Panel on Health Services

<u>List of follow-up actions</u> (Position as at 11 January 2008)

Subject	Date of meeting	Follow-up action required	Administration's response
1. Further discussion on the obstetric service charge for non-eligible persons whose spouses are Hong Kong residents	30 April 2007	The Administration was requested to provide a written response to the motion passed by the Panel at the meeting on 16 April 2007 by early June 2007 at the latest. The wording of the motion reads as follows -	The effectiveness of the new obstetric service arrangements (including the obstetric service package charge) and complementary immigration measures are being closely monitored.
residents		"本委員會對於衞生福利及食物局及醫院管理局於今年 2 月初推行公立醫院內地孕婦的新收費政策(39,000 元/48,000 元)未有考慮對港人家庭(即父親爲香港居民而母親爲準來港婦女之家庭)的影響表示遺憾,並要求當局豁免港人家庭按新收費政策繳費。"	A refund mechanism on the new obstetric package charge was introduced on 29 October 2007 by the Hospital Authority (HA). The Administration's response on the refund mechanism was issued vide LC Paper No. CB(2) 533/07-08(01) on 6 December 2007.

Subject	Date of meeting	Follow-up action required	Administration's response
		"That this Panel expresses regret that the new obstetric package charge (\$39,000/\$48,000) implemented by the Health, Welfare and Food Bureau and the Hospital Authority in early February this year for Mainland women giving birth in public hospitals has failed to take into account its impact on Hong Kong families (i.e. those with the father being a Hong Kong resident and the mother a Two-way Permit holder), and urges the Government to exempt these families from the new fee charging policy." The Administration was also requested to include in its written response to the Panel the suggestion of refunding fees paid at the time of booking for public obstetric services if the delivery did not take place eventually due to valid reasons such as a miscarriage.	
2. Increase in the approved commitment for the Health and Health Services Research Fund	1 June 2007	The Administration was requested to provide information on the amount of funding granted to each approved project and whether there was any application which was worthy of support but could not be supported due to lack of fund.	The Administration will provide a written response.

	Subject	Date of meeting	Follow-up action required	Administration's response
3	. Implications of the	25 June 2007	HA was requested to carefully consider the	The HA announced the new career
	2006 Starting Salaries	(joint meeting with the	views expressed by deputations and members	structure for doctors in public hospitals on
	Survey findings on the	Panel on Welfare	at the meeting in its review of the total	28 August 2007, and announced the
	subvented organisations	Services)	remuneration packages of its staff, and revert	proposal on new starting salary structures
	in the healthcare and		to the Panel later.	for the nursing, allied health and other
	welfare sectors			non-clinical staff groups on 3 September
				2007.

Subject	Date of meeting	Follow-up action required	Administration's response
5. Commencement of sections of Chinese Medicine Ordinance and Chinese Medicines Regulation	12 November 2007	The Administration was requested to provide (a) information on the publicity and educational work to raise the awareness of the Chinese medicines trades on the need to comply with the legislation and information on the staffing arrangements to carry out the enforcement work, arising from the commencement of the provisions, and (b) information on the timing to bring the Undesirable Medical Advertisements (Amendment) Ordinance 2005 into operation.	The Administration's response was issued vide LC Paper No. CB(2)743/07-08(01) on 4 January 2008.

Subject	Date of meeting	Follow-up action required	Administration's response
6. Progress report on registration of Chinese medicine practitioners (CMPs)	12 November 2007	 (a) to revert to the Panel on the outcome of the consideration by the Continuing Education Fund (CEF) on the proposal of including training courses on the CMP Licensing Examination in the list of reimbursable courses for CEF; and (b) to relay to the Practitioners' Board for consideration the following views expressed by members - (i) to better protect the public, disciplinary mechanism for CMPs should be made more open and transparent, in particular all disciplinary actions taken against CMPs should be made known to the public through gazettal and other means; and (ii) exemption should be given to graduates of the two part-time degree courses in Chinese medicine offered by the Xiamen University in collaboration with the Open University of Hong Kong and by the Hong Kong College of Technology in collaboration with the Jinan University to sit the CMP Licensing Examination, for the reasons set out 	The Administration will provide a written response on (a) and (b) in due course.

Subject	Date of meeting	Follow-up action required	Administration's response
		in paragraph 58 of the minutes of the meeting.	
7. Mental health policy	22 November 2007	The Administration was requested to provide written responses to the following in three months' time - (a) views expressed by deputations as set out in a summary table to be prepared by LegCo Secretariat; and (b) a motion passed by the Panel which reads as follows - "本委員會對政府長期缺乏精神健康政策,忽視精神病患者及其家屬的需要,表示極之失望及遺憾,並強烈要求政府: (一) 盡快全面檢討及訂定本港的精神健康政策; (二) 增加精神科服務的資源,以改善現時精神科在預防、診斷、治療、藥物、住院及復康等各方面的服務;及 (三) 加強精神科社區服務,提升精神	The Administration will provide a written response.
		健康社區衞生服務團隊的職能。"	

Subject	Date of meeting	Follow-up action required	Administration's response
Subject	Date of meeting	(Translation) "That this Panel expresses deep disappointment and regret at the Government's lack of any mental health policy over a long time and its neglecting the needs of mentally ill patients and their family members, and strongly urges the Government to: (a) expeditiously conduct a comprehensive review and formulate a mental health policy for Hong Kong; (b) allocate more resources to improve the existing psychiatric services in such areas as prevention, diagnosis, treatment, medication, hospitalization and rehabilitation; and (c) strengthen community psychiatric services and enhance the functions of	
		community psychiatric health care teams."	