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(These minutes have been seen by the Administration)

Panel on Health Services

Minutes of special meeting held on Friday, 16 October 2009, at 5:30 pm in the Chamber of the Legislative Council Building

Members present	:	Dr Hon Joseph LEE Kok-long, SBS, JP (Chairman) Dr Hon LEUNG Ka-lau (Deputy Chairman) Hon Albert HO Chun-yan Hon Fred LI Wah-ming, SBS, JP Hon CHEUNG Man-kwong Hon Albert CHAN Wai-yip Hon Audrey EU Yuet-mee, SC, JP Hon Alan LEONG Kah-kit, SC Hon Cyd HO Sau-lan Hon CHAN Hak-kan Hon CHAN Kin-por, JP Hon CHEUNG Kwok-che Hon IP Kwok-him, GBS, JP Dr Hon PAN Pey-chyou
Member attending	:	Hon WONG Kwok-hing, MH
Member absent	:	Hon Andrew CHENG Kar-foo
Public Officers attending	:	Dr York CHOW Yat-ngok, GBS, JP Secretary for Food and Health Ms Sandra LEE, JP Permanent Secretary for Food and Health (Health) Prof Gabriel M LEUNG, JP Under Secretary for Food and Health

		Mrs Susan MAK, JP Deputy Secretary for Food and Health (Health) 1
		Mr Thomas CHAN, JP Deputy Secretary for Food and Health (Health) 2
		Miss Janice TSE, JP Head (eHealth Record) Food and Health Bureau
		Dr LAM Ping-yan, JP Director of Health
		Dr CHEUNG Wai-lun Deputizing Chief Executive Hospital Authority
Clerk in attendance	**:**	Miss Mary SO Chief Council Secretary (2) 5
Staff in attendance	**:**	Mrs Vivian KAM Assistant Secretary General 2
		Ms Maisie LAM 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 Policy Address 2009-2010
(LC Paper No. CB(2)40/09-10(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 2009-2010 Policy Address, details of which were set out in the Administration's paper.

2. Mr CHAN Hak-kan said that the Democratic Alliance for the Betterment and Progress of Hong Kong welcomed that the one of the major objectives of the three-year development plan of the Hong Kong Council for Testing and Certification was to promote the development of Chinese medicine in Hong Kong and establish Hong Kong as a testing and certification centre in

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the region by introducing new certification services. To further promote the development of Chinese medicine in Hong Kong, Mr CHAN asked -

(a) whether the use of western and Chinese medicine in treating patients would be one of the key considerations for granting an interested party in developing private hospitals at the reserved fours sites (at Wong Chuk Hang, Tseung Kwan O, Tai Po and Lantau respectively);

(b) what actions would be taken by the Administration in collaborating with Guangdong Province to promote the development of Chinese medicine in Hong Kong;

(c) whether the Administration would provide more funding to support clinical research in Chinese medicine; and

(d) whether the Administration would consider setting up a dedicated committee to promote Chinese medicine in Hong Kong.

3. SFH responded as follows -

(a) the Administration would launch an Expression of Interest exercise by end 2009 to solicit market interest in developing private hospitals in the four reserved sites. Appropriate land disposal arrangements and conditions would be made in light of the market response. The Administration would ensure that the conditions would be fair to the private hospitals and the public, and at the same time could facilitate the development of the medical services industry by the private hospitals and enhance the standards of healthcare services to benefit the community;

(b) the Administration had close ties with Guangdong Province in the development of Chinese medicine in Hong Kong. For instance, senior professors in Chinese medicine from Guangdong Province had been invited to come to work at local universities and public Chinese medicine clinics to provide teaching, research and patient consultation;

(c) research in Chinese medicine was mainly carried out in local universities through funding support from the Research Grant Council of University Grants Committee. Local universities had been encouraged to undertake research in Chinese medicine. Where necessary, consideration would be given to setting up a dedicated fund to support research in Chinese medicine; and

(d) the Chinese Medicine Council of Hong Kong (CMC), established under the Chinese Medicine Ordinance (Cap. 549) in September

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1999, was responsible for promoting Chinese medicine in Hong Kong through implementation of regulatory measures for Chinese medicine and Chinese medicine practitioners.

4. Dr PAN Pey-chou pointed out that the role and functions of CMC were more liken to a regulatory body. SFH explained that in addition to implementing regulatory measures for Chinese medicine and Chinese medicine practitioners, CMC had regular exchanges with the Administration on developing Chinese medicine in Hong Kong through other means.

5. Mr WONG Kwok-hing asked the Administration -

(a) what actions would be taken to improve dental services for the public;

(b) whether the Public-Private Shared-Care Programme for management of chronic diseases would increase the financial burden of patients; and

(c) whether an interim review on the Elderly Healthcare Voucher Pilot Scheme would be conducted to see whether the existing value of each voucher at $50 should be increased.

6. SFH responded as follows -

(a) the Working Group on Primary Care (WGPC) would continue to explore different delivery models of primary care services, including those for primary dental care to cater for the needs of specific population groups, for instance the elderly and adolescents, and additional resources in this regard would be sought as necessary;

(b) patients would have more choice, receive better care and save unnecessary or duplicative medical expenses under the Public-Private Shared-Care Programme. Specifically, public patients under the Programme could choose a private doctor of their own choice to follow up on their conditions continuously and receive a package of comprehensive care services provided by the private doctor in collaboration with the public sector in accordance with the clinical protocols developed by WGPC. In the event that patients developed complications or other problems that required specialist intervention, the private doctor could refer the patients back to the public Specialist Out-patient Clinics for early follow-up as appropriate; and

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(c) an interim review would be conducted after the Elderly Healthcare Voucher Pilot Scheme, which was launched on 1 January 2009, had been implemented for a year. As at 13 October 2009, over 170 000 elders aged 70 or above had created their healthcare voucher accounts and more than 2 400 healthcare service providers had enrolled in the Pilot Scheme.

7. Mr Albert HO asked -

(a) whether consideration would be given to requiring private hospitals to make public medical incidents occurred in their hospitals; and

(b) whether heavy workload was the underlying cause of medical incidents in public and private hospitals.

8. SFH responded as follows -

(a) to further enhance patient safety and the quality of healthcare institutions in Hong Kong, the Hospital Authority (HA) had engaged an Australian consultant to launch a pilot scheme for accreditation of public hospitals in Hong Kong in April 2009. One of the key objectives of the pilot scheme was to develop a set of common hospital accreditation standards for measuring the performance of both public and private hospitals in various aspects in the long run. The set of common standards would include standards with regard to the management of medical incidents and complaints, and the commitment to continuous quality improvement. To date, three private hospitals were participating in the accreditation process. It was expected that the accreditation survey for the hospitals participating in the pilot scheme would be conducted in 2010, followed by the award of accreditation status to the hospitals in 2010-2011; and

(b) the objective of incident reporting was to make improvements to prevent recurrence of similar incidents.

9. Dr LEUNG Ka-lau urged HA to expedite its periodic review on introducing costly self-financed item (SFI) drugs into its Drug Formulary. Dr LEUNG further asked -

(a) what was the progress of establishing the multi-partite medical centres of excellence in paediatrics and neuroscience respectively; and

(b) apart from the four reserved sites, whether the Administration would explore the idea of allowing private hospitals to be set up

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in places, such as industrial buildings, so as to further increase the capacity of private healthcare services in Hong Kong.

10. SFH responded as follows -

(a) two Steering Committees had been set up by the Food and Health Bureau for the development of the two medical centres of excellence in paediatrics and neuroscience respectively. The Administration was studying the siting and the technical feasibility of these two centres of excellence, taking into account the requirements on the scale and facilities of the centres as set out by the Steering Committees. The Administration would brief the Panel upon completion of the study, before seeking funding support from the Finance Committee of the Legislative Council;

(b) in promoting the development of private hospitals, due regard must be given to whether there was adequate support in software as healthcare professionals could not be trained or made available overnight. More sites would be reserved for the development of private hospitals if they were considered suitable for such purpose. As private hospitals must be of sufficient size and scale to be viable and maintain their service quality, it was unlikely that a private entity providing medical treatment in an industrial or commercial building could meet the accommodation, staffing and equipment conditions to be registered as private hospitals, bearing in mind also that the provision of hospital services should be a permitted use of the site in the building; and

(c) several existing private hospitals had plans to expand or were expanding their hospitals. As a result, the number of in-patient beds in the private sector would increase in two to three years' time.

11. Dr PAN Pey-chyou said that the Administration should conduct a comprehensive review of mental health services, having regard to the rising trend of incidents and tragedies involving people with severe mental illness in recent years. In the meantime, reduction of psychiatric beds in public hospitals should be suspended.

12. SFH responded that the Working Group on Mental Health Services would continue to assist the Government in reviewing the existing mental health services. This was a long-term and on-going process. SFH further said that HA had reduced the number of psychiatric beds in public hospitals over the years because of decrease in the demand for inpatient services. This was attributed to early and timely intervention and treatment, and enhancement in community and ambulatory care for psychiatric patients. Notwithstanding, HA

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would not rule out increasing the number of psychiatric beds if there was a demand for them.

13. Dr PAN further asked what ways would HA help to alleviate the work pressure of its staff, having regard to the suicide cases of HA staff in recent years.

14. Deputizing Chief Executive, HA (DCE, HA) responded that HA had recruited additional healthcare staff in recent years to reduce the workload of its frontline staff. In the event that a medical incident occurred, appropriate actions would be taken by the hospital concerned to render support to the staff involved with the incident. Efforts had been and would continue be made by HA to strengthen staff training on the management of medical incidents and explore improvement measures on system and work procedures to reduce adverse medical incidents and enhance patient safety.

15. Mr Alan LEONG asked whether consideration would be given to including the oral iron chelating agent "Deferasirox", currently available in HA as a SFI, in its Drug Formulary for the some 400 Thalassaemia patients to enable them to lead a more normal life and relieve them of the costly drug expenses.

16. SFH appreciated that patients would have natural aspirations for specific drugs to be included as standard treatment in the Formulary. In this regard, HA had maintained regular communication with patient groups to understand and address their concerns about introduction of new drugs into the Formulary through its long established liaison channel to ensure that their views are well represented. It was prudent for HA to rationally deploy the finite public resources to best serve the needs of the community. HA would continue to review constantly the Formulary to ensure a constant appraisal of new drugs in relation to available alternatives, good standard of medical practice, delivery of effective treatment to patients and rational use of resources.

17. In response to Mr Alan LEONG's enquiry about the respective role of the healthcare and social welfare professionals in the provision of support to persons with mental illness, SFH said that a rigid distribution of work might not be conducive in helping these patients. Hence, HA would pilot a case management programme in individual districts and train up healthcare staff as case managers to provide continuous and personalised intensive support to persons with severe mental illness. Under the programme, the case manager would establish a long-term and close service relationship with the patients and their family members in order to better understand the needs of the patients, including treatment, rehabilitation and other daily needs. The case managers would then coordinate and arrange for the patients to receive various services. Also, the case manager would establish linkages with the mental health service providers of the social welfare sector through the Integrated Community

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Centres for Mental Wellness to be set up by the Social Welfare Department in various districts in 2010-2011. The purpose was to arrange one-stop social rehabilitation services for patients in need and to further enhance the collaboration between the medical and social welfare service systems.

18. Mr CHEUNG Man-kwong noted that the Government was now working on a medical insurance and savings scheme which would be standardised and regulated by the Government and participated by the public and employers on a voluntary basis. In the light of this, Mr CHEUNG asked -

(a) whether consideration would be given to setting a cap on the administrative costs of the Government-regulated medical insurance and savings scheme;

(b) what measures would be taken to prevent the situation occurred in some overseas places whereby both public and private healthcare expenditure continued to rise, despite the fact that most of the citizens had purchased private medical insurance; and

(c) whether consideration would be given to making it mandatory for employers and employees of subvented organisations to participate in the Government-regulated medical insurance and savings scheme.

19. SFH responded that the Administration was working on a supplementary financing option based on voluntary participation, comprising insurance and savings components. The Administration planned to consult the public on the proposal in 2010, including possible incentives to encourage members of the public to participate in the scheme. It would be the aim of the scheme to not preclude individuals with pre-existing conditions, and to allow individuals to stay insured continuously until advanced age, even after they had been struck by chronic and/or catastrophic illness, at a premium which was affordable to members of the general public. The issues raised would have to be examined in formulating the proposal of the scheme. SFH further said that although the scheme would not in itself reverse or stop the increase in public healthcare expenditure brought about by rapidly ageing population and rising medical costs, to do nothing would hinder sustainable development of the healthcare system and undermine quality healthcare services to the community in the long run. Mechanism would be established under the scheme to reduce moral hazards by both the insured and healthcare providers.

20. Mr IP Kwok-him asked -

(a) whether there must be at least one million participants in order for the medical insurance and savings scheme to be viable;

(b) whether public CMCs could employ more local Chinese medicine graduates, so as to retain talents; and

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(c) whether there were enough family medicine doctors to take forward primary care reform initiatives.

21. SFH responded as follows -

(a) according to the Census and Statistics Department, about 2.76 million persons in 2008 were covered by medical benefits provided by their employers or medical insurance purchased on their own or both. Based on the views received during the first stage public consultation on healthcare reform, a majority of the population was interested in the financing options of voluntary medical insurance and medical savings;

(b) there should be no great difficulty for local Chinese medicine graduates to obtain employment after graduation, as the 14 public CMCs, the Chinese Medicine Division of the Department of Health, and the Chinese medicine clinics run by the private sector and non-governmental organisations presently provided a number of job opportunities for these graduates which numbered about 70 each year; and

(c) many private doctors were performing the role of family doctors, albeit they might be in different specialties. Additional funding had been set aside for enhancing family medicine training to promote the family doctor concept and support the primary care reform.

22. Mr CHAN Kin-por asked -

(a) what measures would be taken by the Administration to increase the number of in-patient hospital beds in the private sector, apart from developing private hospitals at the four reserved sites, to better dovetail with one of the objectives of healthcare reform of shifting better-off patients to use private medical services; and

(b) as the implementation of the medical insurance and savings scheme would take several years to realise, whether the Administration would increase the $50 billion that had been set aside for the healthcare reform to provide subsidies for people who participated in the scheme, in accordance with the inflation rates of recent years since 2008-2009.

23. SFH responded as follows -

(a) increasing the capacity of private medical services did not only

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mean increasing in-patient beds, as more and more medical treatments nowadays did not require patients to be hospitalised; and

(b) there was no plan to adjust the $50 billion fiscal reserve earmarked to support the healthcare reform. The earlier the public could reach a consensus on healthcare financing the better.

Mr CHAN Kin-por hoped that the Administration would make another one-off allocation from the fiscal reserves to support the healthcare reform, as this would better help save public healthcare costs in the end.

24. Mr CHEUNG Kwok-che noted that HA was now conducting an initial review on the pilot Cataract Surgery Programme which allowed eligible patients to choose to receive cataract surgeries either in the private sector or in public hospitals. Mr CHEUNG hoped that HA would take into account the views of users in the review.

25. DCE, HA responded that since its implementation in February 2008, the Programme had made good progress and about 6 000 patients had successfully received surgeries under the Programme, as against the original target of 7 000. HA was now soliciting feedback from patients and the private sector through a user survey and focus group discussions to measure the effectiveness of the programme. It was expected that the review would be completed by the end of 2009 or early 2010.

26. There being no other business, the meeting ended at 6:45 pm.

Council Business Division 2
Legislative Council Secretariat
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