立法會
Legislative Council

LC Paper No. CB(2)350/08-09
(These minutes have been seen by the Administration)

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Panel on Health Services

Minutes of special meeting
held on Friday, 17 October 2008, at 11:30 am
in the Chamber of the Legislative Council Building

Members present	:	Dr Hon Joseph LEE Kok-long, JP (Chairman) Dr Hon LEUNG Ka-lau (Deputy Chairman) Hon Albert HO Chun-yan Hon Fred LI Wah-ming, JP Hon Andrew CHENG Kar-foo Hon Albert CHAN Wai-yip Hon Audrey EU Yuet-mee, SC, JP Hon Vincent FANG Kang, SBS, JP Hon Alan LEONG Kah-kit, SC Hon Cyd HO Sau-lan Hon CHAN Hak-kan Hon IP Kwok-him, GBS, JP Dr Hon PAN Pey-chyou
Members attending	:	Hon Emily LAU Wai-hing, JP Hon WONG Kwok-hing, MH
Public Officers attending	:	Dr York CHOW, SBS, JP Secretary for Food and Health Prof Gabriel M LEUNG, JP Under 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
		Mr Patrick NIP, JP Deputy Secretary for Food and Health (Health) 1
		Mr Thomas CHAN Deputy Secretary for Food and Health (Health) 2
Clerk in attendance	**:**	Miss Mary SO Chief Council Secretary (2) 5
Staff in attendance	**:**	Mrs Vivian KAM Assistant Secretary General 2
		Ms Janet SHUM Senior Council Secretary (2) 7
		Ms Sandy HAU Legislative Assistant (2) 5

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I. Briefing by the Secretary for Food and Health on the Chief Executive's 2008-2009 Policy Address
(LC Paper No. CB(2)63/08-09(01))

Secretary for Food and Health (SFH) briefed members on the new initiatives as well as progress of on-going initiatives in respect of health matters as set out in the 2008-2009 Policy Address, details of which were set out in the Administration's paper.

Healthcare services for the elderly

2. Mr Andrew CHENG urged the Administration to strengthen healthcare services for the elderly by increasing the value of elderly healthcare vouchers and providing free influenza vaccination to all elders regardless of whether they were receiving Comprehensive Social Security Assistance.

3. SFH responded that in view of the ageing population, emphasis would be put on enhancing preventive care for the elderly to reduce demand for hospital care. Implementation of the elderly healthcare voucher pilot scheme was a case in point to enable elders to choose their own primary health care services in their own communities that suited their needs most. The health care

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vouchers were, however, not meant to provide full subsidy for seeking health care services in the private sector, but to provide partial subsidy with a view to promoting the concept of shared responsibility for health care amongst patients and especially the concept of co-payment to ensure appropriate use of health care. Existing public healthcare services available to the elders would not be reduced as a result of implementation of the pilot scheme. Elders might still access public health care services as necessary.

4. Mr Vincent FANG noted that the Elderly Healthcare Voucher Pilot Scheme, due to be launched on 1 January 2009 for three years up to the end of 2011, was aimed at implementing the "money-follow-patient" concept on a trial basis. Mr FANG asked whether, apart from the Scheme, the Administration had other new initiatives to provide healthcare services for the elderly through public-private-partnership (PPP).

5. SFH responded that hitherto, some 900 healthcare providers in the private sector, including Western medical practitioners, Chinese medicine practitioners, dentists, physiotherapists and chiropractors, had registered to participate in the Elderly Healthcare Voucher Pilot Scheme. The Administration would conduct an interim review after the Scheme had been implemented for a year and a comprehensive review upon the completion of the three-year pilot period. The reviews sought to find out the healthcare needs of the elderly through their usage of the healthcare vouchers. If the reviews revealed that the Scheme had been effective in enhancing the primary healthcare for elderly persons within their own communities, consideration would be given to expanding the scope of the Scheme and increasing the amount of subsidy to be provided. However, the reviews would also need to examine if the Scheme had given rise to moral hazards, and if so, other means to enhance primary care services for the elderly would have to be considered.

Medical complaints

6. Mr Andrew CHENG urged the Administration to strengthen the mechanisms for handling patient complaints and preventing medical errors.

7. SFH responded that since October 2007, the Hospital Authority (HA) had implemented a Sentinel Event policy to further strengthen the reporting, management and monitoring of adverse medical incidents classified as sentinel events in public hospitals. In the event that an incident fell within the meaning of sentinel event, the hospital cluster concerned would, amongst other things, disclose the event to the patient and his/her family, and conduct a thorough root cause analysis on the incident for the purpose of identifying possible underlying problems which might not be immediately apparent and which might have contributed to the cause of the event. If the event had immediate major impact on the public healthcare system, the event would be disclosed to the public.

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Tin Shui Wai Hospital

8. Mr Vincent FANG asked why the construction of Tin Shui Wai Hospital (TSWH) could not commence earlier than 2011.

9. SFH responded that 2011 was the earliest time to commence the construction of TSWH, as time was needed to carry out the preliminary planning work on site selection and project planning in conjunction with other Government departments and HA. It was expected that the site selection work would be completed by the end of 2008 and the Yuen Long District Council would be consulted on the project and site selection in 2009. Upon completion of the established planning process, the Administration would consult the Legislative Council, seek funding approval and conduct tender exercise. SFH further said that although the TSWH project was expected to take some seven years to complete, i.e. in 2015, similar projects normally took some 10 years to complete.

10. Mr Albert CHAN asked whether accident and emergency (A&E) services would be provided at TSWH. SFH advised that TSWH was planned for about 300 beds providing secondary services to TSW district, including A&E services.

Medical services in the Kowloon East Cluster

11. Mr Alan LEONG said that a motion on "Improving the public hospital services in Kowloon East" was carried at the meeting of the Legislative Council on 12 March 2008. In the light of this, Mr LEONG asked about the progress made on implementing the reconstruction plan of the United Christian Hospital (UCH) to better meet the needs of people living in the Kwun Tong and Tseung Kwan O districts.

12. SFH responded that HA had started preliminary planning on the expansion project of UCH. HA would examine the project plan and submit it to the Government for consideration in accordance with its established procedures.

13. Mr Fred LI asked whether there was any concrete measure to meet patients' demand, prior to the completion of the expansion project of UCH.

14. SFH responded that additional resources would be provided to improve healthcare services in the Kowloon East Cluster, details of which would be worked out in the 2009-2010 estimates.

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Dental services

15. Mr WONG Kwok-hing urged the Administration to provide comprehensive dental services for the people of Hong Kong. Mr WONG pointed out that the existing arrangements of only providing pain relief and extraction services to the public at designated Government dental clinics and basic and preventive care to primary school children were far from adequate.

16. SFH responded that given the restraint on public revenue and the high costs of dental care, the Administration considered that the public funds available should be primarily channeled to preventive and educational efforts. Curative dental care, in general, should be provided by the private sector. SFH further said that the soon to be convened Working Group on Primary Care would examine measures to enhance primary care especially preventive care, including dental care, amongst others, as appropriate.

Retention of doctors in HA

17. Mr Vincent FANG asked about the measures to improve retention of doctors in HA.

18. SFH responded that to improve retention of HA doctors, improvements had been made on their terms of employment and working conditions. SFH, however, pointed out that the turnover rate of HA doctors had eased recently.

Healthcare reform

19. Mr Alan LEONG criticised the lack of details on supplementary financing in stage one public consultation on healthcare reform. Mr LEONG hoped that more details on supplementary financing would be provided in stage two public consultation to facilitate meaningful discussion As the Chief Executive (CE) had pledged to provide additional resources to embark on various service reforms, such as enhancing primary care, ahead of the implementation of supplementary financing arrangements, Mr LEONG asked whether such resources would come from the $50 billion earmarked to be drawn from fiscal reserve to support the healthcare reform.

20. SFH responded that as healthcare reform was a highly complex issue involving many different aspirations, values and decisions of the society, stage one public consultation was aimed at seeking public views on the key principles and concepts of the service reform and supplementary financing proposals. Based on the views received during the first stage public consultation, the Government planned to draw up details of service reform and supplementary financing with the aim to initiate the second stage public consultation in the first half of 2009. SFH further said that as announced by the Financial Secretary in his 2008-2009 Budget Speech, the Government

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would draw $50 billion from the fiscal reserve for taking forward the healthcare reform after the supplementary financing arrangements had been finalised for implementation. In the meantime, CE had pledged to increase government expenditure on healthcare from 15% to 17% of recurrent government expenditure by 2011-2012 to meet the increase in overall healthcare needs in Hong Kong brought about by a growing and ageing population.

21. Mr Albert HO hoped that the Administration would not deliberately lower the standard of public healthcare in order to force people to accept supplementary financing arrangements.

22. SFH responded that both the Administration and HA as well as private hospitals attached great importance in upholding the quality of healthcare services in Hong Kong. To this end, a pilot scheme for accreditation in public and private hospitals respectively was being prepared.

Development of private hospitals

23. Ms Emily LAU noted from paragraph 19 of the Administration's paper that the Government was now identifying suitable sites (initially in areas such as Wong Chuk Hang, Tseung Kwan O, Tai Po and North Lantau) for the development of private hospitals. In the light of this, Ms LAU asked about the percentage of public patients likely to switch to private hospitals, if more private hospitals came on stream in Hong Kong; and the premium that would be charged for private hospital use.

24. SFH replied that he did not have the answer to Ms LAU's first question. SFH pointed out that the main objective of promoting private hospital development was to increase the overall healthcare capacity for the benefit of the general public. SFH further pointed out that development of private healthcare would not undermine public healthcare, as the latter would continue to be enhanced to meet patients' demand.

25. Regarding Ms LAU's second question, SFH said that at present, full market premium would be charged for commercial land uses and nominal or concessionary premium would normally be charged for community uses because of their non-profit making nature. In order to promote the development of private healthcare, the Administration would formulate suitable land polices to ensure that the premium charged for the use of the land was fair to both the private hospitals and the community.

26. Mr Albert CHAN urged the Administration not to develop the North Lautau Hospital (NLH) as a private hospital.

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27. SFH advised that the NLH project would be carried out in two phases. Phase one was a 160-bed public hospital to be built by the Government and the relevant preparatory work was underway. HA would commission a consultant at the end of the year to carry out a study on the possibility of introducing a PPP model in the phase two development of the NLH project.

28. Mr CHAN Hak-kan queried whether private hospitals, being profit-making in nature, could help to increase the overall healthcare capacity of Hong Kong as private hospitals might be more interested in developing medical tourism.

29. SFH responded that private hospitals to be charged a premium lower than full market value for the use of the land were expected to cater mainly for the medical needs of Hong Kong people and not solely for profit-making purpose.

HA Drug Formulary

30. Mr Albert HO said that a mechanism should be put in place to allow patients to appeal against the decisions of HA to exclude certain drugs from its Drug Formulary. Mr HO further said that financial assistance should be provided to patients from the middle-income group to purchase self-financed item (SFI) drugs.

31. SFH responded that introduction of new drugs into HA Drug Formulary was regularly reviewed by the Drug Advisory Committee based on a set of guiding principles which was made known to the public and the pharmaceutical trade. SFH further said that to ensure equitable and rational use of public resources, drugs which had proven to be of significant benefits but extremely expensive were categorised as SFI. Patients who required these drugs and could afford to pay should pay for these drugs. For needy patients who required such drugs, the Samaritan Fund acted as a safety net to provide assistance to these patients. The Fund currently covered eight SFI drugs with safety net. The Administration had injected and would continue to inject additional funding into the Samaritan Fund to help needy patients.

32. Ms Audrey EU said that past experience showed that patients from the middle-income group could not benefit from the Samaritan Fund, not to mention that not all SFI drugs were covered by the Fund. To ensure that the patients' quality of life would be maintained largely even if they had to purchase the costly drugs, Ms EU was of the view that these patients should be exempted from paying the standard tax rate.

33. SFH responded that it would be relevant to consider whether tax exemption would be a practical way to help patients having financial difficulties in purchasing extremely expensive SFI drugs, as opposed to the

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range of financial assistance, such as waiving of medical charges, application for the Samaritan Fund and referral for social security benefits, that could be arranged by medical social workers.

Management of chronic diseases

34. Dr PAN Pey-chyou welcomed the three new initiatives, referred to in paragraphs 6 to 8 of the Administration's paper, to be adopted by HA to enhance support for the management of chronic diseases. Dr PAN, however, pointed out that as the three initiatives were interrelated, they should be amalgamated into one scheme to avoid service fragmentation and duplication of resources.

35. SFH responded that the provision of medical care as well as care support to chronic patients under the three new initiatives would be implemented in an integrated manner to ensure coherence. SFH further said that the reason for presenting enhanced support for chronic patients in three new initiatives were to better explain to the public the different types of services available to chronic patients according to their medical conditions.

Enhancement of healthcare services through public-private-partnership

36. Dr PAN Pey-chyou noted from paragraph 11 of the Administration's paper that HA would launch a pilot project in two clusters under which partial subsidy would be provided to chronic patients currently waiting for public specialist out-patient (SOP) services to have their disease followed up by participating private doctors in the local community chosen by the patients. If specialist assessment was required due to occurrence of disease complications or other problems, private doctors might refer the patients back to the public SOP clinics for timely follow-up as appropriate. In the light of this, Dr PAN asked whether the patients could return to the care of their private doctors after receiving care at public SOP clinics. SFH replied in the positive.

Funding for public healthcare

37. Ms Cyd HO expressed concern about the Administration shifting the burden of healthcare cost to the public by exploring more provision of healthcare services through PPP such as providing a fixed amount of subsidy to public patients to receive healthcare services in the private sector. Ms HO requested the Administration to give an undertaking that it would increase its expenditure on public healthcare in accordance with the rate of population growth.

38. SFH assured members that Government's commitment to public healthcare would only be increased and not reduced. As mentioned earlier at the meeting, CE had pledged to increase government expenditure on healthcare

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from 15% to 17% of recurrent government expenditure by 2011-2012. The Government would continue to be the main financing source for healthcare services. SFH further said that the aim of providing healthcare services through PPP was to make better use of the private healthcare sector for provision of more cost-effective healthcare services which met the required quality standard, offer additional choices for patients in their use of subsidised healthcare services and shorten waiting time for public healthcare services. This also served to redress the existing imbalance between the public and private healthcare sectors and achieve optimal utilisation of the manpower and hardware resources of both sectors.

Medical assessment in response to the detection of melamine in milk powder and dairy products

39. Mr Fred LI asked whether consideration would be given to extending free medical assessment from children aged 12 or under to elderly persons, as some elderly persons might also have consumed melamine contaminated milk products.

40. SFH responded that babies and young children were the most vulnerable groups because milk powder was their main food and 99% of the victims in the Mainland were children below three years old. Since adults consumed different kinds of food, the intake of melamine per kilogram of body weight in adults was much lower than that in babies and young children, and the health risks were relatively lower in the case of adults. It was therefore not necessary to provide special assessment service for adults at present. SFH further said that adults could seek medical assessment from public general out-patient clinics if they so wished, albeit not free of charge if they were not on public assistance.

41. The Chairman said that the issue on the "Health aspect of melamine-tainted milk powder and dairy products" would be discussed at the next regular meeting scheduled for 10 November 2008.

Long waiting time for public SOP services

42. Mr Albert HO urged the Administration to shorten the long waiting time for public SOP services.

43. SFH responded that with the growing ageing population and coupled with the recent economic downturn, demand for public SOP services would continue to rise. To shorten the waiting time for these services, more PPP initiatives would be explored.

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Regulation of health maintenance organisations

44. Dr LEUNG Ka-lau asked, apart from requesting health maintenance organisation (HMO) that employed frontline doctors to appoint medically-qualified personnel as medical director of the organisation, whether the Administration had other plan to hold owners of HMOs accountable for all the medical decisions in HMOs

45. SFH responded that the Administration had been working with the Medical Council of Hong Kong to find ways to ensure that doctors of HMOs could treat the patients based on professional judgment, having regard to the resources available. Doctors should be responsible for their professional decisions. SFH further said that the Administration had not ruled out other options to regulate HMOs, such as licensing and accreditation. However, given the myriad relationship among different parties involved in the delivery of healthcare services provided by HMOs, more time was needed to find out which party in the chain should be held accountable and which aspect of the whole operation should be regulated before determining how they should be regulated.

Chinese medicine service

46. Mr IP Kwok-him noted that there were 11 public Chinese medicine clinics (CMCs) at present, with three more coming on stream by 2009. Mr IP asked when all of the 18 districts would be provided with public CMCs.

47. SFH responded that it was the Administration's plan to set up public CMCs in each of the 18 districts. The reason why Kowloon City, Yau Tsim Mong, Islands, and Southern Districts had yet to commence work on establishing CMCs was due to the unavailability of suitable sites. The Administration would proceed with the necessary planning work once a suitable site was identified.

48. Mr IP further urged the Administration to speed up the incorporation of Chinese medicine in the treatment of patients. SFH responded that studies were being made to see how Chinese medicine could be integrated with Western medicine in treating patients and the possibility of providing Chinese medicine hospital services.

Development of a territory-wide patient-oriented electronic health records sharing system

49. Mr IP Kwok-him noted the Administration's plan to develop a territory-wide electronic health record (eHR) sharing system for healthcare professionals in both the public and private healthcare sectors to enter, store and retrieve patients' medical records, subject to authorisation of the patients. Mr IP asked

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about the measures which would be taken to avoid leakage of patients' information stored in the system.

50. SFH responded that ensuring the eHR sharing system was in compliance with applicable requirements on data security and privacy protection was one of the main areas of work of the Steering Committee on Electronic Health Record Sharing led by the Food and Health Bureau and comprised representatives of healthcare professionals in the public and private sectors.

Visiting hours of hospital wards

51. Mr IP Kwok-him asked whether consideration could be given to lengthening the visiting hours of hospital wards to enable family members of patients to stay longer with their loved ones.

52. SFH agreed that the visiting hours of non-acute wards, such as convalescence and infirmary wards, could be lengthened, as the presence of family members could in fact lessen the workload of healthcare staff in areas such as feeding and bathing the patients. He undertook to convey member's view to HA for consideration.

Conclusion

53. In closing, the Chairman urged the Administration to take into account the views/concerns expressed by members in taking forward the initiatives set out in the Policy Agenda.

II. Any other business

54. There being no other business, the meeting ended at 12:47 pm.

Council Business Division 2
Legislative Council Secretariat
26 November 2008