立法會
Legislative Council

LC Paper No. CB(2)763/06-07
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 11 December 2006, at 8:30 am
in Conference Room A of the Legislative Council Building

Members present	:	Dr Hon Joseph LEE Kok-long, JP (Chairman) Dr Hon KWOK Ka-ki (Deputy Chairman) Hon Fred LI Wah-ming, JP Hon Mrs Selina CHOW LIANG Shuk-yee, GBS, JP Hon Bernard CHAN, GBS, JP Dr Hon YEUNG Sum Hon Andrew CHENG Kar-foo Hon LI Fung-ying, BBS, JP Hon Audrey EU Yuet-mee, SC, JP Hon Vincent FANG Kang, JP Hon LI Kwok-ying, MH, JP Dr Hon Fernando CHEUNG Chiu-hung
Members absent	:	Hon CHAN Yuen-han, JP Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Public Officers attending	:	Items III and IV Mr Patrick NIP, JP Deputy Secretary for Health, Welfare and Food (Health) 1 Mr Kirk Yip Assistant Secretary for Health, Welfare and Food (Health)

Item III only

Dr Raymond CHEN
Chief Manager (Strategy & Service Planning)
Hospital Authority

Dr David CHENG
Hospital Chief Executive of Yan Chai Hospital
Hospital Authority

Mr Donald LI
Senior Architect (Facility Planning)
Hospital Authority

Item IV only

Dr W L CHEUNG
Director (Cluster Services)
Hospital Authority

Items IV and V

Dr Beatrice CHENG
Senior Executive Manager (Professional Services)
Hospital Authority

Items V and VI

Mrs Ingrid YEUNG
Deputy Secretary for Health, Welfare and Food (Health) 2

Item V only

Dr Heston KWONG
Principal Medical and Health Officer
Department of Health

Item VI only

Dr Aylwin CHAN
Senior Manager
Hospital Authority

Dr Alfred AU Si-yan
Service Director (Community Care)
New Territories West Cluster
Hospital Authority

Dr Daniel CHU
Cluster Service Coordinator
Family Medicine & Primary Healthcare Services
Hong Kong East & West Cluster
Hospital Authority

Clerk in attendance : Miss Mary SO
Chief Council Secretary (2)5

Staff in attendance : Ms Amy YU
Senior Council Secretary (2)3

Miss Jenny HO
Legislative Assistant (2)5

Action

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)555/06-07(01) and (02), CB(2)508/06-07(01), CB(2)520/06-07(01) and CB(2)599/06-07(01))

2. Members agreed to discuss the following items proposed by the Administration at the next regular meeting to be held on 8 January 2007 at 8:30 am -

(a) Obstetric charges for non-eligible persons in public hospitals;

(b) Redevelopment of Caritas Medical Centre, Phase 2; and

(c) Progress report on promoting healthy eating habit among school children.

Action

Clerk

3. The Chairman suggested and members agreed to consider by circulation whether to discuss the following issues proposed by members -

(a) Impact of Mainland women giving birth in Hong Kong on the resources of public hospitals (proposed by Dr KWOK Ka-ki) (LC Paper No.CB(2)508/06-07(01));

(b) Mode of supply of self-financed item drugs in public hospitals (proposed by Dr Fernando CHEUNG) (LC Paper No. CB(2)520/06-07(01)); and

(c) Appointment of members to the Hospital Authority (HA) Board (proposed by Dr Fernando CHEUNG) (LC Paper No. CB(2)599/06-07(01)).

(*Post-meeting note:* Item in paragraph 3(a) above was combined with item in paragraph 2(a) above into one agenda item named "Impact of use of obstetric services by Mainland women on resources of public hospitals" for discussion at the next regular meeting in January 2007. Item in paragraph 3(b) above was also added to the agenda for the meeting in January 2007, whereas item in paragraph 3(c) above was added to the outstanding list of items for discussion by the Panel.)

III. Redevelopment of Yan Chai Hospital

(LC Paper No. CB(2)555/06-07(03))

4. Deputy Secretary for Health, Welfare and Food (Health) 1 (DSHWF(H)1) briefed members on the proposed redevelopment of Blocks C, D, E and F at Yan Chai Hospital (YCH) along the concept of a community health and wellness centre, details of which were set out in the Administration's paper **(**LC Paper No. CB(2)555/06-07(03)). Subject to members' support, the Administration planned to seek funding approval from the Finance Committee (FC) in February 2007 for Stage I of the proposed project at an estimated cost of about $21 million in money-of-the-day prices.

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

(a) what was the rationale for redeveloping the four hospital blocks at YCH into a community health and wellness centre;

(b) whether the provision of pre-natal assessment and post-natal care services by the proposed Primary Care Centre referred to in

Action

paragraph 7(b) of the Administration's paper would replace similar services provided by the nearby Maternal and Child Health Centre under the Department of Health (DH); and

(c) whether Chinese medicine service would be provided by the proposed Primary Care Centre.

6. Responding to Mr LI's first question, DSHWF(H)1 said that with an ageing population, the major concern in healthcare provision in Hong Kong had been gradually shifting from acute episodic illnesses to illnesses of chronic disabling and relapsing nature. The services to be provided in the proposed community health and wellness centre, which included health promotion, illness prevention, curative intervention of illness and rehabilitation of chronic illness, all of which focused on promoting healthy ageing in the young and maintaining active living in the elderly would therefore address the changing service demand. DSHWF(H)1 further said that the services to be provided by the redeveloped YCH would complement the existing in-patient and day hospital services at YCH (which was mainly provided in Block B and the Multi-Services Complex) by reducing avoidable hospitalisation and fostering re-integration of patients with chronic disability into the community.

7. Regarding Mr LI's second question, DSHWF(H)1 said that the aim of the proposed Primary Care Centre was to provide primary life-long healthcare services to individuals at different stages of life. In so doing, efforts would be made to see how best the services to be provided by the Primary Care Centre, including pre-natal assessment and post-natal care services, could complement or collaborate with the existing primary care services provided by DH and private healthcare providers in the Kowloon West hospital cluster to provide the most cost-effective and efficient services to the public. The same would be carried out for the other two component centres of the proposed project, namely, the Health Resource Centre and the Specialist Care Centre.

8. As to Mr LI's last question, Chief Manager (Strategy & Service Planning), HA (CM(SSP), HA) advised that the existing Chinese medicine outpatient clinic in YCH would be reprovisioned in the redeveloped block in YCH.

9. Ms LI Fung-ying expressed concern about the impact of the proposed project on existing patient services, and asked about the measures which would be taken to minimise disruption to patients during the construction period.

10. Hospital Chief Executive, YCH (HCE, YCH) responded that the construction of the proposed project would be implemented in two phases to minimise disruption to patients. Namely, Blocks C and D, which currently did not provide any patient service, would first be demolished to make way for the

Action

construction of the new community health and wellness centre and ancillary facilities. Upon the completion of the aforesaid, the existing outpatient and associated ancillary facilities in Blocks E and F would be decanted to the new community health and wellness centre, after which these two blocks would be demolished to provide landscaped area and parking facilities. HCE, YCH further said that the construction of the proposed project should also not affect inpatient and day hospital services at YCH, as the hospital blocks, namely Block B and the Multi-Services Complex, at which these services were provided were not covered by the proposed redevelopment of YCH.

11. Dr YEUNG Sum expressed support for the construction of a community health and wellness centre at YCH. Dr YEUNG however hoped that consideration could be given to providing obstetrics and gynaecology service at YCH in the proposed redevelopment of the hospital in view of the increasing demand for such service from Mainland maternity mothers. Mr Vincent FANG echoed similar view. In response to members' suggestion, DSHWF(H)1 pointed out that such service, like other healthcare services, was provided on a cluster basis to rationalise resources and maximize cost-effectiveness.

12. Dr KWOK Ka-ki echoed similar view that obstetrics and gynaecology service should be provided at YCH to better meet demand for such service brought about by the rising trend of Mainland women coming to Hong Kong to give birth. In this connection, Dr KWOK asked about the utilisation rate of obstetrics and gynaecology service at Princess Margaret Hospital (PMH) which belonged to the same cluster as YCH and served people living in the Kwai Tsing and Tsuen Wan District as YCH, and how the Administration planned to cope with the upsurge in demand for obstetrics and gynaecology service in public hospitals. Dr KWOK further said although he was in support for the proposed redevelopment of YCH, he was alarmed at the dilapidated state of the four hospital blocks earmarked for redevelopment which had only been in use for some 23 to 33 years, and queried whether this was due to a lack of proper monitoring during construction. Dr KWOK further asked whether healthcare workers of YCH had been consulted on the impact of the recent rationalisation of the medicine and orthopaedic services at YCH on the proposed redevelopment of YCH.

13. HCE, YCH clarified that the rationalisation of medicine and orthopaedic services at YCH and PMH had no relationship with the proposed redevelopment of YCH, the latter of which involved mainly outpatient services. He further added that the medicine and orthopaedic services at YCH were recently merged with those at PMH, with a view to promoting greater cost-effectiveness and efficiency of services and reducing the working hours of doctors. A forum was held last Saturday to listen to the views of staff on how to realise these objectives. More forums of this nature would be held in the coming several months.

Action

Admin

14. The Chairman said that information on the utilisation rate of obstetrics and gynaecology service at PMH could be provided by the Administration after the meeting. As to the question on how the Administration planned to cope with the upsurge in demand for obstetrics and gynaecology service in public hospitals, the Chairman said that this issue could be discussed at the January 2007 meeting.

15. Mrs Selina CHOW asked the following questions -

(a) what were the total estimated cost and completion time for the proposed project;

(b) what was the projected increase in the population of the Kwai Tsing and Tsuen Wan District upon the completion of the redevelopment project; and

(c) whether the proposed community health and wellness centre in YCH would have the capacity to cope with the service demand upon its completion, and if so, what such capacity was.

16. DSHWF(H)1 and Senior Architect (Facility Planning), HA advised as follows -

(a) Stage I of the proposed project covering site investigation, building survey and consultancy services for outline sketch, detailed design, as well as tender documentation and assessment for the main works in Stage II would commence in the second quarter of 2007 and aimed for completion in late 2009;

(b) Stage II of the proposed project would consist of two phases : phase 1 involved the demolition of Blocks C and D for the construction of a new building to accommodate the community health and wellness centre, and phase 2 involved the demolition of Blocks E and F to provide landscaped area and parking facilities. Phase 1 would commence in 2010 and aimed for completion in 2012, whereas phase 2 would commence immediately upon completion of phase 1 and aimed for completion in 2014;

(c) the total estimated cost for the redevelopment project was in the region of some $400 million, including about $21 million in money-of-the-day prices for Stage I of the project; and

(d) the Administration would include more detailed information concerning the project, and the information requested by Mrs CHOW in its submission to seek funding approval for the proposed project from FC.

Admin

Action

17. Mrs Selina CHOW considered the time required to complete the proposed project, i.e. some eight years from 2007 to 2014, was too long, and urged the Admin Administration to shorten the completion time in its funding submission to FC. Mr Vincent FANG echoed similar views. Mr FANG further asked the Admin Administration to also provide in its funding submission to FC the total gross floor area of the new community health and wellness centre, as opposed to that of the existing four hospital blocks earmarked for redevelopment, in order to better meet the increasing demand in 2014 and beyond.

18. In closing, the Chairman said that members were generally supportive of the proposed project. However, in view of the issues raised at the meeting, the Chairman sought members' view on whether they wished to further discuss the proposed project at another meeting or requiring the Administration to provide a response in writing to issues raised at the meeting before submitting its funding proposal to FC for approval. Mr Vincent FANG said that he preferred the second option so as not to delay the commencement of the proposed project. Mr LI Kwok-ying expressed similar view. DSHWF(H)1 undertook to provide the Admin requisite responses in writing after the meeting. Subject to members' views on the aforesaid responses, funding approval from FC would be sought.

IV. Grant for the Samaritan Fund

(LC Paper Nos. CB(2)555/06-07(04) and (05))

19. DSHWF(H)1 briefed members on the Administration's proposal to make a one-off grant of $300 million to the Samaritan Fund (the Fund) to meet the Fund's projected funding requirements up to 2008-2009, details of which were set out in the Administration's paper (LC Paper No. CB(2)555/06-07(04)). Subject to members' support, funding approval from FC would be sought.

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

(a) what was "other income" under "source of income" mentioned in paragraph 4 of the Administration's paper;

(b) whether, and if so, what action(s) had been taken by the Administration to find new funding sources for the Fund so as to reduce the Fund's reliance on Government funding for its sustainability; and

(c) whether consideration would be given to including very expensive but clinically proven effective drugs in the HA's Drug Formulary so as to reduce the immense financial pressure exerted on the Fund by

Action

expensive drugs, having regard to the fact that the expenditure on drugs accounted for about one-third of Fund's total expenditure in 2005-2006 and its projected expenditure in 2006-2007.

21. Director (Cluster Services), HA responded as follows -

(a) "other income" referred to in paragraph 4 of the Administration's paper was an accounting arrangement comprising in the main the unspent amount of the approved applications;

(b) the major reasons for the rapid increase in expenditure of the Fund were technological advancement and the ageing population, both of which were prime issues being examined in the ongoing study on healthcare financing and funding arrangement for the HA. The Administration would consider the long term funding arrangement for the Fund in the context of the study on healthcare financing. In the meantime, apart from seeking a one-off grant of $300 million to meet the Fund's projected funding requirements up to 2008-2009, the HA Charitable Foundation would continue to organise fund-raising activities to solicit more private donations for the Fund; and

(c) as resources were finite, subsidies should be targeted at people most in need. Hence, it was not unreasonable for better off patients who required drugs which were proven of significant benefits but extremely expensive to purchase these drugs at their own expenses. The Fund was intended to act as a safety net for needy patients who required privately purchased medical items and drugs that were proved to be of significant benefits but extremely expensive for the HA to provide as part of its subsidised service. The HA was planning to expand the funding scope of the Fund in 2007 to include four new drugs for patients with cancer and rheumatic diseases, as a result drug expenditure was projected to increase to $50.2 million in 2006-2007 and $114 million in 2007-2008 as opposed to the actual drug expenditure of only $41.4 million in 2005-2006.

22. Ms LI Fung-ying expressed support for the proposed grant of $300 million to the Fund to provide relief to needy patients. Ms LI however expressed disappointment about the Administration's failure to address the long term sustainability of the Fund. Ms LI pointed out that during the discussion of the Administration's proposal to make a one-off grant of $200 million to the Fund at the meeting of the Panel in April last year, the Administration had indicated that it was its intention to study the long term funding arrangement for the Fund in the context of the study on healthcare financing. The same thing was mentioned again in the Administration's paper this year. To do away with the need to seek

Action

funding approval from FC on a regular basis in order to keep the Fund afloat, Ms LI urged the Administration to expeditiously come up with a concrete timetable for publicising the consultation document on healthcare financing options. The Chairman echoed similar view and asked whether the implementation of healthcare financing arrangements would obliterate the need for the Fund.

23. DSHWF(H)1 responded that due to the complexity of the questions involved, more time was needed to explore the various healthcare financing options thoroughly. As mentioned by the Secretary for Health, Welfare and Food (SHWF) on several occasions, the preparation work for publishing the consultation document on healthcare financing options should be completed within 2007. DSHWF(H)1 further said that the long term funding arrangement for the Fund was certainly one of the aspects being considered in the mapping out of a strategy for healthcare services reform. However, it was too early to say at this stage how the implementation of healthcare financing arrangements would impact on the need for the Fund or the long term funding arrangement for the Fund.

24. Dr Fernando CHEUNG said that although he was in support of the proposed grant of $300 million to the Fund, he nevertheless was against the idea of forcing patients to pay life-saving medical items, such as cardiac pacemaker, which were invariably expensive, at their own expenses should they fail to meet the assessment criteria for applications for assistance under the Fund.

25. DSHWF(H)1 reiterated that as resources were finite, subsidies should benefit a relatively large number of patients and target at people most in need. To ensure that patients who required privately purchased medical items and drugs that were proved to be of significant benefits but extremely expensive for the HA to provide as part of its subsidised service would not be deprived of proper medical care due to lack of means, the Fund was provided to act as a safety net. DSHWF(H)1 further said that patients who did not wish to pay or could not afford to pay for self-financed item (SFI) drugs would not receive effective treatment was not true, as the great majority of prescriptions filled by HA doctors for their patients were drugs of proven efficacy from the HA Drug Formulary.

26. Dr KWOK Ka-ki asked the following questions -

(a) what were the criteria for covering SFI drugs under the Fund;

(b) what action could be taken by the HA to reduce the prices charged by companies providing privately-charged medical items and drugs; and

(c) what was the reason for requiring patients to pay for costly gamma knife surgeries in private hospitals, when x knife treatment could be provided in HA hospitals.

Action

27. Director (Cluster Services), HA responded as follows -

(a) the decision on whether safety net coverage should be extended to specific SFI drugs would be made on the basis of a number of factors, including safety, efficacy, effectiveness, cost effectiveness, health impact, equity and patients' choice. In the event that the drugs covered by the Fund could meet a set of evaluation criteria such as efficacy versus alternatives and cost-effectiveness, consideration could be given to including them into the HA Drug Formulary;

(b) for items supplied by HA to patients, open tender was adopted to ensure that patients received the best price. For drugs under the safety net, drug companies were encouraged to provide a certain proportion of the drugs free of charge for the needy patients; and

(c) gamma knife & x knife were different treatment modalities. Patients would be referred to private hospitals for gamma knife surgeries if clinically indicated.

28. At the request of Dr KWOK Ka-ki, Director (Cluster Services), HA undertook to provide information on gamma knife and x knife surgeries in 2005-2006.

Admin

29. In summing-up, the Chairman said that while members supported the proposed one-off grant to help needy patients, they considered that the Administration should expeditiously address the long term funding arrangement for the Fund.

V. Appeal mechanism for exemptions of organ products under the Human Organ Transplant Ordinance (Cap 465)

(LC Paper No. CB(2)555/06-07(06))

30. Deputy Secretary for Health, Welfare and Food (Health) 2 (DSHWF(H)2) briefed members on the proposed regulations to be made by SHWF under the Human Organ Transplant Ordinance (Cap. 465) (HOTO) to provide for rules and procedures for appeal against a decision by the Director of Health (the Director) in respect of an application for exemptions of organ products from the application of HOTO, details of which were set out in the Administration's paper.

31. Mr LI Kwok-ying noted that the Director might exempt an organ product from the application of HOTO including the prohibition against commercial dealings on a case-by-case basis, provided that he was satisfied, inter alia, that (i)

Action

the use of the product for transplant purpose was safe and had no adverse effects on public health; (ii) either the donor had consented to the removal of the tissues for producing the product without coercion or financial inducement, or that the tissues were removed for the therapy of the donor; (iii) no payment had been or intended to be made to the donor for supplying the tissue; and (iv) all applicable laws of the place where the tissues were obtained or processed had been complied with. In the light of this, Mr LI asked how the Director would deal with an application for exemption of organ product from the application of HOTO if the place where the product made from human tissues that were intended for transplant purposes did not have laws regulating how such products could be obtained or processed. Mr LI further asked whether products made from stem cells fell within the definition of "organ" in HOTO.

32. DSHWF(H)2 responded that should an application for exemption of organ product from the application of HOTO could not meet condition (iv) mentioned in paragraph 32 above, the Director would place more emphasis on whether conditions (i) to (iii) mentioned in the same paragraph could be met. DSHWF(H)2 further said that the fact that the place of an organ product's origin did not have laws regulating organ donation matters should not compromise the consideration for exemption by the Director, as the HOTO had provisions to prohibit commercial dealings in human organs for transplant and to regulate the import of such, among others.

33. As regards Mr LI's second question, Principal Medical and Health Officer, DH advised that stem cells used to produce tissues for transplant were currently being tested on animals only and had not yet advanced to testing on humans.

34. Ms LI Fung-ying asked whether the deadlines prescribed for the appeal procedures referred to in paragraph 7 of the Administration's paper were counted in working days or calendar days. If the latter was the case, Ms LI expressed concern that the appellant might have less time to appeal against the decision of the Director arising from the implementation of five-day week in the civil service.

35. DSHWF(H)2 responded that the deadlines prescribed for the appeal procedures were counted in calendar days. DSHWF(H)2 further said that the implementation of five-day week in the civil service should not have any adverse impact on the appellants. For instance, the Appeal Board would accept and process an appeal from an applicant even though the deadline for lodging the appeal fell outside a working day.

36. In closing, the Chairman said that members were supportive of the Administration's plan to introduce subsidiary legislation to provide for rules and procedures for appeal against a decision by the Director in respect of an application for exemptions of organ products from the application of HOTO.

Action

VI. Telephone booking system for public outpatient services
(LC Paper No. CB(2)555/06-07(07))

37. DSHWF(H)2 briefed members on the arrangement, supporting measures and further improvements of the "Telephone Booking Service" implemented for patients with episodic illnesses in the general outpatient clinics (GOPCs) under the HA, details of which were provided in the Administration's paper.

38. DSHWF(H)2 further said that the Administration would not consider at this stage to deploy staff to man the telephone service for booking consultation slots at GOPCs. Not only would this entail significant resources, having regard to the fact that there were at present some 400 lines throughout the territory dedicated to the telephone booking system, the suggestion would in the end make it harder for people to connect to the system because of the longer time it would take to complete a booking process. The Administration would also not consider the suggestion of accepting on-line booking at this stage for the reason that the number of people likely to make use of the Internet to book consultation slots was in the minority. As the telephone booking system was still at its initial stage of full implementation, the Administration intended to focus on observing, reviewing and improving the system. DSHWF(H)2 also pointed out that there had been no significant change in the number of attendances by elderly patients with episodic illnesses at GOPCs after the implementation of the telephone booking service.

39. Mr Andrew CHENG said that the reasons given by the Administration for not allowing booking for consultation slots by other means, such as manually operating the telephone booking system and accepting on-line booking, were unconvincing. In his view, to insist on the existing arrangements for booking consultation slots had the effect of pushing the elderly, many of whom had difficulties in using the telephone booking service, away from using public outpatient services. If resource was a major consideration for deploying staff to man the telephone booking service, Mr CHENG suggested setting aside a certain number of lines, say, 100, for such purpose.

40. DSHWF(H)2 responded that to deploy staff to man, say, 100 telephone lines for booking consultation slots at GOPCs would still entail significant resources. More importantly, it would inevitably make it more difficult for people to connect to the system because of the longer time occupied by a manually operated line. To better enable the public to effectively use the telephone booking service, measures, such as remaking the interactive voice responses with authentic human voice and slowing down the pace of interactive voice response and repeat the particulars of the booking to make it easier for patients to grasp the consultation time and venue, etc., would be implemented.

Action

41. Senior Manager, HA supplemented that results of a two-day test conducted by the HA last week to find out how long it took a caller to connect to the telephone booking system when the call was made at 4:00 pm and at 7:00 am on the following day respectively revealed that the time required ranged from three to six minutes. These results were consistent with the phenomenon that quite a number of clinics still had consultation slots remaining by the morning session of the next day. Senior Manager, HA further said that another reason why the HA would not consider accepting on-line booking for consultation slots at this stage was because some quarters in the community were opposed to the idea for fear of creating unfairness in accessing general outpatient services. Nevertheless, the HA would consider the pros and cons of accepting on-line booking before deciding on the way forward.

42. Mr LI Kwok-ying said that the findings of the test mentioned in paragraph 42 above would not help to assess the effectiveness of the telephone booking system, as some people, in particular the elderly, would simply refrain from using the system after they had encountered difficulties in using the system. As a result, many elderly persons delayed seeking medical treatment or simply dial "999" for medical assistance. In the light of this, Mr LI asked whether consideration could be given to allowing the callers to choose the manually operating system by pressing, say, the "0" key on the telephone pad and setting aside a certain number of consultation slots for walk-in elderly patients.

43. DSHWF(H)2 reiterated the reasons for not allowing booking by manually operating the telephone booking service given in paragraphs 39 and 41 above. In the Administration's view, resources could be better deployed on improving other areas of the general outpatient services. This however did not mean that no improvements would be made to the system. The Administration and the HA were currently studying in details various suggestions, as set out in paragraph 13 of the Administration's paper, to see how best the system could be further improved within existing resources.

44. On the suggestion of setting aside a certain number of consultation slots for walk-in elderly patients, DSHWF(H)2 said that there would be practical difficulties in doing so. This was because it would not be possible for clinic staff to identify which walk-in patients had genuine difficulty in using the telephone booking service. DSHWF(H)2 however pointed out that there was no need for the suggestion, as quite a number of clinics still had consultation slots remaining by the morning session of the next day. Clinic staff would make use of these remaining slots to enable the patients with no booking to see the doctors. If there was no consultation slot remaining when a patient with no booking showed up, clinic staff would take the patient through the steps for making telephone booking for the earliest available consultation slot.

Action

45. Dr Fernando CHEUNG said that single elderly who lived alone were particularly hard hit by the telephone booking service as they did not have any one to turn to for help if they encountered difficulty in using the service. In the light of this, Dr CHEUNG urged the HA to reinstate the arrangement of setting aside a certain number of consultation slots for the elderly patients and come up with measures to assist this group of patients in obtaining consultation slots for general outpatient services.

46. DSHWF(H)2 responded that there was no question of the elderly being forced out of the public healthcare system by the implementation of the telephone booking service, as evidenced by the fact that there was no significant change in the percentage of elderly patients with episodic illnesses using GOPCs after the implementation of the service. Moreover, the HA would offer appropriate assistance on a case-by-case basis to individual elders who faced genuine difficulty in using the telephone booking service, for instance, by arranging medical consultations for them directly without the need to use telephone booking. Efforts had also been made to educate the elderly on how to use the telephone booking service through seminars, visits to elderly centres, etc.

47. Senior Manager, HA supplemented that some three months before the telephone booking service was launched, a number of measures were implemented to reduce the need for the chronically-ill or elderly patients, which made up some 60% of GOPC users, to use the telephone booking service. These measures included arranging the next booking after each consultation and prescribing medication for a longer period of time.

48. Service Director (Community Care), New Territories West Cluster, HA also said that much work still needed to be done to fine tune the telephone booking service to ensure that access to public general outpatient services by patients with a disability or with hearing impairments would not be undermined. To that end, measures such as liaising with different District Councils and community organisations with a view to making use of community resources to provide assistance to people who needed to use the telephone booking service were being explored. He further said that in cases of emergency, clinic staff would not turn away patients who had not obtained a consultation slot.

Admin

49. At the request of the Chairman, DSHWF(H)2 agreed to provide all relevant information pertaining to the utilisation of GOPCs before and after the implementation of the telephone booking service.

50. Mr Fred LI said that the implementation of the telephone booking service was a move in the right direction, but more work still needed to be done to make the service more user-friendly. One way to achieve such was to provide callers

Action

with the option of connecting to an operator after several failed attempts to follow the steps required by the system. Dr KWOK Ka-ki expressed similar view, and surmised that this should not entail additional resources as clinic staff who previously worked at the reception desk to handle booking could be deployed to work as operators for the telephone booking service.

51. DSHWF(H)2 responded that the Administration would carefully consider all the views/suggestions expressed by members on ways to enhance the telephone booking service and provide a written response in due course.

Admin

52. In closing, the Chairman suggested that a site visit be made to assist members to have a better understanding of the operation of the telephone booking service. Members agreed. Cluster Service Coordinator, HA said that the HA would be happy to arrange the visit.

Clerk, Admin

VII. Any other business

53. There being no other business, the meeting ended at 10:43 am.

Council Business Division 2
Legislative Council Secretariat
5 January 2007