立法會
Legislative Council

LC Paper No. CB(2)265/07-08
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Panel on Health Services

Minutes of special meeting
held on Friday, 12 October 2007, at 5:30 pm
in the Chamber of the Legislative Council Building

Members present	:	Hon LI Kwok-ying, MH, JP (Chairman) Dr Hon Joseph LEE Kok-long, JP (Deputy Chairman) Hon Fred LI Wah-ming, JP Hon CHAN Yuen-han, SBS, JP Hon Andrew CHENG Kar-foo Hon Audrey EU Yuet-mee, SC, JP Hon Vincent FANG Kang, JP Dr Hon KWOK Ka-ki Dr Hon Fernando CHEUNG Chiu-hung
Members attending	:	Hon LEE Cheuk-yan Hon Emily LAU Wai-hing, JP Hon WONG Kwok-hing, MH
Members absent	:	Hon Mrs Selina CHOW LIANG Shuk-yee, GBS, JP Hon Mrs Sophie LEUNG LAU Yau-fun, GBS, JP Dr Hon YEUNG Sum, JP Hon LEUNG Kwok-hung
Public Officers attending	:	Dr York CHOW, SBS, JP Secretary for Food and Health Ms Sandra LEE, JP Permanent Secretary for Food and Health (Health)

Dr P Y LAM, JP
Director of Health

Mr Shane SOLOMON
Chief Executive, Hospital Authority

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. Briefing by the Secretary for Food and Health on the 2007-2008 Chief Executive's Policy Address
(LC Paper No. CB(2)57/07-08(01))

Secretary for Food and Health (SFH) briefed members on the new initiatives as well as the progress of the on-going initiatives in respect of health matters set out in the 2007-2008 Policy Address, details of which were set out in the Administration's paper.

Health care vouchers for the elderly

2. Dr Joseph LEE welcomed the Administration's plan to launch a three-year trial scheme of providing health care vouchers for all citizens aged 70 or above, and asked when the pilot scheme would be implemented. Dr LEE further urged that objective and measurable benchmarks for evaluating the pilot scheme be developed.

3. SFH responded that -

(a) the pilot scheme of providing health care vouchers to the elderly was expected to be implemented in the 2008-2009 financial year, after an electronic platform for storing the accounts of the eligible elders had been set up. The development of the electronic platform involved setting up voucher accounts for all elders aged 70 or above. Most people aged 70 or above had a history of using Hospital Authority (HA) services and the Administration would explore if HA's database

could be used to develop the electronic platform; and

(b) although it was the Administration's plan to conduct a full review of the pilot scheme after the three-year trial period, a periodic review would be conducted every six months to fine-tune the scheme in light of operational experience.

4. Mr WONG Kwok-hing was of the view that the eligible age for receiving health care vouchers should be set at age 65 or above, having regard to the fact that the eligible age for receiving Old Age Allowance (OAA) was between 65 and 69.

5. SFH responded that a cautious approach was necessary in ensuring the success of the pilot scheme of providing health care vouchers to the elderly, as the implementation of the "money follows patient" concept was new. Under the scheme, senior citizens aged 70 or above, whose number would come to some 650 000 by next year, could use the health care vouchers for services provided by western and Chinese medicine practitioners, allied health professionals and dentists, and for preventive as well as curative services in the private sector. Moreover, overseas experience had showed that private health providers would increase their fees and charges if the government provided substantial subsidies for private health care services on a large scale.

6. Mr LEE Cheuk-yan said that it was too miserly of the Government to provide each senior citizen aged 70 or above with five health care vouchers worth $50 each annually. Mr LEE considered that a more practical approach to help the needy elderly was to increase the amount of OAA.

7. SFH explained that health care vouchers were meant to partially subsidise the primary medical care services purchased by the elderly from the private sector. Senior citizens aged 70 or above could still use the medical services in the public sector after the launching of the health care voucher scheme. SFH further said that apart from giving something back to the senior citizens as a token of appreciation for their contribution to the society, this initiative also aimed at enabling senior citizens to choose more freely their preferred services among primary medical care services in the local community, instead of waiting for consultation quota at public General Out-patient Clinics (GOPCs). It also sought to encourage the elderly to make better use of primary medical care services in the private sector and to establish a "continuity of care" relationship with family doctors to better safeguard their health.

8. Dr KWOK Ka-ki said that the implementation of the "money follows patient" concept in the health care voucher scheme was a move in the right direction in enhancing collaboration and interface between health care providers in

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the public and the private sectors. Dr KWOK hoped that the scheme could, in the long run, fully subsidise the elderly in undergoing annual body and dental checkups provided by the private sector.

9. Dr Fernando CHEUNG queried whether only giving five health care vouchers to each senior citizen annually was sufficient to enable the elderly to receive adequate medical care. According to the Report entitled "Improving Hong Kong's Health Care System - Why and for Whom?" published by the Harvard consultants in 1999, the average number of out-patient attendances by each elderly was 14 per year.

(*Post-meeting note:* According to more recent figures from the Thematic Household Survey conducted in 2005, the average number of out-patient attendance for elderly of age 65 or above was 10 per year.)

10. SFH responded that the scheme was in addition to existing public health care services. With the implementation of the health care voucher scheme, the number of visits to out-patient clinics that could be made by each senior citizen could increase from five (according to HA, the number of out-patient attendances by each elderly averaged about four to five a year) to 10 a year assuming that one voucher was used for one out-patient visit in the private sector.

11. Dr Fernando CHEUNG envisaged that the administration of the health care voucher scheme would be quite complicated, not to mention that some elderly, particularly those living alone and with no relatives, were hard to reach. In the light of this, Dr CHEUNG said that the Administration should consider collaborating with non-governmental organisations (NGOs) providing services to the elderly in the implementation of the scheme.

Dental services for the elderly

12. Mr WONG Kwok-hing urged the Administration to improve dental services for the elderly. At present, Government dental clinics only provided dental services to civil servants, their dependants and civil servant pensioners and emergency dental services (i.e. pain relief and extraction only) to the public at designated clinics. Mr LEE Cheuk-yan raised similar concern.

13. SFH responded that given the restraint on public revenue and the high costs of dental care, it was not possible for the Department of Health to provide curative dental care to the elderly at this stage. SFH hoped that better oral health and dental care to the elderly could be achieved through the health care reforms and the supplementary financing arrangements that would be promulgated in a public consultation paper to be published before the end of the year.

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Pilot scheme to purchase primary care services from the private sector in Tin Shui Wai North

14. Dr Joseph LEE asked about the reason for choosing Tin Shui Wai (TSW) North to conduct a pilot scheme to purchase primary care services from the private sector. Noting that the pilot scheme would only target at chronic patients with a history of using the GOPC in TSW on a regular basis and whose conditions were stable, Dr LEE asked about the estimated number of patients involved.

15. SFH responded that at present, there were some 100 000 people living in TSW North and they would have to travel to TSW South if they would like to seek public GOPC services. To meet the increasing demand of TSW North for the GOPC service, the Government was planning to establish a GOPC in the district. At the same time, HA had started to explore ways of partnering with the private sector to provide quality health care services in a more cost-effective way. TSW provided an opportunity for HA to collaborate with the private sector to provide general out-patient services on a pilot basis before the completion of the new GOPC, the objectives of which were to enhance the existing provision of general out-patient services and explore the feasibility of public-private-partnership. Under the pilot scheme, the selected patients would pay the same fee as in public GOPCs ($45) to the private doctors for each consultation inclusive of drugs. For patients on public assistance or had been given a waiver of the GOPC fee, no fee would be payable. Other patients not included in the pilot scheme would also benefit through the availability of more quotas for consultation in the public GOPC, as the selected patients who chose to participate in the pilot scheme would be taken care of by participating private doctors.

16. SFH further said that the number of the selected patients to be covered by the pilot scheme to purchase primary care services from the private sector in TSW North could only be confirmed after HA had completed assessments of the number of chronic patients who had a history of using the GOPC service in the existing TSW GOPC.

17. Responding to Mr LEE Cheuk-yan's enquiry on when the new GOPC in TSW North would come into operation, SFH said that it would be in 2012. Mr LEE further asked whether the commissioning of the new GOPC could be compressed, having regard to the fact that the pilot scheme to purchase primary care services from the private sector would only serve a select group of patients. SFH responded that the Administration would strive to expedite the project, albeit taking some four to five years to plan, construct and commission a GOPC was the norm.

18. Dr Fernando CHEUNG asked why no consideration had been given to adopting a similar scheme to purchase medical services from the private sector in

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Tung Chung before the completion of the North Lantau Hospital.

19. SFH responded that the situations of Tung Chung and TSW North were different. In Tung Chung, there was a public GOPC but the residents needed to travel for about 30 minutes to Princess Margaret Hospital for accident and emergency services. Residents of TSW North had nearer access to accident and emergency services as compared to those in Tung Chung, but they were in need of GOPC services. Different measures would have to be adopted to address the different needs of the two districts.

Resources for the public health care sector

20. Dr KWOK Ka-ki noted from the Chief Executive's Policy Address that the recurrent expenditure on medical and health services would be increased from the present 15% to 17% in 2011-2012. Dr KWOK expressed concern whether it was the Administration's intention to place more responsibility on individuals to foot their own medical bills. The implementation of the HA Drug Formulary was a case in point. Dr KWOK urged the Administration not to set a ceiling on public health expenditure, as the Administration had the responsibility to ensure that no one would be denied proper health care due to lack of means.

21. SFH responded that the Government had no intention to cap its expenditure on health care. This however did not mean that nothing should be done to change the existing modes of public health care delivery to make them more cost-effective. As it would be impossible for the Government to increase its spending on health care indefinitely, comprehensive and fundamental reform of Hong Kong's health care system was necessary to maximise medical benefits and promote the good health of the community. Progressive steps would be made to take forward such medical reform initiatives as strengthening primary care and promoting family doctor-based services.

22. Dr KWOK Ka-ki enquired whether additional resources would be allocated to provide training to practising medical staff and mental heath services in the coming year.

23. SFH responded that additional resources had been allocated to HA and the relevant government departments to enhance training for their health care staff. As regards mental health services, HA was collaborating with the Social Welfare Department, NGOs and community organisations to launch a new community outreach service. The aim of the service was to facilitate early identification of persons with potential mental health problems in the community and make available early intervention and appropriate assistance to them and their family members before the problem got worse.

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Shortage of health care staff

24. Dr Joseph LEE urged the Administration to raise with the University Grants Committee (UGC) on increasing the number of places in nursing programmes funded by the Government to address the shortfall of nurses. Dr Fernando CHEUNG said that the welfare sector also encountered difficulty in recruiting enrolled nurses (ENs). The situation was particularly serious in residential care homes for the elderly.

25. SFH responded that having factored in a yearly supply of 30 nursing graduates from overseas, the total supply of nursing graduates in Hong Kong were set to increase from some 680 this year to some 860 in 2009. To better meet the demand for nurses, the Administration and HA had reflected the projected nursing manpower requirement of registered nurses to UGC for consideration of a possible increase in the number of places in nursing programmes funded by the Government. Apart from the supply of nursing degree graduates by local tertiary institutions, a couple of nursing higher diploma programs were currently being expanded. It was anticipated that there would likely be an additional supply of around 160 to 200 nursing graduates per year from 2010-2011 onwards. In addition, there would be an enhanced supply of ENs through the Government's blister programme for the welfare sector starting from 2008-2009. This would add to the supply from training programmes offered by private hospitals. The estimated yearly supply of ENs over the next five years would be around 200 to 380 from 2008-2009 onwards.

26. Mr Vincent FANG said that with the anticipated injection of an additional $10 billion over the coming five years on health care, adequate funding should be provided to HA to enable it to recruit and retain medical staff. Mr FANG expressed concern that the long work hours of and the pay disparity among medical staff were two of the major contributing factors for the recent medical blunders in public hospitals.

27. SFH said that the Administration had all along accorded high priority to the funding arrangement for HA. To relieve the financial pressure faced by HA, the Administration was providing HA with additional recurrent funding of around $300 million per year for the three years commencing 2006-2007. This would provide more certainty to HA in the amount of Government subvention and would help strengthen HA's financial position and support the initiatives it undertook. SFH further said that apart from enhancing its recruitment drive for medical staff, HA was currently working on ways to improve staff retention though a number of human resources measures such as improving the career structure of staff and offering employees on contract terms with good performance the opportunity to switch to permanent terms of employment.

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28. SFH pointed that the recent medical incidents in HA were not due to the shortage of medical staff, but failure to follow prescribed procedures. Chief Executive, HA supplemented that medical incidents had come to light more frequently because of the open and transparent reporting system adopted by HA. Most importantly, lessons should be learnt from the incidents and prompt improvement measures should be taken to avoid recurrence of similar incidents in future.

29. There being no other business, the meeting ended at 6:30 pm.

Council Business Division 2
Legislative Council Secretariat
9 November 2007