立法會
Legislative Council

LC Paper No. CB(2)1466/09-10
Ref : CB2/PL/HS (These minutes have been seen by the Administration)

Panel on Health Services

Minutes of meeting
held on Monday, 12 April 2010, 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 Audrey EU Yuet-mee, SC, JP 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 Ronny TONG Ka-wah, SC
Public Officers attending	:	<u>Items IV to VI</u> Professor Gabriel M LEUNG, JP Under Secretary for Food and Health <u>Item IV only</u> Miss Anita CHAN Principal Assistant Secretary for Food and Health (Health) SD1 Dr Ronald LAM Head (Tobacco Control Office) Department of Health

Item V only

Miss Gloria LO
Principal Assistant Secretary for Food and Health (Health)2

Dr W L CHEUNG
Director (Cluster Services)
Hospital Authority

Dr Deacons YEUNG
Chief Manager (Cluster Performance)
Hospital Authority

Item VI only

Mr Bruno LUK
Principal Assistant Secretary for Food and Health (Health) 3

Dr Gloria TAM, JP
Deputy Director of Health

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

Staff in attendance : Ms Maisie LAM
Senior Council Secretary (2) 6

Ms Sandy HAU
Legislative Assistant (2) 5

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I. Confirmation of minutes
(LC Paper No. CB(2)1224/09-10)

The minutes of the meeting held on 8 March 2010 were confirmed.

II. Information paper(s) issued since the last meeting
(LC Paper No. CB(2)1221/09-10)

2. Members did not raise any queries on the press statement issued by the Administration on 31 March 2010 on the expression of interest exercise on development of private hospitals.

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III. Discussion items for the next meeting
(LC Paper Nos. CB(2)1219/09-10(01) and (02))

3. As a delegation of the Legislative Council would conduct a duty visit to the Shanghai World Expo from 8 to 10 May 2010, the Chairman sought members' views on rescheduling the next regular meeting of the Panel scheduled for 10 May 2010 at 8:30 am to 11 May 2010 at 4:30 pm. Members agreed. Members further agreed to discuss the following issues proposed by the Administration at the next regular meeting -

(a) Cataract Surgeries Programme; and

(b) New initiatives for improvement on mental health.

4. Ms Audrey EU requested the Administration to provide a paper comparing the occurrence of medical incidents in public and private hospitals in Hong Kong with that in public and private hospitals overseas, as well as measures that would be taken by the Hospital Authority ("HA") and the Department of Health ("DH") to avoid the recurrence of similar incidents, for discussion at the next meeting. Members did not raise any queries.

5. Dr PAN Pey-chyou proposed to discuss the issue of adulteration of western medicine in Chinese proprietary medicine at a future meeting.

IV. Second phase smoking ban at public transport interchange
(LC Paper Nos. CB(2)1219/09-10(03) and (04))

6. Under Secretary for Food and Health ("USFH") briefed members of the progress in designating no smoking areas ("NSAs") at open-air public transport interchanges ("PTIs") under the Smoking (Public Health) Ordinance (Cap. 371), details of which were set out in the Administration's paper (LC Paper No. CB(2)1219/09-10(03)).

Designation

7. Mr Fred LI urged the Administration to clearly delineate NSAs at open-air PTIs to avoid disputes. Mr LI said that merely posting on Tobacco Control Office ("TCO")'s website all plans of the PTIs designated was far from adequate.

8. USFH responded that conspicuous no-smoking signs would be erected at the boarding and waiting areas of open-air PTIs, as well as the areas that passengers would pass by in the course of accessing and interchanging between different modes of public transport as statutory NSAs. In addition, TCO would carry out territory-wide publicity activities starting from about a month before implementation of the smoking ban to inform the public of the smoking ban in open-air PTIs and to promote compliance. The publicity programme would include

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announcements in public interest on both radio and television, as well as the display and distribution of posters, pamphlets, stickers and other publicity materials to relevant venue managers and the public.

9. Ms Cyd HO questioned the feasibility of clearly demarcating NSAs in an open-air environment. USFH responded that the Administration had previously considered using road marking to delineate NSAs at PTIs. Having consulted the Transport Department and the public transport operators, the idea was dropped as adding another road marking to the existing ones in PTIs would inevitably confuse motorists, passengers and pedestrians. Ms HO was of the view that road marking to delineate NSAs at PTIs should at least be made to the pedestrian areas.

10. Mr CHEUNG Kwok-che suggested using a different colour to road mark the boundaries of NSAs at PTIs. USFH responded that this would still cause confusion to road users. Head, TCO supplemented that DH was producing plans for individual PTIs, which involved consultation with relevant government departments, liaison with venue managers and property owners concerned, site inspections and topographical surveys as needed. Similar to the designation of NSAs at covered PTIs last year, the Administration would consult the respective DCs on the designation of NSAs at PTIs within their districts from May this year. To facilitate implementation of the smoking ban at the PTIs, TCO would liaise closely with the relevant venue managers on arrangements for putting up sufficient no smoking signs and publicity materials including the delineation of NSAs at suitable locations in and near the boundaries of PTIs with a view to ensuring public knowledge about NSAs therein. TCO would also provide training for relevant venue managers to assist in the smooth implementation of the smoking ban. Promotional materials would be distributed to public transport operators including bus companies and associations of public light bus and taxi to promote compliance by the trade and passengers.

11. Mr Andrew CHENG said that although the amendment of Cap. 371 to significantly expand statutory NSAs was passed by the Legislative Council in October 2006, smoking ban was only implemented in covered PTIs in September 2009 and the introduction of the same ban in open-air PTIs was planned for implementation from 1 December 2010. Mr CHENG urged the Administration to advance the implementation of the smoking ban in open-air PTIs to the coming summer season.

12. USFH responded that it was necessary for the Administration to take forward the designation of NSAs at PTIs in phases and consult all relevant parties to ensure smooth implementation. Although he was not optimistic that smoking ban in open-air PTIs could be implemented in the coming summer, the Administration would strive to do so where practicable.

13. Mr Andrew CHENG hoped that smoking ban could at least be introduced to those open-air PTIs with high traffic volume in the coming summer. USFH responded that smoking ban in open-air PTIs was best implemented in one go to

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effectively inform the public of the implementation of the ban and to promote compliance.

14. Mr Andrew CHENG asked whether the 128 open-air PTIs listed at Annex B to the Administration's paper covered all open-air PTIs that fitted the criteria for designation as NSAs under section 3(1AB) of Cap. 371. Dr PAN Pey-chyou raised a similar question. USFH replied in the positive, with the exception of five open-air PTIs which were either planned for demolition or conversion or was already an NSA under bylaw of Airport Authority Ordinance (Cap. 483).

Consultation

15. Mr CHAN Kin-por noted from paragraph 10 of the Administration's paper that the Administration would consult the respective District Councils ("DCs") on the designation of NSAs at open-air PTIs within their districts from May 2010. Mr CHAN asked what the Administration would do next if such designation was not supported by DCs.

16. USFH responded that given the unanimous support given by the respective DCs on the designation of NSAs at covered PTIs within their districts last year, the Administration anticipated that the respective DCs would also support the designation of NSAs at open-air PTIs within their districts for implementation from 1 December 2010.

Enforcement of smoking ban

17. In response to Mr CHAN Kin-por's enquiry on the number of fixed penalty notices issued to smoking offenders, Head, TCO said that since the commencement of the operation of the fixed penalty system ("FPS") for smoking offences on 1 September 2009, a total of 3 402 fixed penalty notices had been issued up to 31 March 2010. Head, TCO further said that the number of fixed penalty notices issued to smoking offenders from 1 September 2009 to 31 December 2009 was less than the number of summons served on smoking offenders during the same period in 2008, which could be an indication of the deterrent effect of the FPS against smoking violation.

18. Dr PAN Pey-chyou remarked that despite the issuance of 3 402 fixed penalty notices for smoking offences, the problem of people smoking in statutory NSAs still existed.

19. USFH responded that it was not unusual that smoking violation still occurred, despite the introduction of FPS for smoking offences. The Administration considered that nurturing a social culture that respect the statutory smoking prohibition and educating the public on the harm of smoking were key to effective and smooth implementation of the smoking prohibition. Efforts in this regard would continue.

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20. Mr CHEUNG Man-kwong said that an advisory approach should be adopted to encourage people not to smoke in statutory NSAs, as Hong Kong people were generally law-abiding. USFH responded that this was the approach adopted by TCO in the enforcement of smoking ban.

TCO manpower

21. In response to Ms Cyd HO's enquiry about the manpower of TCO to enforce the statutory smoking ban, Head, TCO advised that TCO would have a total of 141 staffing in 2010-2011, of whom 99 were TCO inspectors. Head, TCO further advised that the provision for TCO to carry out enforcement duties would be increased to $30 million in 2010-2011.

Conclusion

22. In closing, the Chairman urged the Administration to clearly delineate NSAs at open-air PTIs to ensure smooth enforcement.

V. Final Report on Doctor Work Reform

(LC Paper Nos. CB(2)1219/09-10(05) & (06))

23. USFH and Director (Cluster Services), HA briefed members on the outcome of the Doctor Work Reform programmes implemented by HA, the improvement of doctors' working hour in public hospitals and way forward, details of which were set out in the Administration's paper (LC Paper No. CB(2)1219/09-10(05)).

24. Dr LEUNG Ka-lau said that reputable literature revealed that sleep deprivation had the same hazardous effects as being drunk. Dr LEUNG questioned how HA could ensure patient safety if doctors had to work continuously for 16 to 24 hours. USFH pointed out that doctors undertaking on-site on-call duties for 16 to 24 hours did not necessarily mean that they were working round the clock. Dr LEUNG requested the Administration to provide information on the activities undertaken by on-site on-call doctors. USFH responded that feedback from the doctor work hour survey conducted in September 2006 revealed that requiring doctors to report their activities undertaken whilst on duty retrospectively was too time-consuming. In 2009, a prospective approach was adopted to capture doctor work hour based on the rostered on-site work hours plus the called-back hours of doctors. A corporate Central Doctor Work Hour Monitoring System was also developed to facilitate data submission and management reporting on doctor work hour.

25. Mr CHEUNG Man-kwong expressed dissatisfaction about USFH's responses in paragraph 24 above. Mr CHEUNG urged the Administration to address the problem of long work hours of public doctors squarely. Mr CHEUNG pointed out that a recent survey conducted by the Hong Kong Public Doctors Association revealed that 31% of the respondents were suffering from professional

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burnout, amongst whom 10% had considered committing suicide.

26. USFH responded that HA had implemented various initiatives to improve the working conditions of staff, including the pilot programmes that started from end 2007 under the Doctor Work Reform, which sought to rationalise doctors' working hours while enhancing quality of patient care through better teamwork and sharing of responsibilities. The programmes involved providing additional doctors in specialties with heavy workload, changing the night time work patterns, creating Emergency Medicine Wards and enhancing the support by trained non-medical staff, etc. The completion of the report on doctor work hours did not mean that the work on improving doctors' working conditions would cease. HA would strive to achieve the target of capping the working hours of all frontline doctors to 65 hours per week and to bring doctors' continuous work hours to a reasonable level in the long run.

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27. Mr Albert HO remained of the view that it was necessary for HA to find out the activities undertaken by on-site on-call doctors to ensure patient safety and promote doctors' work-life balance. The Chairman also requested HA to find out from the survey the number of doctors undertaking on-site on-call duties for 24 hours or more in one go. In response to the Chairman's enquiry on when HA could report the findings of such survey to the Panel, Director (Cluster Services), HA said that this would take about four months' time.

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28. Mr CHAN Kin-por asked whether setting the average weekly work hours and continuous work hours of doctors at not more than 65 and 24 respectively were comparable to the standards practised overseas.

29. Director (Cluster Services), HA responded that there were no universal standards on doctor work hours, as different countries had different healthcare systems. Director (Cluster Services), HA further said that reducing weekly work hours of doctors to not more than 65 was merely an initial target of HA. HA would continue to review doctors' work hours and work closely with the Hong Kong Academy of Medicine to assess the long-term impacts of the target of work hour on specialist training of doctors.

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30. Mr CHAN Kin-por requested the Administration to report to the Panel progress of improving doctor work hours in six to 12 months' time. USFH agreed.

31. Dr PAN Pey-chyou said that it was necessary for the Food and Health Bureau ("FHB") and HA management to meet with frontline doctors in order to get a true picture of the latter's working conditions. There were cases whereby frontline doctors were ordered by their superiors not to record overtime beyond rostered hours.

32. USFH responded that he had met with representatives of doctor associations in all HA hospitals to understand the working conditions of frontline doctors. Referring to the cases referred to in paragraph 31 above, Director (Cluster

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Services), HA said that there might be difficulty for HA to verify if they were true. Dr PAN Pey-chyou said that HA could conduct an anonymous survey to find out such.

33. Mr Andrew CHENG expressed concern that the percentage increase of frontline doctors had all along been lower than of senior executives in HA. To effectively address the long work hours of frontline doctors, Mr CHENG was of the view that workload should be used as the basis for determining the manpower needs of frontline doctors.

34. USFH responded that HA had all along taken into account the workload of doctors in determining manpower needs of doctors. To this end, the number of public doctors had increased from 4 799 in July 2007 to 5 088 in July 2009, representing an increase of 6%.

35. In closing, the Chairman said that the Panel would continue to monitor the work hours of frontline doctors in HA.

VI. Enhancing Primary Care - Establishment of Primary Care Office

(LC Paper Nos. CB(2)1219/09-10(07) and CB(2)1281/09-10(01))

36. USFH briefed Members on the Administration's proposal to establish a Primary Care Office ("PCO"), details of which were set out in the Administration's paper. Subject to members' support, the Administration planned to submit the proposal to the Finance Committee ("FC") and its Establishment Subcommittee ("ESC") for funding and staffing resources so as to take forward the initiative.

37. Members noted a submission from the Hong Kong Doctors Union (LC Paper No. CB(2)1281/-09-10(01)) tabled at the meeting.

38. Mr Ronny TONG noted from paragraph 9 of the Administration's paper that the Government had earmarked a funding of about $600 million for the period 2010-2011 to 2012-2013 for implementing a series of pilot projects to enhance primary care. He sought information on details of these pilot projects.

39. USFH responded that starting from 2009-2010, the Government had launched, through HA, a series of pilot projects to enhance primary care services to strengthen the support for chronic diseases patients. An example was the Shared Care Programme which aimed at allowing chronic disease patients currently under the care of the public healthcare system to choose to receive comprehensive care from private sectors. Another example was the Multi-disciplinary Risk Assessment and Management Programme under which multidisciplinary teams of professional healthcare personnel were set up to provide comprehensive health risk assessments for diabetes mellitus and hypertension patients of public general out-patients clinics so as to provide appropriate control of disease conditions and follow-up to patients. In order to enhance primary dental services, the Administration was in discussion

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with the Hong Kong Dental Association to work out suitable programmes to enhance primary dental care, especially for elderly in need. The Administration would report the details to the Panel in due course.

40. Referring to paragraph 14 of the Administration's paper, Mr Ronny TONG expressed dissatisfaction that no concrete information was provided on how the 10 major functions of the proposed PCO, which focused primarily on the development of clinical protocols and the establishment of the Primary Care Directory, would truly benefit patients in the primary care setting. In the absence of such information, he would not support the proposal as the PCO might turn out to be a "white elephant". Mr CHEUNG Man-kwong raised similar concern.

41. USFH responded that patients would benefit from the development of primary care conceptual models and clinical protocols for chronic diseases and age/gender group specific health problems, as these models and protocols would not only provide benchmarks for comprehensive primary care services, but also guide and co-ordinate the efforts of different professions to develop and enhance the strategy for managing common chronic diseases at primary care level. The establishment of the Primary Care Directory would also help the public to choose their primary care providers in the community. Given that more than 80% of primary care services in Hong Kong were provided by the private sector, the implementation and monitoring of various initiatives to enhance primary care involved much co-ordination work which needed to be undertaken by a dedicated office.

42. Mr Andrew CHENG noted from paragraph 22 of the Administration's paper that the proposed creation of two directorate posts would incur an additional notional annual salary cost of $2,725,080. He criticised the Administration for being generous towards the creation of directorate posts, but tight-fisted in improving healthcare services for the benefit of patients. Despite members' repeated requests for increasing the value of elderly healthcare voucher, providing comprehensive dental care services for the elderly and including more self-finance item drugs into HA Drug Formulary, the Administration still refused to accede to such requests. Mr CHENG said that members belonging to the Democratic Party had reservation about supporting the Administration's proposal at this stage.

43. USFH responded that $2,725,080 was a small amount compared to the some $1.1 billion earmarked by the Government for the period 2009-2010 to 2012-2013 to implement a series of pilot projects to enhance primary care, which included the funding of $226 million earmarked for PCO for the period 2010-2011 to 2012-2013. About $194 million out of the $226 million (or about 86%) would be used for implementing specific tasks relating to primary care development, including implementing pilot projects (which might involve use of financial incentives), developing primary care conceptual models and clinical protocols, establishing and maintaining the Primary Care Directory, implementing and evaluating new primary care service delivery models, supporting research on primary care, improving primary care-related training and capacity building in collaboration with healthcare professionals, etc, while the remaining $32 million would be used on staff cost.

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44. Dr PAN Pey-chyou considered the establishment of PCO necessary in order to foster the development of primary care in Hong Kong, as most people in Hong Kong were not provided with very good access to primary preventive care and they had the habit of "doctor shopping". Dr PAN remarked that to take forward the various initiatives in enhancing primary care would, however, require the collaboration of private healthcare providers. In the light of this, he urged the Administration to address the concern raised by the Hong Kong Doctors Union in its submission about the specific work and duties of the proposed PCO. In addition, the Administration should widely consult the private healthcare sector in the development of the clinical protocols and bear in mind that a protocol, if written in a too rigid format, would leave little room for the healthcare professionals to make clinical judgements in delivering primary care.

45. USFH responded that efforts had been and would continue be made to maintain close communication with the Hong Kong Doctors Union, whose Chairman was a member of the Working Group on Primary Care and its three Task Forces which were responsible for studying primary care conceptual models and clinical protocols, Primary Care Directory and primary care delivery models respectively.

46. Dr LEUNG Ka-lau was of the view that to facilitate a better understanding of the need to establish the proposed PCO, the Administration should submit the proposal after the publication of the strategy document on the overall strategy for developing primary care in Hong Kong in the second half of 2010. Mr Albert HO shared the view of Dr LEUNG. To better facilitate members' consideration of the proposed set up of PCO, Dr LEUNG requested the Administration to provide supplementary information in writing on details and work plans of each major function of the proposed PCO, as well as the major duties and responsibilities of the staff of PCO in providing professional and technical support for the various projects to enhance primary care, before submitting the staffing proposal to ESC. Mr Albert HO expressed support for Dr LEUNG's request.

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47. Ms Cyd HO said that any reform to primary care service delivery model would unavoidably affect the practices of the existing private healthcare service providers. She requested the Administration to provide information on whether, and if so, how a proper balance had been struck between the interests of the public and that of the stakeholders. USFH responded that more detailed information would be provided in the Administration's paper for submission to ESC.

48. Mr CHEUNG Man-kwong asked, instead of setting up a new office to support the development of primary care in Hong Kong, whether consideration would be given to restructuring DH to do the same. Mr Ronny TONG also asked why the proposed PCO was not set up under HA which was the major public outpatient care service provider in Hong Kong.

49. USFH responded that the Administration had critically examined the possible redeployment of the other existing directorate officers under the Director of Health to

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take on the work of the proposed directorate posts. The conclusion was not operationally feasible without affecting the quality of their work as all of them were fully engaged in their respective duties. USFH further said that since the transfer of general outpatient clinics from DH to HA in July 2003, DH had focused its work on providing child assessment as well as student, family and elderly health services to safeguard the health of the community. However, this part of primary care-related work was very small when compared to the services provided by the private sector, which accounted over 80% of the primary care services in Hong Kong. Hence, there was a need to set up a dedicated PCO to co-ordinate the involvement of both the private and public sectors to enhance primary care. To strengthen the role of DH in setting appropriate standards and quality requirements for various primary care services as proposed in the first-stage healthcare reform consultation, which had received broad public support, the proposed PCO would be set up under DH. The proposed PCO would also comprise staff with relevant expertise from FHB, DH and HA to ensure better co-ordination.

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50. In closing, the Chairman requested the Administration to provide the supplementary information referred to in paragraph 46 above, before submitting the proposal on the creation of two directorate posts to ESC for recommendation to FC for approval; and to provide more detailed information on how the establishment of PCO would benefit the patients in its paper for submission to ESC.

51. There being no other business, the meeting ended at 10:45 am.

Council Business Division 2
Legislative Council Secretariat
7 May 2010