

**立法會**  
**Legislative Council**

Ref : CB2/PL/HS

LC Paper No. CB(2)2615/06-07  
(These minutes have been seen  
by the Administration)

**Panel on Health Services**

**Minutes of meeting held on Monday, 9 July 2007, 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 Mrs Selina CHOW LIANG Shuk-ye, GBS, JP  
Hon CHAN Yuen-han, SBS, JP  
Hon Bernard CHAN, GBS, JP  
Hon Mrs Sophie LEUNG LAU Yau-fun, GBS, JP  
Dr Hon YEUNG Sum, JP  
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 attending** : Hon WONG Kwok-hing, MH  
Hon LEE Wing-tat
- Member absent** : Hon Fred LI Wah-ming, JP
- Public Officers attending** : Item III  
Dr York Y N CHOW, SBS, JP  
Secretary for Food and Health  
  
Mr Patrick NIP, JP  
Deputy Secretary for Food and Health (Health)

Mr Shane SOLOMON  
Chief Executive  
Hospital Authority

Dr W L CHEUNG  
Director (Cluster Services)  
Hospital Authority

Dr S V LO  
Chief Manager (Statistics, Workforce Planning &  
Knowledge Management)  
Hospital Authority

Item IV

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

Mr Thomas CHAN  
Principal Assistant Secretary for Food and Health  
(Health)

Ms Ernestina WONG  
Principal Assistant Secretary for Food and Health  
(Health)

**Attendance by invitation** : Item III

The Hong Kong College of Mental Health Nursing

Mr Frederick YEUNG Kin-keung  
President

Nursing Council of Hong Kong

Ms Adela LAI Shuet-fun  
Chairman

Hong Kong Midwives Association

Ms Sylvia FUNG  
President

Association of Hong Kong Nursing Staff

Miss Eva YEUNG Yee-man  
Public Relation Officer

Miss Queenie SHUM Wai-man  
Senior Executive Officer

Hong Kong Public Consultant Doctors Group

Dr Charles HO Kau-chung  
Chairman

Hong Kong Public Hospitals, Department of Health and  
University Doctors' Association

Dr Ben Y F FONG  
Vice Chairman

Hong Kong Public Doctors' Association

Dr LEUNG Ka-lau  
Council Member

Dr CHEUNG Wing-yung  
Council Member

Frontline Doctors' Union

Dr WONG Cheung  
Vice Chairman

Dr Augustine CHAN Tin-sang  
Secretary

Action Group on Medical Policy

Dr SHIH Tai-cho  
Convener

Hong Kong Medical Association

Dr LEUNG Chi-chiu  
Hon Secretary

Dr CHAN Yee-shing  
Council Member

Item IV

Steering Committee, Tung Chung Safe & Health City

Ms WONG Yin-king  
Project Manager

Democratic Alliance for Betterment and Progress of  
Hong Kong, Islands Branch

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Ms CHAU Chuen-heung  
Chairman

Mr Samuel T L CHENG  
Committee Member

Hong Kong Outlying Islands Women's Association  
Limited - Virtuous People Club

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Ms LEE Yee-chun  
Chairperson

North Lantau Citizen Association

Mr LO Kwong-shing  
Chairman

Tung Chung Development Concern Group

Miss LAM Yau-han  
Legal Adviser

Tung Chung Residents Association

Mr LAU Pak-yuen  
Vice-Chairman

Civic Party

Mr Samuel LEE  
Tung Chung Service Officer

Tung Chung Livelihood Monitor

Mr TANG Ka-piu  
Facilitator

Mr CHONG Kin-man  
Resident

Democratic Party

Mr KWOK Ping  
Executive of Community Services

Islands District Council

Mr LEUNG Siu-tong  
Councillor

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

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

Ms Sandy HAU  
Legislative Assistant (2)5

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**I. Confirmation of minutes**  
(LC Paper Nos. CB(2)2379/06-07 and CB(2)2410/06-07)

The minutes of the special meetings held on 30 April and 1 June 2007 were confirmed.

**II. Information paper(s) issued since the last meeting**  
(LC Paper No. CB(2)2346/06-07(01))

2. Members noted the above submission dated 27 June 2007 from 加以域關注組.

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**III. Shortage of medical staff in the Hospital Authority**

(LC Paper Nos. CB(2)2283/06-07(01), CB(2)2381/06-07(01) to (03), CB(2)2411/06-07(01) to (02) and CB(2)2433/06-07(01) to (03) )

3. The Chairman invited deputations to give their views on shortage of medical staff in the Hospital Authority (HA), summaries of which were set out in the ensuing paragraphs.

*Views of deputations*

Hong Kong College of Mental Health Nursing

4. Mr Frederick YEUNG introduced the submission from the Hong Kong College of Mental Health Nursing (LC Paper No. CB(2)2433/06-07(01)), which proposed the following -

- (a) there should be an adequate yearly supply of local nursing graduates in mental health care;
- (b) promotion prospect of mental health care nurses should be improved;
- (c) scope of work of mental health care nurses should be expanded, in order to enhance the provision of community-based psychiatric services in Hong Kong; and
- (d) a review of the mental health care nursing manpower in public, private as well as subvented organisations should be conducted.

Nursing Council of Hong Kong

5. Ms Adela LAI presented the views of the Nursing Council of Hong Kong as detailed in its submission (LC Paper CB(2) 2411/06-07(01)). Specifically, the Nursing Council urged the Administration to amend or delete the outdated provisions in the Nurses Registration Ordinance (Cap. 164), such as in order to be eligible for commencement of nursing training, a person only needed to possess a Hong Kong School Certificate or equivalent academic qualifications when the present degree-holding nursing programmes required higher academic qualifications, and provide the Nursing Council with more power and resources to better meet the nursing needs of the public.

Hong Kong Midwives Association

6. Ms Sylvia FUNG presented the views of the Hong Kong Midwives Association as detailed in its submission (LC Paper CB(2) 2433/06-07(02)). Specifically, the Association hoped that more university places for nursing

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programmes could be provided to address the shortage of nurses and midwives and to better meet rising patient expectation.

Association of Hong Kong Nursing Staff

7. Miss Eva YEUNG introduced the submission of the Association of Hong Kong Nursing Staff (LC Paper CB(2) 2381/06-07(02)) which strongly requested the Administration to expeditiously formulate long-term manpower plan for nursing staff so as to achieve the 1:5 nurse-to-patient ratio suggested by the Health and Medical Development Advisory Committee and to make such ratio a statutory requirement. The Association also strongly opposed to HA employing non-professional staff, such as care assistants and health care assistants, to address the shortage of nursing staff in public hospitals.

Hong Kong Public Consultant Doctors Group

8. Dr Charles HO said that the shortage of medical staff in HA, including the increasing number of experienced doctors leaving the employ of HA, should be expeditiously addressed. Dr HO also called upon the Administration and the community to expeditiously come to a consensus on the future service delivery model for health care system and health care financing in Hong Kong to better meet the challenges ahead.

Hong Kong Public Hospitals, Department of Health and University Doctors' Association

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9. Dr Ben FONG presented the submission of the Hong Kong Public Hospitals, Department of Health and University Doctors' Association (LC Paper CB(2) 2381/06-07(03)). Notably, the Association was of the view that the reason why doctors in public hospitals were overstretched was not due to shortage of doctors. Rather, the problem lay in the mismatch between workload and resources in public hospitals, imbalance in the market share between public and private hospitals, and departure of experienced doctors due to unfavourable working conditions, unreasonable pay, and lack of job satisfaction and promotion prospect.

Hong Kong Public Doctors' Association

10. Dr LEUNG Ka-lau disagreed that the increase in the turnover rate of doctors in public hospitals was due to improvement of the economy and expansion of the private market for medical services as claimed by the Administration and HA. Rather, it was due to HA employing doctors on contract terms in 1997 and lowering the starting salary of doctors who were appointed on or after 1 April 2000 by five incremental pay points, adjusting their maximum pay points downwards by eight points and removing six omitted points from their pay scale. Dr LEUNG pointed out that contract

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doctors were often advised by HA one month, or even one week, before the expiry of their contract whether they could stay on. This had led many contract doctors to seek jobs outside HA before the expiry of their contract, which was not conducive to retaining experienced staff. Dr LEUNG further said that the enhancement measures that had been or would be implemented by HA as set out in paragraphs 15-16 of the Administration's paper (LC Paper No. CB(2)2381/06-07(01)) would do little to retain doctors if the existing salary disparity between doctors who were appointed on or after 1 April 2000 and those who were appointed before 1 April 2000 was not adequately addressed.

11. Dr CHEUNG Wing-yung supplemented that the salary disparity amongst doctors had increased risk to patients. Dr CHEUNG pointed out that although the number of major/ultra operations performed by HA had increased from 96 750 in 2003-2004 to over 113 813 in 2006-2007, representing an increase of some 17%, the number of specialists had reduced by some 50% over the past 10 years. Whilst one specialist only had to mentor one specialist trainee in the past, nowadays, in some clinical specialties, such as cosmetic surgery, one specialist had to mentor up to 13 specialist trainees. Dr CHEUNG further said that to fill the vacancies left by doctors with new medical graduates would only make up the number but not years of experience accumulated by doctors.

Frontline Doctors' Union

12. Dr WONG Cheung expressed the concern of the Frontline Doctors' Union about the long working hours of frontline doctors and the very little time they could spend on patients, for instance, only five to six minutes per consultation in outpatient clinics. The Union further expressed concern that the unfavourable employment terms adopted by HA in 2000 for doctors, details of which were set out in its submission (LC Paper CB(2) 2411/06-07(02)), and the lack of training opportunities and promotion prospect had triggered many junior doctors to leave the employ of HA once they had obtained specialist qualification. According to a survey conducted by the Union, over 80% of frontline doctors had indicated that they would consider leaving HA after obtaining specialist qualification. To cease the exodus of experienced doctors and to improve morale of doctors, the Union urged HA to immediately reinstate the pay scale of doctors adopted before 1 April 2000.

Action Group on Medical Policy

13. Dr SHIH Tai-cho urged the Administration and HA to tackle the problem of shortage of doctors at source by expeditiously reconciling the salary disparity among doctors in public hospitals. If the problem was not solved, not only would junior doctors leave the employ of HA after they had obtained specialist qualification, even senior doctors would leave because of lack of support from their subordinate doctors due to low morale.



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Hong Kong Medical Association

14. Dr CHAN Yee-shing urged HA to accord due respect to its doctors by ensuring equal pay for the same work and improving their working conditions and career path. Dr CHAN further said that as the starting salary of Government doctors would be revised from Master Pay Scale point 27 to point 32 with effect 1 August 2007, the same should be applied by HA to new recruits of doctors.

*The Administration's response*

15. Secretary for Food and Health (SFH) said that the Administration and HA were well aware of the demands of healthcare staff in HA. To address such, HA would continue to step up efforts on improving the employment terms, career structure and training and development opportunities of its healthcare staff. SFH further said that in the light of the recent trend of increased staff turnover due to improvement of the economy, HA had conducted an exercise to estimate its manpower demand for healthcare professionals in the coming years. HA's projected manpower requirements would be relayed to the Education Bureau (EB) and University Grants Committee (UGC) for consideration of a possible increase in the number of places in medical and nursing programmes funded by the Government. In parallel, the Food and Health Bureau (FHB) would closely monitor the manpower requirement for healthcare professionals by organisations funded and not funded by the Government, in order to ensure that the healthcare system in Hong Kong was adequately staffed with appropriate healthcare professionals. SFH pointed out that resources were not an issue in the funding of HA. It was more important to ensure that resources were effectively utilised for the long-term sustainability of the public healthcare system. It was hoped that with the implementation of medical services reform, there would be closer collaboration, instead of competition, between the public and private medical sectors for healthcare staff.

16. Chief Executive, HA supplemented that HA recognised that unequal pay for the same work amongst doctors was a major problem, and was committed to progressively taking steps to address it. For instance, HA had introduced in April 2006 the granting of increments to all serving employees, including doctors, recruited on fixed-pay-point contracts (i.e. those recruited on or after 15 June 2002), subject to effective performance and completion of the required length of service. Apart from taking steps to improve the salary of doctors, a series of human resources strategies to improve the working conditions of existing staff had also been adopted by HA to improve retention. These included recruiting more doctors, nurses and allied health professionals, recruiting more part-time doctors and nurses with more competitive package and reducing the weekly working hours of doctors to a level not exceeding 65 hours per week as well as the excessively long continuous working hours of

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doctors in certain specialties to a more reasonable level, details of which were set out in paragraphs 12-16 of the Administration's paper. Chief Executive, HA further said that he did not agree to the adoption of the 1:5 nurse-to-patient ratio proposed by the Association of Hong Kong Nursing Staff. Chief Executive, HA, however, considered it necessary to ensure that the workload of nurses would not be excessive. To that end, HA was developing a workload standard for nurses.

*Discussion*

17. Dr KWOK Ka-ki and Dr YEUNG Sum urged the Administration to allocate sufficient subvention to HA to enable it to bring the pay of its staff at entry ranks appointed on or after 1 April 2000 on a par with those of their counterparts appointed before 1 April 2000.

18. Mr Vincent FANG said that the Administration and HA should expeditiously work out ways to address pay disparity amongst HA staff. In the longer term, the Administration and HA should come up with a reasonable doctor-to-patient and nurse-to-patient ratios, to address the short time span which a doctor could spend with his/her patient as pointed out by the Frontline Doctors' Union and the high nurse-to-patient ratio as pointed out by the Association of Hong Kong Nursing Staff in its submission to the Panel.

19. Ms LI Fung-ying said that measures such as, employing more experienced doctors and nurses on a part-time basis and shifting care duties to personal care assistants, adopted by HA would not help to allay staff grievances, but would have the adverse effect of compromising quality of care to patients. The policy of employing doctors on contract terms was also not conducive to retaining good calibre staff.

20. Mr Andrew CHENG said that if resources were not an issue, sufficient Government subvention should be provided to HA for it to eradicate the situation of unequal pay for the same work in HA. Mr CHENG further said that HA should not lower the starting salaries for its entry ranks, and not the pay of its senior staff, when the Administration had yet to come up with healthcare financing and strategy for medical services reform.

21. SFH responded as follows -

- (a) as mentioned at the FC meeting held on 6 July 2007, although the salary structures of staff in HA had been delinked from the pay scales of the civil service, the Government would return \$138 million to HA in the context of the present exercise of adjustment of starting salaries for the civil service. The \$138 million was the aggregate amount deducted from the annual

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recurrent subvention to HA as a result of the 1999 Starting Salaries Survey (SSS);

- (b) FHB was now discussing with HA ways to address the pay disparity between HA staff at entry ranks appointed on or after 1 April 2000 and their counterparts appointed before 1 April 2000. In view of the large number of affected staff involved, more time was needed to work out the detailed arrangements that were reasonable and fair and which HA could support financially in the long run;
- (c) the lowering of the starting salaries for trainee doctors (medical graduates under specialist training) newly recruited on or after 1 April 2000 by HA was to enable HA to take in all local medical students graduated in that year, due to resource constraint brought about by the reduction in Government subvention to HA;
- (d) major challenges faced by HA at present were more on the low morale of healthcare staff and the increased departures of experienced healthcare staff, rather than the shortage of healthcare staff. In this connection, high priority was accorded by HA to discuss with the staff side ways to improve the remuneration package, career structure, working conditions, and training and development opportunities of healthcare professionals; and
- (e) the longer term human resources arrangements for HA would be hinged on healthcare financing and healthcare services reform. There would be public consultation before the end of 2007.

22. Dr KWOK Ka-ki expressed dissatisfaction that instead of improving the pay of doctors appointed on or after 1 April 2000 to improve retention, HA planned to recruit between 449 and 485 trainee doctors per year over the next five years. Not only would this recruitment of new doctors by HA drive the pay of doctors down given that over 85% of hospital services were presently provided by HA, it was also excessive in that the existing number of doctors in HA was only about 4 600 and the total number of doctors in Hong Kong was some 11 000.

23. SFH disagreed that HA's demand for an additional 449 to 485 trainee doctors (medical graduates under specialist training) per year over the next five year was excessive. Apart from replacing staff turnover due to reasons such as retirement, additional doctors were required to reduce the work hours of doctors and substitute the work of those doctors on overseas training, as well as to anticipate the increasing demand for HA services brought about by population growth and ageing. SFH further said that there was no cause for concern that there would be an oversupply of doctors.

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24. Dr Fernando CHEUNG said that according to a study conducted by the Hong Kong Council of Social Service, the welfare sector was short of some 350 nurses in 2006. It was envisaged that the problem would continue to worsen in 2007. Apart from the Government's blister programme to enhance the supply of enrolled nurses for the welfare sector starting from 2008-2009, Dr CHEUNG asked the Administration whether it had other plans to meet the welfare sector's demand for nurses in the coming years. Dr CHEUNG further asked HA whether it had any measures to reduce the workload of its nurses.

25. Responding to Dr CHEUNG's first question, SFH said that FHB would discuss with EB and UGC for consideration of a possible increase in the number of places in nursing programmes funded by the Government to address the shortfall in the supply of nurses for the welfare sector. Regarding Dr CHEUNG's second question, Chief Executive, HA said that apart from stepping up recruitment of nurses and increasing places in nursing programme, HA also intended to increase the number of care assistants to reduce the workload of its nurses. Chief Executive, HA hoped that with the medical services reform that would take place in the long term, some work in the public sector would be shifted to the private sector, thereby further reducing the workload of nurses in public hospitals/clinics.

26. The Chairman requested the Administration to provide information on its projected manpower demand for different healthcare professionals in Hong Kong in the coming years and the number of places in medical and nursing programmes funded by the Government that would be provided to meet such manpower demand. SFH agreed to do so after coming to an agreement with EB and UGC.

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27. Ms Audrey EU asked -

- (a) whether the Administration's estimation of the manpower demand for different healthcare professionals in Hong Kong in the coming years was based on a population of 10 million, having regard to a recent interview given by CE to the Financial Times that Hong Kong should increase its population to 10 million to match London and New York as a global financial centre; and
- (b) what was the staff turnover rate of HA from 2003-2004 to 2006-2007 if the effects of the voluntary retirement schemes launched by the Government and HA in 2002 were included.

28. Responding to Ms EU's first question, SFH said that what CE meant was that Hong Kong had the fundamentals to accommodate 10 million people over time, and not to increase the population of Hong Kong to 10 million people in the short term. SFH further said that in assessing the manpower demand for healthcare services in the coming years, the primary factors that needed to be

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taken into account in the projection were the effects of the growth and demographical changes of the population, changes in the service delivery models, technological development and trend of turnover of staff. The Administration would strive to make the manpower estimation as accurately as possible and adopt various measures to manage the anticipated shortfall. Although it was not always possible to match the supply and demand of medical and nursing graduates, Hong Kong would avoid as far as possible the situation which occurred in many European countries whereby medical graduates could not find jobs to practise medicine.

29. As regards Ms EU's second question, Director (Cluster Services) HA referred members to the table in paragraph 4 of the Administration's paper which set out the number of staff departures and the turnover rate in HA, which were inclusive and exclusive of voluntary early retirement figures, in the past four years.

30. Dr YEUNG Sum asked why HA refused to adopt the one nurse to five patients ratio as practised in some overseas places.

31. SFH considered that a simple ratio of staff to patient was not an appropriate indicator of the manpower position, given that there were different types of patients, including inpatients, outpatients and other persons cared for in the community, each of whom received different modes and levels of care. At the request of the Chairman, SFH agreed to provide information explaining the methodology used by HA in deploying nurses.

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32. Mr LI Kwok-ying asked whether consideration could be given to -

- (a) developing specialist nurses to provide better care to patients with special needs; and
- (b) introducing more incremental points/jumps and promotional posts for HA doctors to improve retention.

33. Responding to Mr LI's first question, SFH said that the Administration considered the development of specialist nurses beneficial to patients. SFH however pointed out that many nurses had reservation about the idea for the reason that to become specialist nurses might limit their career pathways. As regards Mr LI's second question, SFH said that the reasons why some doctors left HA varied and to his understanding, merely earning more money was not the prime motivation of public hospital doctors. Notwithstanding the need to provide doctors with reasonable pay, the Administration and HA considered that the best way to retain doctors was to adopt a number of human resources strategies, such as improving their career structure and working conditions and enhancing their training and development opportunities.

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34. Mrs Selina CHOW agreed that more efforts should be made by HA to reduce the workload of doctors, having regard to the facts that despite a 13.7% increase in the number of operations performed by doctors from 297 895 operations in 2003-2004 to 338 670 operations in 2006-2007, the increase in the number of doctors was only about 1.7% from 4 542 doctors in 2003-2004 to 4 617 doctors in 2006-2007. Mrs CHOW noted that in order to address the anticipated shortfall in the supply of local medical graduates, HA would discuss with EB and UGC on the possibility of increasing more places in medical programmes funded by the Government. In view of the lead time required to train the graduates, Mrs CHOW opined that consideration should be given to recruiting more overseas medical graduates, instead of just 10 of them per year, as mentioned in paragraph 6 of the Administration's paper.

35. SFH clarified that no ceiling was set on the number of overseas medical graduates practising in Hong Kong, so long as these graduates passed the licensing examination run by the Medical Council of Hong Kong. Hong Kong would continue to rely on local universities to supply medical graduates, as past records revealed that only a handful of overseas medical graduates sat for the licensing examination to practise here.

36. Miss CHAN Yuen-han said that the ceasing by HA to provide nursing education in 1999 was to be blamed for the present shortage of nurses. Miss CHAN further said that the fact that cluster management of hospital services bred favouritism was also one of the causes for the poor morale of healthcare staff in HA. For instance, if a cluster chief executive was a specialist in diabetes, he/she would set aside more resource for that specialty in the cluster.

37. SFH responded that the upgrading of basic nursing education to degree level was in line with international trend to enhance the professionalism of nurses. Although the degree level nursing programmes were provided by local tertiary institutions since 1999, sub-degree nursing courses were still being provided at the Queen Elizabeth Hospital Nursing School to alleviate the problem of shortage of nurses. Three more blister nursing programmes for the welfare sector would also start in end 2007, 2008 and 2009 respectively.

38. Chief Executive, HA said that HA was presently working on a new resource allocation model to make the existing funding basis amongst hospital clusters more objective. The development of workload standards for healthcare staff would also further stamp out favouritism from one hospital to another hospital.

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*Motion*

39. The following motion proposed by Dr KWOK Ka-ki, as amended by Dr Fernando CHEUNG, was passed unanimously by members present at the meeting -

"本委員會對於政府沒有給予醫院管理局("醫管局")足夠資源，把員工的薪級點恢復至 2000 年以前的水平，表示遺憾，並促請政府立即向醫管局提供足夠撥款，令醫管局員工得到與公務員一致的安排，恢復 2000 年以前的薪級點，以提高員工士氣及減低流失率。此外，政府應正視社會福利機構及院舍護理人手嚴重不足的問題，加強培訓人手及撥出足夠資源，以合理的人手編制維持服務質素。"

(Translation)

"That this Panel regrets that the Government fails to provide sufficient resources for HA to reinstate the pre-2000 pay scales for its staff, and urges the Government to immediately provide sufficient funding to HA so that its staff can get the same pay as that of civil servants and the pre-2000 pay scales can be reinstated, thereby boosting staff morale and reducing staff turnover. Furthermore, the Government should face squarely the problem of acute shortage of nursing manpower in the welfare sector, enhance staff training and allocate sufficient resources to maintain quality service with reasonable staff establishment."

40. In closing Dr YEUNG Sum requested HA to provide a report on the progress made in addressing pay disparity amongst its healthcare staff. The Chairman also requested the Administration to provide the following information in writing -

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- (a) methodology for estimating long-term manpower demand of HA;
- (b) ways to improve the management culture of HA to avoid situations, such as only informing contract doctors close to the expiry of their contract whether their contract would be renewed and unequal pay for the same work; and
- (c) information on future supply of medical and nursing graduates to avoid any shortfall or oversupply of doctors and nurses.

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**IV. Medical services in Tung Chung**

(LC Paper Nos. CB(2)2064/06-07(01), CB(2)2381/06-07(04) to (11) and CB(2)2411/06-07(03) to (04))

41. Deputy Secretary for Food and Health (Health) (DSFH(H)) briefed members on the medical services in Tung Chung, including the existing services and the latest progress of the preparatory work for the planned North Lantau Hospital (NLH), details of which were set out in the Administration's paper (LC Paper No. CB(2) 2381/06-07(04)).

42. The Chairman then invited the following deputations to give their views on medical services in Tung Chung, details of which were set out in their submissions -

- (a) Steering Committee, Tung Chung Safe and Health City;
- (b) Democratic Alliance for the Betterment and Progress of Hong Kong, Island Branch (LC Paper No. CB(2) 2381/06-07(05));
- (c) Hong Kong Outlying Islands Women's Association Limited - Virtuous People Club a (LC Paper No. CB(2) 2381/06-07(06));
- (d) North Lantau Citizen Association (LC Paper No. CB(2) 2381/06-07(07));
- (e) Tung Chung Development Concern Group (LC Paper No. CB(2) 2381/06-07(08));
- (f) Tung Chung Residents Association (LC Paper No. CB(2) 2381/06-07(09));
- (g) Civic Party (LC Paper No. CB(2) 2381/06-07(10));
- (h) Tung Chung Livelihood Monitor;
- (i) Democratic Party (LC Paper No. CB(2) 2381/06-07(11)); and
- (j) Islands District Council.

Specifically, the Administration was requested to -

- (a) expedite the construction of NLH for commissioning by 2011-2012, and regularly update Tung Chung residents on the progress of the construction;



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- (b) prior to the commissioning of NLH, provide transport service to Tung Chung residents who needed to seek treatment in Princess Margaret Hospital;
- (c) extend the public general outpatient clinic (GOPC) in Tung Chung to 24 hours a day, seven days a week, and set aside more consultation quota at the clinic for elderly patients without booking;
- (d) provide non-emergency ambulance service to the elderly with difficulty in movement and the chronically-ill living in Tung Chung and North Lantau who needed to travel to the public GOPC in Tung Chung for treatment and/or follow-up consultation;
- (e) provide psychiatric and specialist outpatient services in Tung Chung;
- (f) allow access by Tung Chung residents to the dental services at the Government dental clinic for civil servants in Tung Chung; and
- (g) step up public health education to Tung Chung residents so as to prevent them from delaying seeking proper medical treatment.

43. Due to time constraint, the Chairman suggested and members agreed to continue discussion on the matter at the special meeting scheduled for 17 July 2007.

44. There being no other business, the meeting ended at 10:40 am.

Council Business Division 2  
Legislative Council Secretariat  
13 August 2007