立法會
Legislative Council

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Tel : 2869 9205

Date : 25 February 2011

From : Clerk to the Legislative Council

To : All Members of the Legislative Council

Council meeting of 9 March 2011

Motion on
"Reforming the Hospital Authority"

Dr Hon LEUNG Ka-lau has given notice to move the attached motion on "Reforming the Hospital Authority" at the Council meeting of 9 March 2011. The President has directed that "it be printed in the terms in which it was handed in" on the Agenda of the Council.

(Mrs Justina LAM)
for Clerk to the Legislative Council

Encl.

(Translation)

Motion on
"Reforming the Hospital Authority"
to be moved by Dr Hon LEUNG Ka-lau
at the Legislative Council meeting
of Wednesday, 9 March 2011

Wording of the Motion

That during the 20 years since the establishment of the Hospital Authority ('HA'), its annual spending of public money has increased from $7.7 billion to $33 billion, yet due to its unsatisfactory management, the morale of frontline healthcare personnel is low and the quality of care varies; the distribution of resources among various clusters is uneven, and the per capita share of hospital beds, healthcare personnel and funding can vary by as much as 200%; its administrative structure is cumbersome, and the annual salaries of the Chief Executive as well as the 33 Directors, Cluster Chief Executives and Hospital Chief Executives are as high as $2 million to over $4 million; the working condition for its employees is poor, and the working hours of healthcare personnel are long, and it is common to be on duty for 28 consecutive hours; the waiting time for specialist services is too long, thus causing delay in treatment, and the subsidies to patients for using outsourced services are on the low side, thus failing to divert them to the private medical system; the transparency of the HA Drug Formulary is inadequate, and hence patients and the public are unable to find out the drug assessment criteria; and the means test under the Samaritan Fund is too harsh, making many patients fall outside the safety net and unable to receive due protection; in this connection, this Council urges the Government to thoroughly review the operation of HA and put forward reform proposals, including:

(a) using disease treatment costs and service volume as the basis, to formulate objective funding criteria for each hospital cluster, and to allocate appropriate resources to hospitals in busy districts so as to avoid wastage or shortage of resources for developing services in individual hospital clusters; through the Internet or enquiry hotlines, to make public information about making appointments of various hospitals, and proactively advise patients of hospitals in busy districts to seek cross-district medical treatment, so as to balance the supply of and demand for healthcare services in various districts;

(b) to review whether the management structure of the Head Office overlaps with those of hospital clusters, so as to streamline the relevant structure;

(c) to formulate manpower indicators based on workload, and to set standard working hours for healthcare personnel and provide them with half-time job options, with a view to reducing medical blunders and staff wastage;

(d) to reorganize specialist services, reduce unnecessary internal referrals, strengthen primary medical care, and increase the subsidies to patients for using outsourced services, so as to divert patients to the private medical system;

(e) in respect of decisions to add any drugs to or remove any drugs from the HA Drug Formulary, to publish drug efficacy reports and financial implication assessments, and include patients' quality of living as a criterion of evaluation, so as to maximize the social effectiveness of drug subsidies, and even drugs 'which have preliminary medical evidence only' should be included in the safety net of subsidies, and their removal should only be considered when their efficacy is negated, so as to reduce disputes; and

(f) to relax the application threshold of the Samaritan Fund, and set a fixed ceiling for patients' co-payment.