立法會
Legislative Council

LC Paper No. CB(2)767/05-06
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 12 December 2005 at 8:30 am
in Conference Room A 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 Fred LI Wah-ming, JP Hon Mrs Selina CHOW LIANG Shuk-yee, GBS, JP Hon CHAN Yuen-han, JP Hon Andrew CHENG Kar-foo Hon LI Fung-ying, BBS, JP Hon Vincent FANG Kang, JP Hon LI Kwok-ying, MH
Members absent	:	Hon Bernard CHAN, JP Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP Dr Hon YEUNG Sum
Public Officers attending	:	Items V and VI Miss Susie HO, JP Deputy Secretary for Health, Welfare and Food (Health) 1 Mr Jeff LEUNG Principal Assistant Secretary for Health, Welfare and Food (Health) 1

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Item V

Dr T H LEUNG, JP
Deputy Director of Health

Dr Mandy HO
Principal Medical and Health Officer
Department of Health

Mrs Mary CHENG
Senior Pharmacist
Department of Health

Item VI

Dr LEUNG Pak-yin, JP
Controller, Centre for Health Protection
Department of Health

Miss Helen TANG
Head, Emergency Response and Information Branch
Centre for Health Protection
Department of Health

Mr Stephen MACK
Exercise Director
Centre for Health Protection
Department of Health
Chief Inspector of Police

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

Dr Raymond YUNG
Consultant in-charge
Infectious Disease Control Training Centre, Hospital Authority and Head, Infection Control Branch
Centre for Health Protection
Department of Health

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Item VII

Mrs Ingrid YEUNG HO Poi-yan
Deputy Secretary for Health, Welfare and Food (Health) 2

Ms Julina CHAN Woon-yee
Principal Assistant Secretary for Health, Welfare and Food (Health) 3

Ms Ernestina WONG Yiu-kei
Principal Assistant Secretary for Health, Welfare and Food (Health) 2

Dr Gloria TAM Lai-fan
Assistant Director of Health
Department of Health

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

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

Staff in attendance : Item IV

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

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I. Confirmation of minutes
(LC Paper No. CB(2)602/05-06)

The minutes of the meeting held on 14 November 2005 were confirmed.

II. Information paper(s) issued since the last meeting
(LC Paper No. CB(2)513/05-06(01))

2. Members noted the above letter from Mr LEUNG Kit-fung requesting for the setting up of a registration system for dietitians.

III. Items for discussion at the next meeting
(LC Paper Nos. CB(2)603/05-06(01) and (02))

3. The Chairman suggested incorporating the discussion of the registration of dietitians, as well as clinical psychologists, under the issue of regulation of health care personnel not currently subject to statutory registration. Members expressed support. The Chairman asked the Administration whether it was in a position to discuss the aforesaid issue in the first quarter of 2006. Deputy Secretary for Health, Welfare and Food (Health) 1 (DSHWF(H)1)) replied in the positive.

4. Mr Andrew CHENG tabled a local newspaper article published on 10 December 2005 which reported that Professor GUAN Yi, a virologist at the University of Hong Kong, had pointed out that the Mainland authorities had concealed avian influenza (AI) outbreaks in several provinces in the Mainland.

5. Members agreed to discuss the following items at the next regular meeting to be held on 9 January 2006 at 8:30 am -

(a) Promoting healthy eating habit among school children; and

(b) Notification of infectious diseases between the Mainland and Hong Kong.

Members further agreed to invite experts to give views on item (b).

6. Members also agreed to discuss the following items at the regular meeting in February 2006 -

(a) Poison prevention and control; and

(b) Regulation of health maintenance organisations (proposed by the

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Chairman).

IV. Proposed research outline on "Health Care Financing Policy in Selected Places"
(LC Paper No. CB(2)603/05-06(03))

7. Head (Research and Library Services) (Head (R&LS)) proposed to study the health care financing policy of Australia, Canada, New Zealand, Singapore and Taiwan, details of which were set out in the research outline. Part one of the study covering Australia, New Zealand and Singapore was aimed for completion in March/April 2006, whereas part two of the study covering Canada and Taiwan was aimed for completion in June/July 2006. Members agreed.

8. Mr LI Kwok-ying proposed to also study the health care financing policy of the United Kingdom, in view of the recent reform to its National Health Service.

R&LSD The Chairman said that this could be included in part two of the study.

9. Mr Andrew CHENG proposed to conduct a study on the operation of private health insurance practised in the United States and the Mainland, which was riddled with problems, so that Hong Kong could learn from their experience when considering future financing options. Head (R&LS) advised that an

R&LSD overview of health care financing system in selected places, to be completed by January/February 2006, might provide the information requested by Mr CHENG.

10. Noting the Administration's plan to publish a consultation document on long-term health care financing in the first quarter of 2006, members hoped that the deadline of the consultation period could be set after the Panel's overseas duty visit to study the development and effectiveness of various health care financing systems to be conducted in the coming summer recess. DSHWF(H)1 undertook

Admin to convey members' request to the relevant parties within the Health, Welfare and Food Bureau for their consideration.

V. Guidelines on implementation of the Undesirable Medical Advertisements (Amendment) Ordinance 2005
(LC Paper No. CB(2)603/05-06(04))

11. DSHWF(H)1) briefed members on the draft "Guidelines on the Implementation of the Undesirable Medical Advertisements (Amendment) Ordinance 2005", details of which were set out in the Administration's paper. Subject to members' views, the Department of Health (DH) would refine the Guidelines further and circulate the draft to the trade for comment as appropriate. The Administration aimed to promulgate the Guidelines early next year so as to

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give the trade sufficient time to prepare for the new legislation.

12. Mr Andrew CHENG noted from paragraph 19 of the draft Guidelines that "If the advertisement is mainly in the English or Chinese language, a claim stated in column 2 of Schedule 4 (to the Undesirable Medical Advertisements (Amendment) Ordinance 2005 (the Amendment Ordinance) may be limited to that language. It is required however, that any other claim or disclaimer stated in column 2 and included in the same advertisement must also be limited to that language". Mr CHENG was of the view that in order to better help consumers make an informed decision when purchasing health food products, any claim or disclaimer should also be in the Chinese language, even if the advertisement was wholly or mainly in the English language. Mr LI Kwok-ying echoed similar views.

13. DSHWF(H)1 advised that paragraph 19 of the draft Guidelines was based on the Note in Schedule 4 of the Amendment Ordinance which read "If both the product label and the advertisement are wholly or mainly in the English or Chinese language, any claim or disclaimer may be limited to that language". DSHWF(H)1 surmised that the reason for allowing product label to be wholly or mainly in either English or Chinese language was due to the size constraint of the packet or container of the product.

14. The Chairman pointed out that the Note in Schedule 4 of the Amendment Ordinance might cause some manufacturers to deliberately state a claim or disclaimer in the English language only by making the product label and the advertisement wholly or mainly in the English language. Mr Andrew CHENG concurred, and requested the Administration to take into consideration this loophole when conducting a review on the implementation of the Amendment Ordinance in future. Mr Fred LI expressed support for Mr CHENG's request.

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15. Mr Fred LI hoped that the Amendment Ordinance could come into operation as soon as possible, and asked when this would happen. Mr LI further asked the Administration when it would commence work on regulating health food products making misleading or exaggerated claim relating to slimming/fat reduction. Apart from seeking the views of major stakeholder organisations in the trade on the draft Guidelines, Mr LI said that the Administration should also seek the views of the Consumer Council.

16. DSHWF(H)1 responded as follows -

(a) the Amendment Ordinance was aimed at coming into operation in 2007, to allow time for manufacturers and advertisers to make changes and preparation to comply with the new legal requirements and dovetail with the completion of the registration of proprietary

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Chinese medicines which had begun in December 2003. In the meantime, it was the Administration's intention to commence Schedule 1 and 2 in the Amendment Ordinance in January 2006, subject to legal advice on whether different parts of the Amendment Ordinance could commence on different dates and the procedures involved;

(b) a review on including the promotion of slimming/fat reduction under the Undesirable Medical Advertisements Ordinance (the Ordinance) would be conducted after the registration of proprietary Chinese medicines that could be manufactured, imported and distributed in Hong Kong had been implemented for a certain period of time. In the interim, the Administration would continue to closely monitor the claims made by health food products relating to slimming/fat reduction. Apart from this, DH would continue to conduct random inspection on products not registered as drug and making claims relating to slimming/fat reduction slimming/fat reduction to see if they contained any western medicine; and

(c) the Administration could seek the views of the Consumer Council on the draft Guidelines, in the course of finalising the draft to the trade for final comment.

17. Ms LI Fung-ying said that providing a grace period of at least 18 months upon the passage of the Undesirable Medical Advertisements (Amendment) (No.2) Bill 2004 (the Bill) for manufacturers and advertisements to make preparation for compliance with the new legal requirements lacked certainty. To avoid any confusion arising from such uncertainty, Ms LI urged the Administration to fix an exact date for manufacturers and advertisements to comply with the new requirements.

18. DSHWF(H)1 responded that registration of proprietary Chinese medicines was envisaged to be largely completed within 2007. The Administration would review the progress of such registration in mid-2006, before deciding the most appropriate date to commence the Amendment Ordinance. In line with past practice, adequate advance notice of the exact date would be given to the trade.

19. Responding to the Chairman's enquiry on the need to dovetail with the registration of proprietary Chinese medicines, Deputy Director of Health explained that this was because it was specified in column 2 of Schedule 4 that a disclaimer was required for health food products which were not registered under the Pharmacy and Poisons Ordinance or the Chinese Medicine Ordinance.

20. Mrs Selina CHOW said that fixing an exact date for commencing the Amendment Ordinance would be welcomed by the trade. Mrs CHOW however

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urged that before doing so, the Administration should first obtain an agreement with the trade. Mrs CHOW pointed out that the trade had been very cooperative in making all the necessary changes to comply with the new legal requirements. Nevertheless, not all changes were within the trade's control to complete. Mr Vincent FANG expressed similar views.

21. Referring to paragraph 21 of the draft Guidelines, the Chairman asked the Administration whether it had sought the views of the relevant medical associations on allowing certain claims in Schedule 1 of the Ordinance, such as "prevention of pimples", to be advertised. The Chairman further asked whether item 3 of Schedule 2 of the Ordinance, which prohibited advertisement on promoting the correction of deformity or the surgical alteration of a person's appearance, also covered similar claims made by beauty parlours.

22. DSHWF(H)1 responded that the new set of allowable claims mentioned in the draft Guidelines were those proposed in the Bill, all of which had undergone wide consultation with the medical professional bodies and academics, among others, before the Bill was introduced into the Legislative Council on 13 October 2004. Nevertheless, DSHWF(H)1 agreed to seek the views of the medical professional bodies and academics on the draft Guidelines. DSHWF(H)1 further said that the Ordinance did not regulate misleading or exaggerated claims made by beauty parlours because such claims fell outside the purview of the Ordinance. Despite such, the Administration considered that enacting law to regulate the beauty parlours might not be viable, having regard to the ever changing products and services provided by these parlours. In the Administration's view, a more effective way was educating the consumers so that they would not fall prey to irresponsible claims made by beauty parlours.

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VI. Exercises and drills for infectious disease outbreak
(LC Paper No. CB(2)603/05-06(05))

23. DSHWF(H)1 and Exercise Director, Centre for Health Protection introduced the Administration's paper which outlined the scope of inter-departmental and internal exercises/drills conducted by the Centre for Health Protection (CHP) of DH and the Hospital Authority (HA) in the past year to review the Administration's and HA's preparedness plans for infectious disease outbreaks, and the coordination as well as information flow within and outside the Government in preparation for and during an outbreak situation.

24. The Chairman noted from paragraph 34 of the Administration's paper that participating bureaux/departments/organisations of Exercise POPLAR would submit a post-exercise report to the Exercise Planning Team of CHP. A wash-up meeting would then be held with major players before finalising the post-exercise

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report. Individual bureaux/departments/organisations, taking into account experience from the exercise and recommendations in the post-exercise report, would then review how their contingency plans could be further improved. In the light of this, the Chairman asked when a report summarsing the lessons learnt from Exercise POPLAR and setting out the recommendations made to further improve the contingency plans of participating bureaux/departments/organisations could be provided to the Panel. In response, DSHWF(H)1 said that such a report should be ready early next year, having regard to the large number of bureaux/departments/organisations involved, i.e. 37, and the fact that many of them were engaged in the run-up and hosting of the Sixth Ministerial Conference of the World Trade Organisation to be held in Hong Kong from 13 to 18 December 2005.

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25. The Chairman sought information on the exercise conducted by HA to review and evaluate the preparedness of HA to the emergence of human AI in Hong Kong. In response, Consultant in-charge, Infectious Disease Control Training Centre, HA and Head, Infection Control Branch of CHP briefed members on the objective and details of Exercise Flamingo, details of which were set out in paragraphs 8-9 of the Administration's paper.

26. Noting that participants in the existing exercises and drills for infectious disease outbreaks were all from Government bureaux/departments and public bodies, such as the HA and the Hong Kong Monetary Authority, Mr Andrew CHENG said that participation should be expanded to include the private sector, such as schools, transport companies, non-governmental organisations and large corporations, so as to better enhance Hong Kong's preparedness for any onslaught of infectious diseases. Mr CHENG also noted from paragraph 22 of the Administration's paper that the Exercise CEDAR highlighted a number of issues that needed to be further explored, such as the source and provision of personal protective equipment, defined procedures and resources for immigration control, provision of emotional support, etc. Mr CHENG hoped that the problems/deficiencies highlighted in the Exercise CEDAR, which had happened in the Severe Acute Respiratory Syndrome (SARS) outbreak in Hong Kong in 2003, would not happen again should an outbreak of infectious disease, such as AI, hit Hong Kong.

27. Controller, CHP responded that CHP regularly organised forums with different sectors of the community, such as schools, private hospitals and professional groups, on contingency and response plans for infectious disease outbreaks. Nevertheless, Controller, CHP agreed that it would be useful to also engage different sectors of the community in the exercises and drills for infectious disease outbreaks. Although the aim of the Exercise CEDAR was to review and evaluate how best to manage initially asymptomatic passengers of an aircraft aboard, Controller, CHP said that the experience and lessons learnt from the

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Exercise could also be applied to other sectors, such as schools and residential care homes for the elderly.

28. Director (Professional Services & Operations), HA supplemented that HA maintained over three-month stock of personal protective equipment. Should more personal protective equipment be required, agreements had been made with the suppliers to provide such equipment swiftly, i.e. these suppliers were required to keep a certain number of such equipment in stock in Hong Kong so as to obviate the need for HA to wait for such equipment to be manufactured overseas and then shipped to Hong Kong. To ensure there was no shortage of personal protective equipment in times of crisis, HA had also entered into agreements with manufacturers of such equipment to replenish the stock within a specified time period. Apart from entering into agreements with suppliers to ensure smooth and adequate supply of personal protective equipment at all times, HA also kept a list of other suppliers concerned so that it could buy from them where necessary. The Administration would also coordinate the procurement of personal protective equipment if warranted. Director (Professional Services & Operations), HA further said that since the last SARS outbreak, HA had been equipping its staff with basic crisis intervention skills through a series of training courses. In times of crises, dedicated support teams, staffed by clinical psychologists, would be formed in each HA cluster to provide immediate psycho-social support to frontline staff and managers.

29. Mr Andrew CHENG said that though the stock of personal protective equipment might be adequate, it was essential that the equipment reached all frontline staff on time when required, so as to avoid the situation of staff having to wear the same protective gear for days on end and/or not adequately provided with the necessary gear, as had happened in the last SARS outbreak. Mr CHENG further asked the Administration how it could ensure that the private sector, such as private hospitals and schools, would be adequately stocked with personal protective equipment in times of infectious disease outbreak.

30. Director (Professional Services & Operations), HA responded that there was no cause for concern that the problems cited by Mr CHENG in paragraph 29 above would occur, as HA staff were able to find out through HA's intranet the level of stock of different types of personal protective equipment. Moreover, guidelines on the types of gears for different risk levels in the hospital settings had been clearly laid down in HA's contingency plan against infectious disease outbreaks, which were known to all staff. It was also pointed out that the adequacy of the aforesaid guidelines and how properly they were implemented had been tested in several hospital drills in the past, the result of which had been satisfactory, albeit some fine-tuning had been made. Director (Professional Services & Operations), HA further said that a one-month supply of personal protective equipment was kept by each HA hospital, thereby obviating the need for

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it to wait for the supply of the equipment from HA Head Office in emergency situations.

31. On the question of ensuring that the private sector would be adequately equipped with personal protective equipment in times of infectious disease outbreak, DSHWF(H)1 said that it was considered more appropriate for individual group/unit in the community to draw up their own contingency plan against infectious disease outbreaks in normal times. The Administration had been encouraging the private sector in this regard, and the CHP had been maintaining liaison with various groups/units in the community to see that this was done. Controller, CHP advised that private hospitals and clinics and large corporations, among others, had followed the practice of the public sector in maintaining a three-month stock of personal protective equipment.

32. Dr Joseph LEE said that it was difficult to decipher from the Administration's paper the overall ability of the Administration in responding to infectious disease outbreaks. In this connection, Dr LEE requested the Administration to provide a paper summarising the deficiencies identified in the past exercises and drills and the improvements made/to be made to address such. Mr Vincent FANG concurred. Dr LEE further asked whether consideration could be given to inviting members as observers in a exercise or drill for infectious disease outbreaks in future. DSHWF(H)1 undertook to provide the paper requested by Dr LEE. DSHWF(H)1 further said that arrangements could be made for members to take part as observers in a exercise or drill for infectious disease outbreaks in future.

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33. Ms LI Fung-ying urged that more work be done to ensure that everyone understood his/her organisation's contingency plan and the effective flow of information, having regard to the observations from past exercises, such as more efforts needed to be made to familiarise bureaux/departments on the role of the CHP's Emergency Response Centre (ERC) and there were occasions when the facsimile machines were jammed by the massive amount of information transmitted. Ms LI then asked the following questions -

(a) whether temporary staff and contractors' employees assigned to work at HA hospitals and clinics had received training on infection control and had taken part in past exercises and drills for infectious disease outbreaks; and

(b) what action had been or would be taken to address one of the major observations in the Exercise MAPLE that there was a need to review the protocols established in contingency plans to ensure that any action proposed had a firm legal basis.

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34. DSHWF(H)1 responded that the Administration attached great importance to ensuring an effective flow of information and communication in managing outbreaks. A case in point was that the Exercise POPLAR was conducted to evaluate communication between different Government departments based on the communication pitfalls identified from the earlier Exercise MAPLE. Preliminary observations of the Exercise POPLAR revealed that communication between different Government departments had been much improved. Nevertheless, the Administration would not be complacent. Exercises and drills would continue to be conducted to ensure an effective flow of information and communication in managing outbreaks. DSHWF(H)1 explained that the reason why bureaux/departments were not familiar of the role of the ERC was because ERC was just established when Exercise MAPLE was conducted back in November last year. The recent Exercise POPLAR conducted on 25 November 2005 had revealed significant improvement in this regard. To ensure that protocols established in contingency plans had a firm legal basis, DSHWF(H)1 said that a review in this regard had been made following the Exercise MAPLE. The Administration considered that in general these protocols had a firm legal basis, with the exception of those targetted at the prevention of AI outbreak. To this end, amendments had recently been made to the Quarantine and Prevention of Disease Ordinance (Cap. 141) to extend the applicability of those measures for the prevention of the spread of SARS to the three subtypes of Influenza A.

35. Director (Professional Services & Operations), HA responded that since the last SARS outbreak, every one working at HA hospitals and clinics, regardless of whether they were HA staff or temporary staff and outside staff deployed to work at HA hospitals and clinics, would receive basic infection control training. Temporary staff and outside staff deployed to work at HA hospitals and clinics would take part in exercises and drills for infectious disease outbreaks as the script might require, and had done so in the past.

36. Mr Fred LI asked the following questions -

(a) what was the reason for selecting Tuen Mun Hospital (TMH) and United Christian Hospital (UCH) for the Exercise Flamingo;

(b) why no exercises and drills had been conducted to test out the Government's preparedness plan for combating AI outbreaks in the eventuality of the need to close borders with the Mainland; and

(c) why no exercise and drills had been conducted to evaluate the Government's capability to cull over 3 million chickens for combating AI outbreaks.

37. Responding to Mr LI's first question. Director (Professional Services &

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Operations), HA explained that the reason for selecting TMH and UCH was because initial suspected cases were likely being treated in acute hospitals before confirmation and other acute hospitals were designated to take in confirmed cases after the first batch of such cases had been taken in by Princess Margaret Hospital.

38. Regarding Mr LI's second question, DSHWF(H)1 explained that the reason why no exercises and drills had been conducted to test out the Government's preparedness plan for combating AI outbreaks in the eventuality of the need to close all borders was because the situation in Hong Kong to date did not warrant such drastic action. The most effective control measures to combat AI outbreak at this stage, according to the World Health Organisation (WHO), was to see that no person feeling unwell should leave Hong Kong until they recovered and all in-coming travellers who displayed symptoms of influenza should immediately be referred to hospitals for follow-up. Should the WHO see the need for Hong Kong to close borders, corresponding preparedness plan would be worked out. As to Mr LI's third questions, DSHWF(H)1 said that to her understanding, an exercise to test out the Government's capacity in culling chickens as well as whether the workers handling the culling had properly implemented all the infection control procedures had been conducted by the Agriculture, Fisheries and Conservation Department.

39. Miss CHAN Yuen-han was adamant that there should be a preparedness plan in response to the need to close all borders.

40. Controller, CHP responded that it would be very difficult to stop both people and goods from entering and leaving Hong Kong completely. Such drastic action might be justified if every place in the world, except Hong Kong, had large scale infectious disease outbreaks, and vice versa. Hence, a step-wise approach to step up port health control was one of the key areas in combating an infectious disease outbreak. These included a range of measures from subjecting in-coming travellers to body temperature screening, and where necessary, requiring them to also fill in health declaration form on arrival, and issuing travel alert in consultation with the WHO, to suit different risk levels.

41. Mr Vincent FANG said that through his work as the Chairman of the Hospital Governing Committee of two HA hospitals, he was convinced that HA was now much better prepared, both in terms of staff and hardware, for any onslaught of infectious disease outbreak.

42. In summing up, the Chairman requested the Administration to provide a paper setting the information requested in paragraph 32 above as well as what areas the future exercises and drills intended to test out in the light of the lessons learnt from past exercise and drills, and to engage the community at large in these exercises and drills in future.

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VII. Public response to the Health and Medical Development Advisory Committee discussion paper "Building a Healthy Tomorrow"
(LC Paper No. CB(2)603/05-06(06))

43. DSHWF(H)2 introduced the Administration's paper which outlined the response received during the public consultation on the Discussion Paper entitled "Building a Healthy Tomorrow" (the Discussion Paper) issued by the Health and Medical Development Advisory Committee.

44. Miss CHAN Yuen-han said that two of the biggest concerns of the public were that it was unclear how the future service delivery model mentioned in the Discussion Paper would be financed and what areas were considered most deserving of continued heavy subsidy. Noting the recent incidents of a number health maintenance organisations found to have been administering un-registered flu vaccine of unknown source to clients, Miss CHAN asked the Administration what measures had been or would be implemented to ensure the quality and standards of family doctors who were touted to take up a gate-keeping role in primary care in the Discussion Paper. Miss CHAN further asked about the measures to ensure there was adequate number of family doctors to serve the community.

45. DSHWF(H)2 responded that in moving towards the family doctor concept in providing primary health care services, it was more important that individuals should build up ties with a particular doctor. All practising general and specialist medical practitioners in the private sector were all qualified to be family doctors, and it was not necessary to be a specialist in family medicine in order to be such. Nevertheless, these doctors were encouraged to participate in Continuing Medical Education programmes run by the Hong Kong College of Family Physicians. Moreover, given the fierce competition in the private medical sector, there was no room for complacency or lax services as consumers would drop those doctors who failed to provide them with high quality medical services. DSHWF(H)2 further said that there were views expressed in the consultation exercise that health maintenance organisations should be regulated. The Administration was well aware of the recent complaints made against health maintenance organisations and would develop measures to address such.

46. Mr LI Kwok-ying said that it would be better if all practising family doctors in Hong Kong had undergone formal training in family medicine, as was the case in the United Kingdom.

47. DSHWF(H)2 responded that to promote and strengthen primary healthcare services, HA had since 1997 provided training in family medicine for doctors

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which took a minimum of six years to complete. More and more family doctors would come on stream in the years to come.

48. The Chairman suggested and members agreed to discuss the issue of training of family doctors at a future meeting.

49. Responding to Dr Joseph LEE's enquiry on how the Administration intended to take forward the follow-up actions set out in the Discussion Paper, DSHWF(H)2 said that the Administration would report to this Panel from time to time on progress of reforms made in the various healthcare service areas.

50. Ms LI Fung-ying asked the Administration whether it would consult the public on the future service delivery model again in the coming consultation on healthcare financing to be launched in the first quarter of 2006.

51. DSHWF(H)2 responded that it was inevitable that options for healthcare financing would need to be discussed with the future service delivery model, as many determinants for such financing were dependent on factors such as the distribution of workload between the public and private sectors and whether the private sector was big enough to attract the underwriting of private medical insurance. Notwithstanding this, there were also many areas of healthcare reforms that did not need to be linked with healthcare financing, such as how best existing resources could be used in a most effective and efficient manner.

52. The Chairman agreed with the Administration that not all of the healthcare reforms necessarily needed to be implemented until there was a consensus on healthcare financing, such as the implementation of the family doctor concept, development of community-based model for elderly, long-term and rehabilitative services and increasing public and private sector collaboration. In the light of this, the Chairman hoped that the Administration could provide this Panel with a timetable for implementation of those healthcare reforms which did not need to wait for a consensus to be reached on healthcare financing.

53. In response, DSHWF(H)2 listed the following initiatives which the Administration would shortly implement to improve on the existing healthcare system -

(a) developing an electronic medical record system 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;

(b) working with the medical profession to promote the family doctor concept;

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(c) putting more emphasis on disease promotion and disease prevention; and

(d) studying the viability of contracting out some services provided by public general outpatient clinics to the private sector.

54. There being no other business, the meeting ended at 10:48 am.

Council Business Division 2
Legislative Council Secretariat
6 January 2006