立法會
Legislative Council

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Report of the Panel on Health Services
for submission to the Legislative Council

Purpose

This report gives an account of the work of the Panel on Health Services ("the Panel") during the 2009-2010 Legislative Council ("LegCo") session. It will be tabled at the Council meeting on 14 July 2010 in accordance with Rule 77(14) of the Rules of Procedure.

The Panel

2. The Panel was formed by resolution of the Council on 8 July 1998 and as amended on 20 December 2000, 9 October 2002, 11 July 2007 and 2 July 2008 for the purpose of monitoring and examining Government policies and issues of public concern relating to health services matters.

3. The terms of reference of the Panel are in **Appendix I**.

4. The Panel comprises 15 members, with Dr Hon Joseph LEE Kok-long and Dr Hon LEUNG Ka-lau elected as Chairman and Deputy Chairman respectively. The membership list of the Panel is in **Appendix II**.

Major work

Private hospital development

5. On 14 December 2009, the Administration briefed the Panel on the launching of an Expression of Interest ("EOI") exercise to solicit market interests and ideas towards development of private hospitals at Wong Chuk Hang, Tseung Kwan O, Tai Po and Lantau or/and possible public-private partnership models for the development of private hospital at the Lautau site.

6. Some members considered that the Administration might be using private hospital development to reduce its funding to public healthcare system to ease the imbalance between the public and private healthcare sectors. Hon CHEUNG Man-kwong also expressed concern about the adverse impact of private hospital development 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.

7. The Administration assured members that the resources to be spent on public medical services and implementing service reform, such as promotion of public-private partnership 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. In promoting private hospital development, the Administration would seek to ensure that the services of new hospitals were of good quality and 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 make available a certain percentage of bed days for services at packaged charges.

8. Hon Albert CHAN urged the Administration to first consult the public and stakeholders concerned on the criteria for the development of private hospitals before launching the EOI exercise, so as to prevent transfer of benefits to the private sector.

9. The Administration explained that the purpose of the EOI 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. 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.

10. Concern was also raised as to whether there were adequate local healthcare professionals to underpin the development of private hospitals at the four reserved sites. In light of a recent incident in Queen Mary Hospital where some surgeries were forced to be cancelled because half of its operating theatre nurses took sick leave en masse in protest against their heavy workload, Dr Hon 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.

11. The Administration advised 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.

12. The Panel passed a motion requesting the Administration, after receiving EOI from applicants, to first consult members of the public and the Panel before deciding on the modes and means of public-private-partnership for the development of private hospitals. The Panel would continue to closely monitor the development of private hospitals to ensure that such development would truly benefit the general public on the one hand and address the imbalance between the public and private healthcare sector on the other.

Human swine influenza vaccination programme

13. The Panel discussed the human swine influenza ("HSI") vaccination programme with the Administration on two occasions on 14 December 2009 and on 11 January 2010. Members were advised that based on the recommendations of the Scientific Committees under the Centre for Health Protection ("CHP"), HSI vaccination was recommended for the following five target groups, which had an estimated population of around two million -

(a) healthcare workers;

(b) persons with chronic illness and pregnant women;

(c) children between the age of six months and less than six years;

(d) elderly persons aged 65 years or above; and

(e) pig farmers and pig-slaughtering industry personnel.

Vaccination in the Hospital Authority ("HA") and Department of Health ("DH") clinics for target groups would commence on 21 December 2009, whereas the HSI vaccination subsidy programme for target groups at participating private clinics would commence on 28 December 2009. DH would also make available HSI vaccine at cost to private doctors for non-target groups in mid January 2010.

14. As persons were required to complete a consent form for HSI vaccination before receiving the vaccination, concern was raised as to 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.

15. The Administration pointed out that 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.

16. Hon Albert CHAN considered it necessary that the Administration should set up an independent expert group to help persons to seek compensation from HA or DH for developing adverse side effects following HSI vaccination.

17. Hon CHAN Kin-por was of the view that the Administration should provide adequate support to people developing serious complications, such as permanent disability, following HSI vaccination, despite the fact that these persons had signed a consent form for receiving the vaccination.

18. To improve the up-take rate of HSI vaccines by healthcare workers, Dr Hon LEUNG Ka-lau suggested that HA and DH should apprise their healthcare staff of the possible side effects and risks of receiving HSI vaccination as well as providing their healthcare workers with compensation should they develop adverse side effects following the vaccination, as the purpose for them getting vaccinated was to maintain a healthy healthcare workforce for the benefits of patients.

19. To ensure that the enrolled private doctors would not charge any extra fee for vaccinating the target groups, members were advised 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.

20. Noting that only 113 564 of the estimated population of around two million belonging to the target groups had received HSI vaccination as at 1 pm on 7 January 2010, Hon Andrew CHENG asked whether consideration could be given to extending the HSI vaccination programme to people outside the target groups for at least a limited time period, say, one week or one month, to prevent the three million doses of HSI vaccines purchased by the Administration from going to waste. Hon CHEUNG Man-kwong also urged the Administration to at least include primary school students in the HSI Vaccination Programme.

21. The Administration responded that it would decide whether or not to extend the HSI vaccination programme to include people not belonging to the target groups, upon the arrival of the remaining 2.5 million doses of HSI vaccines in mid-January 2010. In the meantime, efforts would continue to be made to apprise members of the public of the benefits, possible side effects and risks of receiving HSI vaccination.

22. The Administration advised the Panel on 11 May 2010 that as at 25 April 2010, a total of about 190 000 doses of HSI vaccines had been administered to the target groups. The stock of unused vaccines kept by the Government was about 2.7 million.

Review on the regulation of pharmaceutical products in Hong Kong

23. Arising from a number of incidents concerning pharmaceutical products which occurred in Hong Kong in early 2009 and which had caused wide public concern on drug safety, the Food and Health Bureau ("FHB") set up the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong ("Review Committee") on 24 March 2009 to conduct a comprehensive review on the existing regime for the regulation of pharmaceutical products, including whether there was a need for legislative amendments. The Review Committee was chaired by the Permanent Secretary for Health with members from the pharmaceutical sector, medical profession, academia, patient groups and consumer representative. A Task Force was also set up under the chairmanship of the Director of Health to provide expert advice to the Review Committee, and an Expert Group was set up to give advice on the microbiological hazards on drug manufacturing. The Review Committee completed its report in December 2009 and 75 recommendations were put forward covering the entire supply chain of pharmaceutical products and procurement and supply of drugs in the public and private sector to enhance the regulatory regime of pharmaceutical products in Hong Kong.

24. On 11 January 2010, the Administration briefed the Panel on the outcome of the review on the regulation of pharmaceutical products in Hong Kong.

25. Concern was raised that, although the World Health Organization ("WHO") had upgraded the Good Manufacturing Practices ("GMP") in 2007, Hong Kong was still adopting the GMP standards promulgated by WHO in 1995. Moreover, compliance with GMP in Hong Kong was merely a licensing condition and not a legal requirement.

26. The Administration advised that it planned to upgrade Hong Kong's GMP standards in about two years' time and further upgrade these standards to an even higher standard devised by the Pharmaceutical Inspection Cooperation Scheme, i.e. the PIC/S standards, in about another two years' time, as recommended by the Review Committee.

27. Concern was also raised about the inadequacies of DH in monitoring drugs retailers, as reported by the Director of Audit in his Report No. 53 published in October 2009. For instance, there were "Authorised Sellers of Poisons" ("ASPs"), commonly known as "dispensaries" or "pharmacies", who, after committing serious offences, closed business to escape punishment, but restarted business at

the same premises as new ASPs. Of the 60 convicted ASP cases in 2008, only one was identified through DH routine inspections, whereas the rest had resulted from investigations prompted by complaints or referrals, and joint operations with the Police (i.e. from sources other than DH routine inspections).

28. The Administration advised that apart from conducting more frequent unannounced inspections to drug retailers, in particular to those with a poor record of law compliance, DH planned to amend the Pharmacy and Poisons Ordinance (Cap. 138) ("PPO") to require the presence of registered pharmacists during all business hours of ASPs and to give the Pharmacy and Poisons Board the authority to revoke the licence of an ASP at any time when the ASP concerned had committed a serious drug offence. At present, the PPO only required a registered pharmacist to be present in an ASP for not less than two-third of its opening hours. PPB could only revoke the ASP licence for a period of time or not renew the licence upon expiry in extreme situation.

29. Hon Fred LI expressed concern that ASPs would be monopolised by large consortia, if the presence of registered pharmacist was required during all business hours of an ASP. Dr Hon LEUNG Ka-lau and Dr Hon PAN Pey-chyou also expressed concern that the requirement would incur additional costs to the ASPs which in turn might be passed on to consumers.

30. The Administration responded that the proposal of requiring the presence of registered pharmacist in an ASP whenever it was open for business would not give rise to monopolisation by large consortia, as the requirement would be applicable to all ASPs. Although the requirement might incur higher costs to the ASPs, this would increase consumer confidence over the ASPs. As the implementation required consideration of the market operating conditions and availability of sufficient pharmacists, DH would set a clear policy direction in this regard and draw up an implementation timetable.

31. Members noted that at present, written warnings were issued to retailers for minor infringement and suspension of licences was imposed for non-compliance of law. To better alert retailers of the need to comply with the licensing conditions and the law, Hon Fred LI suggested introducing a demerit point system for retailers.

32. Hon Andrew CHENG considered that the existing maximum fine of $100,000 for non-compliance of PPO by retailers was too lenient. To increase deterrent effect, the maximum fine should be raised to $500,000 or even $1 million.

33. The Administration advised that DH would track the sentencing of the court as a first step by gathering the data on sentencing of each case after the implementation of the enhancement strategies to look for any further weaknesses

of the current law for review of the maximum penalty at the next stage. Moreover, DH would amend the PPO to include provision for the court to order the convicted person to pay the analytical costs incurred by the Government and to give PPB the authority to revoke the licence of a convicted ASP at any time to increase the deterrent effect.

34. To prevent the illegal sale of imported unregistered drugs in local market, members were further advised that DH would set up a record and tracking system so that export licence applicants would be required to produce the relevant import licences of the imported drugs to be re-exported. In the long run, an electronic record system which was inter-operable with the Customs and Excise Department ("C&ED") and the Trade and Industry Department should be a more efficient alternative. In addition, the weekly quota of post-shipment consignment checks of licence by C&ED would be increased, taking into account the workload of C&ED staff. Plan was also in hand to require wholesalers and retailers handling non-poisons to apply for a licence and to require wholesalers to keep transaction records of all pharmaceutical products, including Part II poisons and non-poisons in the same manner as for Part I poisons.

35. Questions were raised about the additional manpower requirements for implementing all the recommendations of the Review Committee, and whether these additional manpower requirements could be met through programmes offered by local universities.

36. The Administration advised that the Pharmaceutical Service of DH would need to increase staff strength from around 160 to more than 350 to implement all the recommendations of the Review Committee in full. The Administration would liaise with the University Grants Committee with a view to offering more places in the pharmacy programmes of universities, taking into account the supply of pharmacy graduates from overseas.

37. Hon Cyd HO urged FHB to discuss with the Financial Secretary on the additional money required to hire additional staff, so that all the recommendations of the Review Committee to enhance the regulatory regime on pharmaceutical products could be implemented as soon as possible.

38. On the timetable for implementing all the recommendations of the Review Committee, the Administration advised that some of the recommendations would be implemented subject to the passing of the relevant legislative amendments and might require a longer timeframe for implementation. The target time for introducing the necessary legislative amendments was 2011.

Mechanism for handling medical incidents in public and private hospitals

39. On 9 November 2009, the Administration briefed the Panel on the measures that would be implemented to improve the mechanism for handling medical

incidents in public and private hospitals.

40. Question was raised as to whether any comparison had been made on the occurrence rate of medical incidents between hospitals.

41. The Administration advised that it was difficult to compare the occurrence rate of medical incidents between private hospitals, given variations in their policies and mechanisms to identify, report and manage sentinel events. Nevertheless, private hospitals should comply with the requirements on the management of medical incidents set out in the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes ("the Code") issued by DH. As regards public hospitals, Hong Kong had a much lower rate of sentinel events than that of other countries. According to a report published by WHO some three years ago, the percentage of adverse events in hospital admissions was about 10% in western countries.

42. Hon Cyd HO urged the Administration to review the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) to increase the deterrent effect against non-compliance with the Ordinance. At present, no penalty could be imposed on private hospitals for failing to comply with the Code.

43. Hon CHEUNG Man-kwong was of the view that apart from requiring private hospitals to report sentinel events within 24 hours, DH should also require private hospitals to make public all sentinel events without compromising the privacy of the patients concerned.

44. The Administration considered that putting in place comprehensive legislation might not be able to flexibly cater for the advancement of medical technology and rising community aspiration for quality services due to the considerable time required to amend the legislation. It was against this background that the Code was developed and implemented in 2003 to set out the standards of good practice for healthcare institutions to adopt in order to provide quality care to patients.

45. Some members, including Hon Andrew CHENG, suggested establishing an independent statutory office of the health service ombudsman to ensure impartiality of the investigation and better protect the interest of patients. A motion on "Establishing an independent statutory Office of the Health Service Ombudsman" was carried at the Council meeting on 14 January 2009.

46. On 14 June 2010, the Administration updated the Panel on further progress and advised that DH had recently reviewed and revised the sentinel reporting system with a view to further facilitating data analysis and enhancing comparability of relevant data between private and public hospitals. Key features included a revised list of reportable sentinel events, the adoption of a three-tier public announcement strategy and routine dissemination of sentinel event

information to the public. The revised list of reportable sentinel events to be reported by private hospitals was in line with HA's classification and had been in use since January 2010. The accreditation process under the pilot scheme was in good progress. One private hospital had been awarded the accreditation status in March 2010 and it was envisaged that the remaining participating hospitals, five public hospitals and two private hospitals, would be accredited in 2010- 2011.

47. On the comparison of the number of medical incidents in Hong Kong and overseas jurisdictions, the Administration advised that the frequency of reported medical incidents in Hong Kong (including public and private sectors) was not high as compared with Australia. As not many regions/countries adopted the same or similar level of reporting on medical incidents as in Hong Kong, it was difficult to make a direct comparison on the frequency of medical incidents of Hong Kong with other jurisdictions.

48. To facilitate its discussions on the matter, the Panel requested the Research and Library Services Division of the LegCo Secretariat to conduct a research on the mechanism for handling medical incidents in public and private hospitals in selected overseas places.

New mental health service programmes in the Hospital Authority

49. On 11 May 2010, the Administration briefed the Panel on the new mental health service programmes launched by HA in 2010-2011 to enhance support for persons with mental health problems. Members were advised, amongst others, that HA had launched the Case Management Programme ("CMP") for persons with severe mental illness as pilots in Kwai Tsing, Kwun Tong and Yuen Long districts in 2010-2011. Subject to the evaluation of the pilot programme, HA would roll it out to other districts within three years.

50. Referring to an incident occurred on 8 May 2010 in Kwai Shing East Estate involving a mental patient ('the incident"), question was raised on whether and, if so, what additional measure would be implemented by the Administration/HA to enable better detection of sign of relapse of mental illness in discharged mentally ill persons who resided in the community to prevent the incident from recurring. As reported by the media, the mental patient involved in the incident twice refused visit by community psychiatric nurse.

51. The Administration advised that apart from healthcare professionals who would be required to step up the monitoring of progress of recovery of the discharged mentally ill patients, efforts would be stepped up to encourage persons who had close/regular contact with the patients, such as families/carers, neighbours and social workers, to report to the case managers when the patients showed signs of relapse so that prompt assessment and treatment could be made, including compulsory admission to hospitals if necessary.

52. Concern was raised about the lack of sufficient psychiatrists at HA in coping with service needs. At present, the consultation time for patients attending follow-up consultation at the psychiatric specialist outpatient clinics ("SOPCs") of HA was about five minutes, as opposed to around 30 to 60 minutes at private psychiatric clinics.

53. The Administration pointed out that the consultation time at the psychiatric SOPCs of HA could not be directly compared with that at private psychiatric clinics. Unlike the private sector where treatment was mainly provided by the psychiatrists, the delivery of mental health services in the public sector adopted an integrated and multi-disciplinary team approach involving not only the psychiatrists, but also the clinical psychologists, occupational therapists, psychiatric nurses, community psychiatric nurses and medical social workers.

54. Hon Andrew CHENG criticised that despite the repeated requests of members, there was still a lack of comprehensive policy on mental health, including the establishment of a mental health bureau to coordinate the planning and delivery of the mental health services which straddled the policy areas of health services and welfare services.

55. Hon LEUNG Yiu-chung urged the Administration to improve communication among different departments to enable timely intervention for patients having signs of relapse of mental illness. There were cases where the Police and the Housing Department ("HD") took no follow-up actions upon receipt of reports of persons behaving in an unusual way or having symptoms of mental health problems.

56. The Administration advised that with an additional recurrent funding of $70 million in 2010-2011, SWD would expand the service model of the Integrated Community Centres for Mental Wellness across the territory and strengthen the manpower of these centres to provide one-stop services to discharged mental patients, persons with suspected mental health problems, their families/carers and residents in the district. To facilitate the implementation of the new service initiative, a district-based platform, co-chaired by the District Social Welfare Officer and the Chief of Service of Psychiatry of the hospital cluster concerned and comprising representatives of non-governmental organisations ("NGOs") and other relevant parties, e.g. HD and the Police, would be set up to enhance cross-sectoral cooperation and collaboration to support the discharged mentally ill patients at district level.

57. Some members, including Hon CHEUNG Man-kwong, proposed requiring discharged mentally ill patients who posed a threat to the community to accept medication and therapy, counselling, treatment and supervision. The Administration agreed to further consider the issue as necessary having regard to the circumstances and any consensus in the community.

58. Members passed a motion urging the Administration to set up an independent committee to investigate the causes of the incident in Kwai Shing East Estate which left two dead and three seriously injured, so as to prevent similar incidents from recurring.

59. The Administration advised members after the meeting on 4 June 2010 that in the light of the incident and the concerns of members and the community, HA had set up a committee to review its management and follow-up of mental patients, including the liaison with other service providers with reference to the incident in Kwai Shing East Estate. The membership of the committee comprised professionals and service providers from the medical and welfare sectors, including representatives from two NGOs. The committee would make suggestions on improvements to community support services for mental patients and invite views from patient groups on how to improve the services to mental patients. The committee would not, however, look into the cause of the incident to avoid overlapping with the investigation and legal proceedings connected with the case. The committee had commenced its work on 1 June 2010 and would complete the review in two months.

Other matters discussed

60. Other subject matters discussed by the Panel included implementation of the seasonal influenza and pneumococcal vaccinations, funding for Health and Health Services Research Fund, employment terms and conditions of HA staff, organ donation campaign, modernisation of medical equipments in HA, treatment for wet aged-related macular degeneration patients and the Shared Care Programme.

61. The Panel was consulted on the Human Organ Transplant (Appeal) Regulation to be made by the Secretary for Food and Health under the Human Organ Transplant Ordinance (Cap. 465) to provide for rules and procedures for appealing against a decision made by the Director of Health in respect of an application for exemption of organ products from the Ordinance, and the proposed replacement of the central air-conditioning system for the Prince Philip Dental Hospital.

62. From October 2009 to June 2010, the Panel held a total of 10 meetings, including one special meeting.

Council Business Division 2
Legislative Council Secretariat
9 July 2010

Appendix I

Legislative Council

Panel on Health Services

Terms of Reference

1. To monitor and examine Government policies and issues of public concern relating to medical and health services.

2. To provide a forum for the exchange and dissemination of views on the above policy matters.

3. To receive briefings and to formulate views on any major legislative or financial proposals in respect of the above policy areas prior to their formal introduction to the Council or Finance Committee.

4. To monitor and examine, to the extent it considers necessary, the above policy matters referred to it by a member of the Panel or by the House Committee.

5. To make reports to the Council or to the House Committee as required by the Rules of Procedure.

Appendix II

Panel on Health Services

Membership list for 2009 - 2010 session

Chairman	Dr Hon Joseph LEE Kok-long, SBS, JP
Deputy Chairman	Dr Hon LEUNG Ka-lau
Members	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 Hon Alan LEONG Kah-kit, SC (up to 28 January 2010) (rejoined on 19 May 2010) Hon Albert CHAN Wai-yip (up to 28 January 2010) (rejoined on 19 May 2010) (Total : 15 Members)
Clerk	Miss Mary SO
Legal adviser	Mr Stephen LAM
Date	19 May 2010