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Report of the Panel on Health Services
for submission to the Legislative Council

Purpose

This report gives an account of the work of the Panel on Health Services during the 2005-2006 Legislative Council (LegCo) session. It will be tabled at the Council meeting on 12 July 2006 in accordance with Rule 77(14) of the Rules of Procedure.

The Panel

2. The Panel was formed by resolution of this Council on 8 July 1998 and as amended on 20 December 2000 and 9 October 2002 for the purpose of monitoring and examining Government policies and issues of public concern relating to health services matters.

3. The terms of reference of the Panel are in **Appendix I**.

4. The Panel comprises 13 members, with Dr Hon KWOK Ka-ki and Dr Hon Joseph LEE Kok-long elected as Chairman and Deputy Chairman of the Panel respectively. The membership list of the Panel is in **Appendix II**.

Major work

Notification of infectious diseases between the Mainland and Hong Kong

5. The Administration briefed the Panel on the developments of the notification mechanisms in respect of human and animal/plant infectious diseases between the Mainland and Hong Kong in early 2006. Members noted that the Centre for Health Protection (CHP) of the Department of Health (DH) had been maintaining close contact with the Mainland Ministry of Health and the Health Department of the Guangdong Province to facilitate timely exchange of information on human infections of infectious diseases as well as any sudden and unusual upsurge of infectious diseases of an unknown nature or of public health significance. To facilitate notification during long holidays,

such as the Lunar New Year, both sides would provide each other with a call list in advance for use during the long holidays.

6. Some members considered that the Administration should adopt a more proactive approach in gathering information about suspected infectious disease outbreaks in the Mainland instead of relying on the formal notification mechanisms. The Administration responded that CHP regularly surveyed media reports of cases of infections occurring in the Mainland and overseas, and sought verification and details from the relevant health authorities and the World Health Organisation (WHO) as appropriate. There was also working level liaison between health experts of the Mainland and Hong Kong through activities such as mutual visits and participation in case investigations.

7. Some members suggested that the Administration should request the Mainland to notify Hong Kong of all suspected cases to ensure that timely response could be formulated to prevent any onslaught of infectious diseases in Hong Kong from across the border. The Administration agreed to explore the possibility of the suggestion with the Mainland authorities concerned but pointed out at that there would be a need to define "suspected cases" and to consider whether such indiscriminate reporting would create unnecessary alarm.

8. As it was not a WHO requirement for countries to report all suspected cases of infectious diseases without laboratory confirmation, the Administration believed that it would be more meaningful and productive to build on the existing cooperation initiatives and focus on furthering their development so that Hong Kong could continue to benefit from these partnership through the sharing of expertise and first-hand outbreak information. The Administration assured members that it would strive to maintain its momentum in working out with the Ministry of Health and the Health Department of the Guangdong Province ways for improving the notification and cooperation mechanisms, including the use of electronic means for facilitating communications, taking into account the operating experience and international best practices such as WHO's guidelines and recommendations.

9. Members noted that on 13 June 2006, CHP received notification from the Ministry of Health of a suspected human avian influenza (H5N1) case in Shenzhen. On 15 June 2006, following completion of further laboratory testing, the Ministry of Health notified CHP that the case was a confirmed H5N1 infection.

Development of Chinese medicine clinics in the public sector

10. The Panel was consulted in November 2005 on the Administration's plan to seek funding support for six additional Chinese medicine clinics in the public sector. It was the Administration's intention that the three new clinics in Wan Chai, Sai Kung and Yuen Long districts would come into operation within the current financial year. Works on the other three were expected to start after the first quarter of 2006 and be completed in three to four months' time.

11. Members considered that even though there would be a total of nine such clinics after the establishment of the six additional ones, the pace of introducing Chinese medicine service in the public sector was too slow and fell far short of the Administration's target of setting 18 clinics by 2005-2006 as originally pledged. Members pointed out that the slow pace of development of Chinese medicine was not conducive to providing sufficient clinical training grounds for local Chinese medicine graduates, having regard to the fact that the local universities offering Chinese medicine degree course were producing some 60 graduates each year.

12. The Administration explained that the objectives of providing Chinese medicine service in the public sector were to develop standards in Chinese medicine practice, to systematise the knowledge base of Chinese medicine through clinical research, and to provide training in "evidence-based" Chinese medicine. To help achieve the objective of providing training in "evidence-based" Chinese medicine, each of the six new clinics would hire five Chinese medicine graduates to undergo training for one year. The Administration would also continue to encourage private Chinese medicine practitioners to train new graduates, most of whom would practise in the private sector on completion of training.

13. Members shared the view that the number of Chinese medicine graduates being trained by the public sector was too small to have any significant impact on raising the standard of Chinese medicine practice. To improve the situation, members asked whether the Chinese medicine graduates could be employed on a part-time instead of a full time basis so that more graduates could benefit from the training. The Administration responded that the suggestion 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 suggestion was adopted, not only would the workload of the trainers be greatly increased, the amount of training to be received by the trainees would inevitably be decreased or diluted.

14. As regards the pace of development of the Chinese medicine clinics, the Administration pointed out that the adoption of a tripartite model in which HA collaborated with a non-governmental organisation (NGO) and a university in each of the Chinese medicine clinics was new, it was necessary to ensure the

proper development and testing of this new service delivery model by taking a phased development approach. The Administration would identify suitable sites in the other districts with a view to meeting its objective of setting up 18 Chinese medicine clinics as early as possible.

15. As to meeting the need of the elderly for Chinese medicine services, the Administration pointed out that the private sector was already providing generally comprehensive and affordable Chinese medicine services to the community and some NGOs had long been providing free Chinese medicine services in a number of districts. The Administration considered and some members agreed that the public sector should not seek to compete with the service providers in the private sector.

Regulation of health maintenance organisations

16. In view of an increasing number of complaints about the practices of health maintenance organisations (HMOs), the Panel held two meetings in the first quarter of 2006 to listen to the views of the trade, the medical and dental professional associations, the Consumer Council and a patients rights' group on the subject.

17. The Administration pointed out that there was no universally accepted definition of HMO. Generally speaking, an HMO provides health care services to its members through a network of doctors, hospitals, and health care providers. Compared to traditional indemnity insurance plan, plans using HMOs usually involved a lower premium. The Administration considered the provision of medical services, through any organisations or business operators, was primarily a professional relationship between medical practitioners and their patients. Hence, the mainstay of regulation should be on regulating the professional practice of individual doctors. In this regard, the Medical Council of Hong Kong had put in place an effective mechanism to look into and adjudicate in cases of derelict of professional responsibilities.

18. The Administration did not see a need to single out managed health care groups for regulation. As stipulated in the discussion paper on "Building a Healthy Tomorrow" issued by the Health and Medical Development Advisory Committee in July 2005, it was planned to enhance the role of the private sector in the provision of primary health care services. In the enhancement process, there might be a need to strengthen the overall regulation of private medical practice, including solo practice clinics as well as various forms of HMO-like entities and groups. The Administration would ensure that the trade and other stakeholders would be consulted in the development process.

19. Members were of the view that the existing regulatory regime relying on the Medical Council of Hong Kong to ensure the quality of medical services provided by the HMOs was far from adequate, as the Medical Council could only regulate doctors on an individual basis. Members expressed concern that patients' health and interests might risk being compromised by the drive for

profit by HMOs and that the professional autonomy of doctors and dentists working for HMOs might also risk being compromised by the HMOs' business and financial considerations.

20. Some members pointed out that similar to the arrangements for lawyers and accountants, legislation should be enacted to require that the shareholders of a body corporate providing medical services must be doctors. To ensure that a right balance was struck between safeguarding patients' health and interests and not stifling the development of managed health care in Hong Kong, the Administration should meet with the trade, the relevant professional associations, patients' groups and other stakeholders concerned to understand their views and concerns.

21. The Panel requested the Administration to provide a written response in three months' time on the measures the Administration would take to regulate HMOs and invited the Secretary for Health, Welfare and Food to attend a meeting to be held in early July to report to members on the outcome of its consultation with the relevant stakeholders and the way forward in the regulation of HMOs.

<u>Use of Hydrophilic Polyacrylamide Gel (PAAG) for breast augmentation</u>

22. In view of the wide public concern over the adverse reaction caused by the use of PAAG for breast augmentation, the Panel discussed the follow-up actions to be taken by the Administration to tackle the problem. Representatives from the medical sector, the Consumer Council and the beauty trade also attended to give views on the matter.

23. Members noted that according to international practice, all materials used for plastic surgery, including PAAG, were classified as medical device. As the import and use of PAAG was not subject to any direct regulation under existing legislation, the Administration was seeking legal advice on the introduction of legislative amendment to control the import of the substance so that importers would be required to keep sales records on PAAG to facilitate any follow-up action by DH if necessary. Sharing the view that merely controlling the import of PAAG was far from effective in protecting public health, members urged the Administration to speed up the regulation of medical devices.

24. The Administration explained that introducing a legislative amendment to control the import of PAAG was the fastest way to prevent the use of PAAG for breast augmentation, as the ability of DH to trace where PAAG was sold by importers could deter people from using the substance for breast augmentation. Banning the use of the substance would require the enactment of a new piece of legislation, the process of which would take a longer period of time than introducing amendments to existing legislation. In view of the public concern about the safety of medical devices in the wake of the PAAG incident, the Administration would strive to expedite the implementation of a statutory

system of registration and would accord priority to the regulation of medical devices with higher risk. Views of the relevant trade would be sought by end 2006/early 2007.

25. Some members considered that apart from regulating medical devices, there was also a need to expeditiously regulate misleading or exaggerated claims relating to fat reduction/slimming, detoxification and regulation of body immune system. The Administration said that a review on the need to regulate the claims in question would be made after the registration of Chinese proprietary medicine was largely completed.

26. A member was of the view that in regulating medical devices, due regard should be given to differentiating medical devices and beauty devices, as well as those devices which could be used by doctors and the beauty trade in a complementary manner, so as not to hamper the development of the beauty trade.

27. The Administration advised that no decision had yet been made on whether the use of devices, such as lasers and intense pulsed light equipment, should be restricted to doctors if the use of such was for beautification purpose, or whether they could be used by personnel who had met the prescribed training requirements. Notwithstanding, effort on educating the public on the safety and effectiveness of medical devices would be stepped up.

Drug management in residential care homes for the elderly

28. In the wake of a number of incidents involving allegations of wrong dispensation of medicine in residential care homes for the elderly (RCHEs), the Panel held a special meeting to discuss the handling of drugs in RCHEs. 12 deputations including representatives of relevant professional associations in the health sector attended to give their views on the issue.

29. The Administration briefed the Panel on the measures taken by the Administration to enhance the drug handling capability of RCHEs. It also informed members that upon being notified by the Hospital Authority of the nine cases involving RCHEs cases in February/March 2006, the Licensing Office of RCHEs of the Social Welfare Department (SWD) conducted investigations on the RCHEs. A warning letter was issued to one of the RCHEs instructing it to rectify and improve its procedure of handling drugs and the verification mechanism. For the other eight cases, the Licensing Office concluded after investigation that it was not possible to confirm that the RCHEs concerned had mishandled the drugs of their residents.

30. Members were of the view that the measures taken by the Administration to enhance the drug handling capability of RCHEs, such as raising the educational requirements for those who wished to enrol in the Health Worker training course from Form 3 to Form 5, and increasing the hours of training on drug management for Health Workers from six to 12

hours, were not able to address the root of the problem. Members pointed out that the crux of the problem lay in the absence of a proper drug management system in RCHEs and the lack of long-term planning in the provision of elderly care services on the part of the Administration. A member suggested that the Administration should set up a working group comprising representatives from the Administration, interested professional organisations and the RCHE sector to deal specifically with the issue of drug management in RCHEs.

31. In view of the seriousness and the urgency of the matter, the Administration was requested to provide the Panel with a timetable for expeditiously improving drug management in RCHEs together with a report detailing the improvement measures to be taken so that the matter could be followed up jointly by this Panel and the Panel on Welfare Services.

Other matters discussed

32. Other subject matters discussed by the Panel included promotion of healthy eating habit among school children, poison prevention and control, incorporation of organ donation details in Hong Kong's smart identity card, exercise and drills for infectious disease outbreak, work plan of and challenges faced by the Hospital Authority and discharge planning in public hospitals.

33. The Panel was consulted on the Administration's proposed redevelopment of the Prince of Wales Hospital, guidelines on implementation of the Undesirable Medical Advertisements (Amendment) Ordinance 2005, and revision of fees and charges for services not directly affecting people's livelihood under the purview of the DH.

34. From October 2005 to June 2006, the Panel held a total of 18 meetings, including two joint meetings with the Panel on Food Safety and Environmental Hygiene, a joint meeting with the Panel on Welfare Services, and a joint meeting with the Panel on Manpower and Panel on Welfare Services.

Council Business Division 2
Legislative Council Secretariat
28 June 2006

Appendix I

Panel on Health Services

Terms of Reference

1. To monitor and examine Government policies and issues of public concern relating to medical and health services.

2. To provide a forum for the exchange and dissemination of views on the above policy matters.

3. To receive briefings and to formulate views on any major legislative or financial proposals in respect of the above policy areas prior to their formal introduction to the Council or Finance Committee.

4. To monitor and examine, to the extent it considers necessary, the above policy matters referred to it by a member of the Panel or by the House Committee.

5. To make reports to the Council or to the House Committee as required by the Rules of Procedure.

Appendix II

Panel on Health Services

Membership list for 2005 - 2006 session

Chairman	Dr Hon KWOK Ka-ki
Deputy Chairman	Dr Hon Joseph LEE Kok-long
Members	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 Bernard CHAN, JP
	Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, 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
	(Total : 13 Members)
Clerk	Ms Doris CHAN
Legal adviser	Miss Monna LAI
Date	13 October 2005