

立法會
Legislative Council

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LC Paper No. CB(2)679/09-10
(These minutes have been
seen by the Administration)

Panel on Health Services

Minutes of meeting
held on Monday, 14 December 2009, at 8:30 am
in Conference Room A 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 Andrew CHENG Kar-foo
Hon Albert CHAN Wai-yip
Hon Audrey EU Yuet-mee, SC, JP
Hon CHAN Hak-kan
Hon CHAN Kin-por, JP
Hon CHEUNG Kwok-che
Hon IP Kwok-him, GBS, JP
Dr Hon PAN Pey-chyou
- Members absent** : Hon Alan LEONG Kah-kit, SC
Hon Cyd HO Sau-lan
- Public Officers attending** : Items IV & V
Dr York CHOW, GBS, JP
Secretary for Food and Health
- Item IV only
- Ms Sandra LEE, JP
Permanent Secretary for Food and Health (Health)
- Mrs Susan MAK, JP
Deputy Secretary for Food and Health (Health)1

Item V only

Dr Thomas TSANG, JP
Controller, Centre for Health Protection

Dr P Y LEUNG
Director (Quality & Safety)
Hospital Authority

Item VI only

Professor Gabriel M LEUNG, JP
Under Secretary for Food and Health

Mr Thomas CHAN, JP
Deputy Secretary for Food and Health (Health)2

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

Staff in attendance : Ms Maisie LAM
Senior Council Secretary (2)7

Ms Sandy HAU
Legislative Assistant (2)5

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I. Confirmation of minutes
(LC Paper No. CB(2)493/09-10)

The minutes of the special meeting held on 16 October 2009 were confirmed.

II. Information paper(s) issued since the last meeting

2. Members noted a letter dated 22 November 2009 from The Government Doctors' Association (the Association) on the proposed deletion of a Dental Consultant post and a Forensic Pathologist Consultant post in the Department of Health (LC Paper No. CB(2)380/09-10(01)) issued since the last meeting. Members further noted that the issue raised by the Association would be covered under the issue of "Redeployment and creation of directorate posts in the Department of Health" proposed by the Administration for discussion in the first quarter of 2010.

III. Discussion items for the next meeting

(LC Paper Nos. CB(2) 494/09-10(01) and (02))

3. Members agreed to discuss the issue of "Regulation and control of pharmaceutical products in Hong Kong" proposed by the Administration at the next regular meeting scheduled for 11 January 2010.

4. Dr PAN Pey-chyou proposed to discuss the issue of the employment terms and conditions of Hospital Authority (HA) staff, such as medical benefits, at the next regular meeting. Members agreed.

IV. Private hospital development

(LC Paper Nos. CB(2)494/09-10(03) to (04))

5. Secretary for Food and Health (SFH) briefed members on the launching of an Expression of Interest (EOI) exercise to solicit market interest in the development of private hospitals at four identified sites in Wong Chuk Hang, Tseung Kwan O, Tai Po and Lantau, details of which were set out in the Administration's paper (LC Paper No. CB(2)494/09-10(03)) tabled at the meeting. Permanent Secretary for Food and Health (Health) then conducted a powerpoint presentation on the subject sites, details of which were set out in the powerpoint materials tabled at the meeting.

6. Mr CHEUNG Man-kwong expressed concern about the Administration reducing its funding to public healthcare system through development of private hospitals, in an attempt to ease the imbalance between the public and private healthcare sectors. Mr CHEUNG pointed out that to do so would impact adversely on patients, as even the middle class could not afford the high medical fees charged by private hospitals if they were struck by chronic and/or catastrophic diseases. Dr PAN Pey-chyou raised similar concern.

7. SFH responded that the promotion of private hospital development would not affect the chances of the public to use public medical services, as the first and foremost objective of the development of private hospitals was that it must benefit the community. The resources to be spent on public medical services and implementing service reform, such as promotion of public-private partnership (PPP) in healthcare services, would not be cut. The Administration was committed to increasing progressively the health budget from 15% to 17% of the Government's recurrent expenditure by 2012. SFH pointed out that at present about 45% to 50% of all doctors in Hong Kong served in the public sector and they were taking care of over 90% patients requiring hospital services in Hong Kong, which was not sustainable in the long run to ensure provision of high quality healthcare services to patients. Hence, it was necessary for Hong Kong to increase its overall capacity of healthcare services and address the imbalance between the public and private sectors. In promoting the development of private hospitals, the Administration would seek to ensure that the services of new hospitals were of good quality and

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would cater for the needs of the general public. For instance, the hospital should provide a comprehensive range of charging information that was easily accessible by the public, and making available a certain percentage of bed days for services at packaged charges. This would ensure that Hong Kong's healthcare system could provide the public, particularly the middle class, with more choices and affordable high quality private hospital services. Presently, about 1.8 to two million persons in Hong Kong were covered by medical benefits provided by their employers or medical insurance purchased on their own or both.

8. Mr Andrew CHENG and Mr Albert CHAN expressed concern about whether there were adequate local healthcare professionals to underpin the development of private hospitals at the four reserved sites. They referred members to a recent incident whereby Queen Mary Hospital was forced to cancel some surgeries because half of its operating theatre nurses took sick leave en masse in protest against their heavy workload. Dr PAN Pey-chyou also expressed concern that the commencement of operation of the four private hospitals would aggravate the manpower shortage problem in public hospitals.

9. SFH responded that the four private hospitals would not commence all at the same time given the different timing in the availability of the subject sites. Moreover, some five to eight years would be required to develop the hospitals and a further several years for these hospitals to operate at full capacity. Besides, the scale of the four private hospitals would not be too large, say, each ranging from 300-400 beds to at most 500 beds. SFH further said that to facilitate the development of the medical industry in Hong Kong, the two local universities providing medical training had each increased the yearly intake of medical students to 320. As regards the training of nurses, the University Grants Committee (UGC) would provide 40 additional places for first-year nursing undergraduate programmes and 50 additional places for nursing associate degree programmes starting from the 2009-2010 academic year, and 60 additional senior year intake places for nursing undergraduate programmes starting from the 2010-2011 academic year. In addition, with increased recurrent funding to HA in recent years, the training places for registered nurse and enrolled nurse had been increased to 300 and 350 respectively in 2009-2010. It was anticipated that there would be over 1 000 nurse graduates coming on stream in the next few years. The Administration would also endeavour to attract to Hong Kong those overseas medical professionals which were lacking or in short supply in Hong Kong. In doing so, the Administration would first discuss with the relevant professional bodies, such as the Medical Council of Hong Kong and the Nursing Council of Hong Kong.

10. In response to Mr Andrew CHENG and the Chairman's request for the manpower needs of the four private hospitals, SFH said that he could not provide the information at this stage as the purpose of the EOI exercise was to solicit market feedback on the development of private hospitals at the four reserved sites. The Administration would be in a position to revert to members on the matter when selection of the purchaser/grantee of the respective subject sites had been made.

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11. Dr PAN Pey-chyou asked -

- (a) what was the reason for capping the number of obstetric beds at not more than 20% of the total number of hospital beds in the hospital;
- (b) whether it was possible for the private hospital to alter its bed capacity after commencement of operation; and
- (c) whether the site at Wong Chuk Hang was suitable for operating a private hospital, having regard to the noise and vibration that would be generated by a section of South Island Line (East) of the Mass Transit Railway (MTR) which would straddle the site.

12. SFH responded as follows -

- (a) the reason for capping the number of obstetric beds at not more than 20% of the total number of hospital beds in the private hospital was to ensure that the hospital would provide beds of a mix of specialties without slanting towards any particular types of service;
- (b) it was possible for the private hospital to alter its bed capacity after commencement of operation to meet changing service needs; and
- (c) the railway track entering the site at Wong Chuk Hang from the south in the form of a viaduct enclosed in a concrete box structure above ground and its physical separation from the hospital structure would provide a certain degree of mitigation. Although according to experts' assessment, sensitive medical equipment should be located at least 30 metres away from the railway for proper operation, it should be noted that the farthest end of the subject site from the railway was some 70 to 100 metres. The MTR Corporation Limited would conduct further studies and carry out additional mitigation measures when the development scheme and design of the private hospital were available in future, to enable co-location of the hospital and the railway.

13. Dr LEUNG Ka-lau said that disposal of sites for developing private hospitals should best be driven by the market through the Application List system administered by the Lands Department. Similarly, the Administration should let the market decide the types of services to be provided. For instance, if there was a strong demand for obstetric service, the hospital should be allowed to devote as many hospital beds as possible for use as obstetric beds. To prescribe a certain percentage of bed days of the hospital for services provided at packaged charges was also not feasible, particularly if the patients were complicated cases. A more pragmatic approach was to allow the hospital to reach an understanding with individual patients on the medical costs involved beforehand.

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14. SFH responded that more sites would be reserved for the development of private hospitals if they were considered suitable for such purpose and there were good responses from the market. SFH however pointed out that 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.

15. Noting from paragraph 11 of the Administration's paper that the Administration's policy was to promote PPP in hospital services, Ms Audrey EU asked whether this meant that the Administration would purchase services from the private hospitals to be developed at the four reserved sites for use by public patients. Ms EU hoped that the development of private hospitals would truly benefit the general public, and not just the rich and the affluent.

16. SFH responded that the purpose of the EOI exercise was to solicit market interests and ideas towards development of private hospitals at sites at Wong Chuk Hang, Tseung Kwan O, Tai Po and Lantau or/and possible PPP models for the development of private hospital at the Lantau site. Apart from a set of special requirements which the private providers must comply for developing the four sites, as set out in paragraph 8 of the Administration's paper, the Administration had deliberately refrained from setting down any models for developing the private hospitals at this stage to prevent stifling innovative ideas from interested parties. SFH further said that land grant of the subject sites would not be given at nil or nominal premium, albeit the premium might be concessionary as the objective of the sites was to cater for the needs of the community and raise the standard of local medical services.

17. Mr Albert CHAN said that the Administration should abort the EOI exercise and consult the public and the stakeholders concerned on the criteria for development of private hospitals so to prevent transfer of benefits to the private sector.

18. SFH responded that there was no question of transfer of benefits to the private sector through the EOI exercise, as the purpose of the exercise was to invite market feedback, on a non-committal basis, on the development of private hospitals at the four reserved sites. The Administration would determine the land disposal arrangements and the development models for the subject sites in the light of the feedback obtained from the market in the EOI exercise. The method of land disposal would be open and fair to all interest parties, and the land premium would be applicable to all bidders, irrespective of whether they were non-profit-making organisations. SFH further said that the Administration would report to the Panel the result of the EOI exercise as it took forward the land disposal of the four hospital sites.

19. Mr IP Kwok-him expressed concern that the location of the subject sites might not be convenient to patients.

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20. SFH responded that although not all the four hospital sites were located in the urban area, all of them were easily accessible by public transport. SFH further said that it was very difficult to identify a suitable site in the urban areas for developing a private hospital, as the site required by a hospital was sizable.

Motion

21. Mr Albert CHAN moved a motion, seconded by Mr Andrew CHENG, Mr CHEUNG Kwok-che, Dr PAN Pey-chyou and Dr LEUNG Ka-lau, as follows -

"就私營醫院提交發展意向書一事，本會要求政府在接收意向書後，政府必須就「公私營合作」的模式及方法，應先諮詢公眾及本委員會，才作有關決定。"

(Translation)

"That, regarding the submission of expressions of interest to develop private hospitals, this Panel requests that the Government shall, upon receiving such expressions of interest, first consult members of the public and this Panel on the modes and means of 'public-private partnership', before making relevant decisions."

The Chairman put Mr Albert CHAN's motion to vote. Members present at the meeting voted in favour of Mr CHAN's motion. The Chairman declared that Mr CHAN's motion was carried.

V. Human swine influenza vaccination programme
(LC Paper Nos. CB(2)494/09-10(05) and CB(2)416/09-10(01))

22. SFH briefed members on the implementation details of the Human Swine Influenza (HSI) vaccination programme, details of which were set out in the Administration's paper (LC Paper No. CB(2) 494/09-10(05)). SFH further said that according to the observation of the World Health Organization, the side effects of HSI vaccination were similar to those of seasonal flu vaccination. Apart from occasional soreness, redness or swelling at the injection site, other side effects were rare. Some recipients might experience fever, muscle and joint pains, and tiredness beginning six to 12 hours after vaccination and lasting up to two days. Immediate severe allergic reactions like hives, lips or tongue swelling, and difficulties in breathing were rare. While Guillain-Barré Syndrome (GBS), a rare neurological disorder causing paralysis and even respiratory difficulties, had been suspected to be related with influenza vaccinations, the disease could also develop following a variety of infections, including seasonal influenza. So far no clear association had been found between GBS with either seasonal or current HSI vaccine. Therefore, the benefits of receiving HSI vaccine far outweigh the risks.

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23. Noting that persons were required to complete a consent form for HSI vaccination before receiving the vaccination, Mr Andrew CHENG asked whether this would deprive the persons from seeking legal remedy for becoming severely ill or suffering from longer term effects resulting in some degree of dysfunction attributable to the vaccination. Ms Audrey EU raised similar question.

24. SFH responded that as the HSI vaccine was new, it was necessary that the recipient well understood the benefits and side effects of the vaccination before receiving the vaccination. The fact that a person gave consent for HSI vaccination would not compromise his/her rights to seek remedy for any sufferings caused by the vaccination, including if the vaccine used turned out to be problematic or there had been errors in administering the injection. SFH further said that persons could still get vaccinated if they refused to sign the consent form for vaccination.

25. Dr PAN Pey-chyou asked whether consideration could be given to making available HSI vaccine at cost to private doctors for non-target groups earlier than the scheduled mid-January 2010, if responses from target-groups to get vaccinated were not high. SFH responded that the Administration had no plan to do so at this stage, as Hong Kong was entering the winter peak influenza season.

26. Mr Fred LI asked -

- (a) what actions would be taken by the Administration to ensure high take-up rate by elderly persons aged 65 or above, which numbered around 830 000, for receiving HSI vaccination; and
- (b) whether the HSI vaccine procured by the Administration was still potent, as the HSI virus might have mutated due to increasing number of pigs infected with influenza in the Mainland.

27. SFH responded that the Department of Health (DH) would launch a series of publicity arrangements through dissemination of leaflets, broadcast of TV and radio Announcement of Public Interest, etc. to appeal to persons who were in the five high-risk categories to get vaccinated soon when rolling out the programme to the public sector on 21 December 2009 and the private sector on 28 December 2009.

28. As regards Mr LI's second question, Controller, Centre for Health Protection (Controller, CHP) said that genetic reassortment of influenza viruses often occurred and this did not necessarily mean that the viruses had become more virulent. Hitherto, the circulating HSI virus had not undergone major genetic changes. The CHP would continue to closely monitor the situation to safeguard public health.

29. At the request of Mr Albert CHAN, Controller, CHP undertook to provide information in writing on measures taken by DH to ensure the quality of the HSI vaccine procured.

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30. Dr LEUNG Ka-lau asked how private doctors who had joined the HSI Vaccination Subsidy Scheme could know the persons requesting subsidised HSI vaccination were with chronic illness.

31. Controller, CHP responded that doctors should have the medical knowledge to identify if a person had chronic illness. If in doubt, the doctor could ask the person requesting for subsidised HSI vaccination to provide the name of the doctor he/she frequently visited for consultation. Controller, CHP further said that the Administration had discussed this issue with the private medical sector, and they did not see any problem in identifying persons with chronic illness for subsidised HSI vaccination.

32. Mr IP Kwok-him said that the Administration should engage local community groups and District Councils in promoting the HSI vaccination programme, and the publicity campaign should make clear the benefits and side effects of HSI vaccination.

33. In response to Ms Audrey EU's enquiry on where private doctors not participating in the HSI Vaccination Subsidy Scheme could procure the HSI vaccine for use on their patients, Controller, CHP said that a private doctor had to enrol in the Scheme in order to obtain HSI vaccines from the Hong Kong Government. Private doctors not participating in the HSI Vaccination Subsidy Scheme could refer target group patients to public clinics or other participating private doctors for vaccination. A referral form had been provided for such purpose. Ms EU urged the Administration to allocate some doses of HSI vaccine it procured to private doctors who did not join the HSI subsidy scheme, as the referral arrangements were inconvenient to patients.

34. The Chairman asked about the measures which would be taken by the Administration to ensure that the enrolled private doctors would not charge any extra fee for vaccinating the target groups.

35. SFH responded that enrolled doctors were required to display their fee schedules for HSI vaccination on the HSI subsidy scheme price poster at their clinics. The CHP website would publicise enrolled doctors' names, clinic addresses, telephone numbers and human swine influenza vaccination fee schedules. A doctor who wished to raise the fees for HSI vaccination service had to fill in a Change Form and inform Vaccination Office by fax at least two working days in advance, so that the fee information on the online web directory could be updated in time.

VI. Funding for Health and Health Services Research Fund
(LC Paper Nos. CB(2)494/09-10(06) and (07))

36. Under Secretary for Food and Health (USFH) briefed members on the Administration's proposal to increase the approved commitment for the Health and

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Health Services Research Fund (HHSRF) from \$76 million to \$226 million for funding research projects under HHSRF over the five-year period from 2010-2011 to 2014-2015.

37. Dr PAN Pey-chyou said that the stringent criteria for vetting applications for HHSRF and the narrow scope of topics covered by HHSRF had rendered it very difficult for public hospital doctors, particularly frontline doctors, who had to hold down a full-time job to successfully obtain funding from HHSRF. Dr PAN further asked the Administration whether consideration could be given to increasing the calls for applications for HHSRF from once to two or three times a year.

38. USFH responded that public hospital doctors, including medical interns, had been successful in obtaining grant from HHSRF in the past. The scope of topics was broad, albeit priority was given to certain policy areas as mentioned in paragraph 8 of the Administration's paper. USFH further said that calls for applications for HHSRF were changed to twice a year several years ago, which was not well received by both the applicants and experts involved in vetting the application because of the time-consuming process entailed.

39. Dr LEUNG Ka-lau asked whether consideration could be given to allowing public doctors to cutback its clinical duties if they successfully obtained grant under HHSRF. USFH responded that the Clinical Fellowship Scheme operated by UGC's Research Grant Council enabled young clinicians to devote themselves to a period of up to three years in clinical research at the two sponsoring universities, i.e. Chinese University of Hong Kong or University of Hong Kong.

40. Mr Andrew CHENG said that the Democratic Party supported the proposal to increase the approved commitment for HHSRF from \$76 million to \$226 million for funding research projects under HHSRF over the five-year period from 2010-2011 to 2014-2015. Mr CHENG then asked whether consideration could be given to further increasing the approved commitment for HHSRF as well as the grant ceiling of each project from \$0.8 to, say, \$1.6 to \$2 million.

41. USFH hoped that members could allow more time to see if increasing the grant ceiling of each project by 25% from \$0.8 million to \$1 million could meet the research needs of the applicants. Experts inside and outside the Food and Health Bureau would keep under review the adequacy of the grant ceiling of each project.

42. At the request of the Chairman, USFH undertook to provide supplementary information on the amount of funding granted to each approved project in Annex A of the Administration's paper.

43. In closing, the Chairman said that members had no objection to the Administration submitting the proposal to the Finance Committee of the Legislative Council for consideration.

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44. There being no other business, the meeting ended at 10:38 am.

Council Business Division 2
Legislative Council Secretariat
7 January 2010