong Kong's health care system.

3. Mr Andrew CHENG said that the Democratic Party (DP) proposed that the Administration should seek the approval of the Finance Committee (FC) of the Legislative Council (LegCo) before end 2005 for the creation of a new commitment of $200 million to deal with a possible outbreak of H5N1 influenza in humans. A copy of the relevant press release issued by DP on 13 November 2005 was tabled at the meeting.

4. Deputy Secretary for Health, Welfare and Food (Health) (DSHWF(Health)) responded that the Administration and the Hospital Authority (HA) had gained experience from the last Severe Acute Respiratory Syndrome (SARS) outbreak in Hong Kong and had, for example, been adequately equipped with the necessary facilities and personal protection equipment for the fight against SARS and other infectious diseases. Recently, the Administration had obtained funds from FC in May this year to increase the stockpile of antivirals for dealing with a possible influenza pandemic. Nevertheless, DSHWF(Health) agreed to consider the proposal and revert to the Panel before the next meeting.

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5. Mr Andrew CHENG said that the preparedness based on the fight against SARS might not be adequate for coping with an avian influenza pandemic where the transmissibility of the disease among humans could be much more efficient than SARS and the death rate considerably higher. Mr CHENG pointed out that both the United States (US) and the Mainland had allocated new money to fight against a possible avian influenza pandemic.

6. Ms LI Fung-ying said that should the Administration, in the final analysis, find that more funds were needed to deal with a possible avian influenza pandemic, it should consult the Panel as far as possible before seeking FC's approval.

7. The Chairman proposed to discuss the regulation of services provided by beauticians at a future meeting. Members agreed.

III. Proposed duty visits to the Mainland

(LC Paper No. CB(2)297/05-06(03))

8. Mr Andrew CHENG proposed and members agreed to conduct a duty visit to the Guangdong Province, preferably before the coming Lunar New Year, to obtain first-hand information on the following -

(a) the Province's preparedness plan for influenza pandemic;

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(b) the joint emergency response of the Guangdong Province and Hong Kong in case of cross boundary serious public emergencies;

(c) medical services for Hong Kong residents in the Guangdong Province in the event of an influenza pandemic; and

(d) the Mainland's experience of using Chinese medicine to build up defence against influenza.

9. DSHWF(Health) said that the Administration would be happy to provide members with names, titles and contact means of the relevant organisations and persons in the Mainland to facilitate the above visit.

IV. Proposed research study on health care financing

(LC Paper No. CB(2)297/05-06(04))

10. The Chairman tabled a paper setting out abstracts of the research studies conducted by five local academics on health care financing for members' reference.

11. At the invitation of the Chairman, Head (Research and Library Services) (Head (R&LS)) said that research reports on health care expenditure and financing in Australia, US, United Kingdom, Singapore and Taiwan had been compiled by his Division between 1998 and 1999 to assist the Panel in considering the recommendations of the health care system review conducted by the Harvard consultants. Head(R&LS) further said that according to the World Health Organization, health care financing system could be roughly classified into four types, namely, taxation, social health insurance, private health insurance and medical savings accounts. Examples of places which took the following forms as their primary form of health care financing were as follows -

(a) taxation - Australia, Canada, New Zealand and Sweden;

(b) social health insurance - France, Germany, Austria and Switzerland;

(c) private health insurance - the US; and

(d) medical savings accounts - Singapore.

Head (R&LS) pointed out that although the financing of New Zealand's health care system was primarily tax-based, it also had a distinct element of social health insurance.

12. DSHWF(Health) advised members that apart from countries in Western Europe, the financing of the health care systems in Japan and Taiwan also had a strong element of social insurance. The purchase of private health insurance in US was voluntary, whereas that in Switzerland was mandatory.

13. The Chairman proposed and members agreed to request the R&LS Division to conduct research studies on the health care financing system and its effectiveness in selected overseas places, including those places which had undergone health care reforms in the past 10 years. Members further agreed to defer the decision on the Chairman's proposal to set up a working group to study the financing options for the long-term sustainability of Hong Kong's health care system, until the research study reports were ready in a few months' time.

14. The Chairman enquired whether there were past cases of committees of LegCo hiring outsiders to conduct studies on a particular subject matter to facilitate their consideration of the subject. Head(R&LS) replied that to his knowledge only one committee had in 1996 hired a local university to conduct a land search for its work. Head(R&LS) undertook to revert to members on the resources involved.

Head(R&LS)

V. Proposed overseas duty visit to Singapore and Australia

(LC Paper No. CB(2)297/05-06(04))

15. Members agreed to conduct an overseas duty visit in the coming summer recess to study the development and effectiveness of various financing models for health care system. Members further agreed to defer the decision on which overseas places to visit until after studying the research studies on health care financing to be conducted by the R&LS Division.

VI. Development of Chinese medicine clinics in the public sector

(LC Paper Nos. CB(2)297/05-06(05) and (06))

16. DSHWF(Health) introduced the Administration's paper which set out, among others, the new sites and implementation timetable for six additional Chinese medicine clinics (CMC) in the public sector. Subject to members' support, the Administration intended to seek funding support from the Public Works Subcommittee (PWSC) and FC as soon as possible.

17. Mr Andrew CHENG said that although there would be a total of nine CMCs after the establishment of the six new clinics, the pace of introducing Chinese medicine service in the public sector was still too slow and should be

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expedited. In particular, Mr CHENG urged the Administration to expeditiously establish a CMC in West Kowloon, an area populated by many elders with meager means. Mr CHENG further said that in order to speed up the establishment of the outstanding nine CMCs in the territory, the sites of which were yet to be identified, the Administration should seek funding support from PWSC and FC for the remaining 15 CMCs in one go, given that there was no dispute about the objectives of CMCs.

18. DSHWF(Health) responded that the Administration was well aware of the demand for Chinese medicine service in West Kowloon, and had therefore included West Kowloon as one of the priority sites for establishing a CMC in the next phase as was reported to the Panel on 13 June 2005. The reason why a CMC was yet to be established in West Kowloon was due to the lack of a readily available suitable site. Nevertheless, the Administration was at present in discussion with the District Council concerned on various possibilities.

19. DSHWF(Health) agreed to consider Mr CHENG's proposal to include the estimated funding required for establishing the remaining nine CMCs in the coming funding proposal for establishing six additional CMCs mentioned in the Administration's paper for the PWSC.

20. Mr Andrew CHENG said that should the funding proposal mentioned in paragraph 19 above be approved by FC, the Administration should still brief the Panel before commencing work on setting up the remaining nine CMCs not covered in the Administration's paper. DSHWF(Health) agreed.

21. As to when the six additional CMCs mentioned in the Administration's paper would come on stream, DSHWF(Health) responded that it was the Administration's intention to have the three new CMCs in Wan Chai, Sai Kung and Yuen Long districts come into operation within the current financial year. As regards the next three CMCs in Kwai Tsing, Tuen Mun and Kwun Tong districts, DSHWF(Health) said that works on these clinics were expected to start after the first quarter of 2006 and complete in three to four months' time.

22. Ms LI Fung-ying expressed disappointment about the fact that even with the establishment of the six new clinics, the Administration had only achieved 50% of its target of setting up 18 clinics. Ms LI further said that the slow pace of introducing Chinese medicine service in the public sector was not conducive to providing sufficient training grounds for local Chinese medicine graduates, which was a great waste of public resources given that their education was heavily subsidised by public coffer.

23. DSHWF(Health) responded that one of the objectives of establishing CMCs was to provide training in "evidence-based" Chinese medicine. To this end, each

of the six new CMCs would hire five Chinese medicine graduates to undergo one year training. The salary of Chinese medicine graduates being trained was partly subsidised by the Government. As regards the existing three CMCs, Executive Manager (Professional Services and Medical Development), HA said that 11 Chinese medicine graduates were presently hired by these clinics. Subject to their performance during the one year in-service training, their contract might be extended. DSHWF(Health) further said that the Administration had been and would continue to encourage private Chinese medicine practitioners to train new graduates, most of whom would practise in the private sector on completion of training.

24. Ms LI Fung-hing said that the take in rate of Chinese medicine graduates by CMCs in the public sector fell far short of meeting the training demand, having regard to the fact that the universities offering Chinese medicine degree courses would produce some 60 graduates each year. As regards the number of Chinese medicine graduates hired by the private Chinese medicine practitioners, DSHWF(Health) said that the Administration did not have the figure, as the hiring of Chinese medicine graduates by the private sector was voluntary.

25. Dr YEUNG Sum asked the Administration to explain the reason for failing to achieve the target of setting up 18 CMCs by 2005-2006 as originally pledged by the Administration.

26. DSHWF(Health) explained that as the adoption of a tripartite model in which HA collaborated with an non-governmental organisation (NGO) and a university in each of the CMCs was new, it was necessary to ensure the proper development and testing of this new service delivery model by taking a phased development approach. Moreover, as the size of each clinic should range from 416 m^2 to 700 m^2, it had not been easy to identify vacant sites of such size in the public sector and rent space of such size from the private market would not be cost-effective. DSHWF(Health) however pointed out that the possibility of setting up more CMCs in the next few months could not be ruled out, should suitable sites become available then.

27. On the question of whether the adoption of a tripartite model for CMCs was the reason for the delayed establishment of 18 CMCs, DSHWF(Health) responded that the tripartite model for CMCs had in fact helped to speed up the introduction of Chinese medicine practice in the public sector, as the provision of Chinese medicine service was new to HA. DSHWF(Health) further said that it was not unreasonable that more time was needed to take forward the establishment of CMCs in the public sector at the outset, so as to ensure the proper development of Chinese medicine service in the public sector. For instance, from operational experience, the sites of existing CMCs were found to be too small and the concerned NGOs which were operating other facilities in the same premises had

utilised other facilities in the same premises to provide Chinese medicine services for the clinics. To allow sufficient development space for the provision of a fuller range of Chinese medicine services, it was decided that the size of new CMC sites should range from 416 m^2 to 700 m^2, as opposed to from 270 m^2 to 386 m^2.

28. Mr LI Kwok-ying asked the following questions -

(a) why no CMC had been planned for the Sha Tin district;

(b) what was the utilisation rate of the existing three CMCs attached to the Tung Wah Hospital, the Yan Chai Hospital and the Alice Ho Miu Ling Nethersole Hospital; and

(c) whether, and if so, what progress had been made by the CMCs in the public sector in achieving the intended objectives of providing Chinese medicine service in the public sector which were to develop standards in Chinese medicine practice, to systemise the knowledge base of Chinese medicine through, among others, clinical research and to provide training in "evidence-based" Chinese medicine.

29. DSHWF(Health) responded that the Administration planned to set up a CMC in the Sha Tin district, subject to the availability of suitable site. DSHWF(Health) further said that a review of public CMC service conducted early this year showed that steady progress had been made in meeting the objectives of providing Chinese medicine service in the public sector. Although such progress made could not be quantified, some indicators of the achievements of the existing three CMCs included the building up of standards for quality control of herbs and safe dispensing. Such achievements would help to steer the development of standards in Chinese medicine practice. Furthermore, the setting up of an integrated clinic management and patient record system had helped to capture information that would enrich the knowledge base of Chinese medicine practice. Executive Manager (Professional Services and Medical Development), HA supplemented that HA had also been organising training courses on Chinese medicine for its doctors, which had helped to promote interface between western and Chinese medicine in treating patients.

30. Executive Manager (Professional Services and Medical Development), HA said that in 2004-2005, the number of consultations made by the CMC attached to the Tung Wah Hospital was about 30 000, in the CMC attached to the Yan Chai Hospital was about 20 000, and in the CMC attached to the Alice Ho Miu Ling Nethersole Hospital was about 10 000 to 20 000. The reason why the number of consultations made by the CMC attached to the Alice Ho Miu Ling Nethersole Hospital was lesser than that of the other two CMCs was mainly due to its

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relatively less accessible location. All these clinics had been able to meet the demand of CM service and the situation of patients queuing for services had not arisen. She further said that 20% of the quota of these clinics had been allocated to recipients of Comprehensive Social Security Assistance (CSSA) with fees and charges waived.

31. Mr LI Kwok-ying asked the Administration why it had not considered the Prince of Wales Hospital as a possible site for setting up a CMC in Sha Tin. DSHWF(Health) explained that this was because the Prince of Wales Hospital would soon undergo redevelopment. Moreover, the hospital in its present crammed state could not possibly provide any vacant space to accommodate a CMC.

32. As to whether the Shatin Hospital could be considered as a possible site, DSHWF(Health) responded that from past operational experience, a CMC which was not easily accessible was found to be less favoured by patients who were mostly frail elders. Given that the location of Shatin Hospital was not easily accessible by public transport, the Administration had ruled it out as a suitable site for a CMC.

33. Mr WONG Kwok-hing asked the following questions -

(a) when would the remaining nine CMCs be set up;

(b) whether there was any plan to set up a CMC in Tung Chung;

(c) whether discussion had been held with the Housing Department on using retail premises inside the public housing estates for setting up CMCs;

(d) whether the 20% quota of the clinics allocated to CSSA recipients were sufficient; and

(e) what assistance was given to needy non-CSSA patients seeking Chinese medicine service.

34. DSHWF(Health) responded as follows -

(a) the remaining nine CMCs would be set up upon the availability of suitable sites. It was possible that new sites could be identified within the current legislative session, and the Administration would brief members on the progress made in this regard then;

(b) the Administration had looked into the suitability and viability of

setting up a CMC in Tung Chung, and considered that the area should not be given priority because of its relatively small and young population who were less inclined to use CM service;

(c) the Administration had explored the idea of renting retail premises in the public housing estates to set up CMCs, and concluded that the rental charged at prevailing market rate would inevitably make the CMC not cost-effective;

(d) NGO partners were given the flexibility to waive or reduce the fees and charges of needy patients above the 20% quota, without having to undergo assessment by medical social workers. In addition, NGOs partners also had the flexibility to use their operating surplus to provide fee waiver or reduction to needy patients not on CSSA; and

(e) in addition to HA's public CM clinics, there were many charitable organisations offering Chinese medicine services free of charge or at a very low fee to the public.

35. The Chairman asked whether any patients of CMCs had been turned away because of lack of means. DSHWF(Health) replied in the negative.

36. Mr WONG Kwok-hing pointed out that a CMC in Tung Chung would not only serve people living in Tung Chung, as people living on Lantau Island could make use of the clinic. Moreover, many labourers working for the airport in Chek Lap Kok often needed such Chinese medicine service as bone-setting for their injuries at work, Mr WONG further asked whether the Administration could give an undertaking that it would complete the establishment of 18 clinics in the public sector within the present term of office of the Chief Executive.

37. DSHWF(Health) agreed to re-consider the setting up of a CMC in Tung Chung, having regard to the new perspective brought up by Mr WONG in paragraph 36 above. DSHWF(Health) further said that she could not give any assurance that the nine remaining CMCs would be set up by July 2007, as the Administration to date still had not identified any suitable sites in several districts. Nevertheless, the Administration would strive to expedite the task as far as practicable.

38. Noting that the size of the six new CMCs would range from 416 m^2 to 700 m^2, Mrs Selina CHOW asked whether such a large site for a CMC was necessary and whether there could be some flexibility in the levels of services to be provided if only smaller sites could be found.

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39. DSHWF(Health) responded that the size required for the six new CMCs was not excessive, having regard to the facts that these clinics did not merely provide outpatient service, but also engaged in other services, such as providing training to Chinese medicine graduates, developing Chinese medicine standards and patient records and conducting research, which all required space. A smaller sized CMC would not be cost-effective, and would also impede the development of Chinese medicine practice.

40. Mrs Selina CHOW expressed concern that the CMCs in the public sector, given their large scale, would take away business from the private market. DSHWF(Health) responded that it had all along been the Government policy that the CMCs in the public sector should not seek to compete with the service providers in the private sector. In this connection, the ultimate goal was to establish a total of not more than 18 clinics to achieve the objectives set out in paragraph 2 of the Administration's paper. DSHWF(Health) further said that there was no cause for concern that the CMCs in the public sector would affect the business of the private CMCs in any significant manner, having regard to the fact that the about 5 000 registered and 3 000 listed Chinese medicine practitioners in private practice were already providing generally comprehensive and affordable Chinese medicine services to the community.

41. The Chairman shared members' view about the setting up of a CMC in West Kowloon and urged that this be done as soon as possible. The Chairman also shared members' view that the number of Chinese medicine graduates being trained by the public sector, i.e. 26 in total, was too small to have any significant impact on raising the standards of Chinese medicine practice. To this end, the Chairman asked whether consideration could be given to increasing the training quota or doubling the existing quota by hiring Chinese medicine graduates on a part-time instead of a full-time basis at present.

42. DSHWF(Health) said that the Chairman's suggestion mentioned in paragraph 41 above could be considered but it should be borne in mind that under the existing arrangement, four Chinese medicine practitioners were responsible for supervising five Chinese medicine graduates in each clinic. If the Chairman's suggestion was adopted, not only would the workload of trainers be greatly increased, the amount of training to be received by the trainees would inevitably be decreased or diluted.

43. Miss CHAN Yuen-han enquired about the Administration's strategy of setting up CMCs. Miss CHAN hoped that these clinics could be provided at areas with ageing population, and further asked whether there was any plan to set up a CMC in Tze Wan Shan.

44. DSHWF(Health) responded that it was the Administration's plan to set up a

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CMC in districts populated by many elders such as the North District, Sha Tin and Wong Tai Sin. DSHWF(Health) advised that the Tung Wah Group of Hospitals was presently operating a Chinese outpatient clinic serving the Wong Tai Sin area, and the fees charged by it were very low.

45. Miss CHAN Yuen-han maintained the view that a CMC should be set up in Tze Wan Shan, so as to obviate the need of the elderly residents to travel a long way to get Chinese medicine services in Wong Tai Sin. Miss CHAN further said that she had received some complaints that the fee charged by CMCs which sometimes exceeded $200 per consultation, and asked the Administration to clarify the fees charged by CMCs.

46. Executive Manager (Professional Services and Medical Development), HA responded that at present, patients were being charged a fee of $120 per attendance which included consultation and two doses of medicine. She surmised that the reason why some patients were charged a fee over $120 was because they requested more than two doses of medicine, and the fee for each additional dose was from $20 to $30.

47. There being no other business, the meeting ended at 10:34 am.

Council Business Division 2
Legislative Council Secretariat
7 December 2005