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Legislative Council

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From : Clerk to the Legislative Council

To : All Members of the Legislative Council

Council meeting of 9 March 2011

Proposed amendments to motion on "Reforming the Hospital Authority"

Further to LC Paper No. CB(3) 513/10-11 issued on 25 February 2011, five Members (Dr Hon PAN Pey-chyou, Dr Hon Joseph LEE Kok-long, Hon CHAN Hak-kan, Hon CHEUNG Man-kwong and Hon Alan LEONG Kah-kit) have respectively given notice of their intention to move separate amendments to Dr Hon LEUNG Ka-lau's motion on "Reforming the Hospital Authority" scheduled for the Council meeting of 9 March 2011. As directed by the President, the respective proposed amendments will be printed in the terms in which they were handed in on the Agenda of the Council.

2. The President will order a joint debate on the above motion and amendments. To assist Members in debating the motion and amendments, I set out below the procedure to be followed during the debate:

(a) the President calls upon Dr Hon LEUNG Ka-lau to speak and move his motion;

(b) the President proposes the question on Dr Hon LEUNG Ka-lau's motion;

(c) the President calls upon the five Members, who intend to move amendments, to speak in the following order, but no amendment is to be moved at this stage:

(i) Dr Hon PAN Pey-chyou;

(ii) Dr Hon Joseph LEE Kok-long;

(iii) Hon CHAN Hak-kan;

(iv) Hon CHEUNG Man-kwong; and

(v) Hon Alan LEONG Kah-kit;

(d) the President calls upon the designated public officer(s) to speak;

(e) the President invites other Members to speak;

(f) the President gives leave to Dr Hon LEUNG Ka-lau to speak for the second time on the amendments;

(g) the President calls upon the designated public officer(s) again to speak;

(h) in accordance with Rule 34(5) of the Rules of Procedure, the President has decided that he will call upon the five Members to move their respective amendments in the order set out in paragraph (c) above. The President invites Dr Hon PAN Pey-chyou to move his amendment to the motion, and forthwith proposes and puts to vote the question on Dr Hon PAN Pey-chyou's amendment;

(i) after Dr Hon PAN Pey-chyou's amendment has been voted upon, the President deals with the other four amendments; and

(j) after all amendments have been dealt with, the President calls upon Dr Hon LEUNG Ka-lau to reply. Thereafter, the President puts to vote the question on Dr Hon LEUNG Ka-lau's motion, or his motion as amended, as the case may be.

3. For Members' ease of reference, the terms of the original motion and of the motion, if amended, are set out in the **Appendix**.

(Mrs Justina LAM)
for Clerk to the Legislative Council

Encl.

Appendix

(Translation)

Motion debate on
"Reforming the Hospital Authority"
to be held at the Legislative Council meeting
of Wednesday, 9 March 2011

1. Dr Hon LEUNG Ka-lau's original 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.

2. Motion as amended by Dr Hon PAN Pey-chyou

That***, with population ageing, the healthcare issue has become a great challenge currently faced by society;*** 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 failure of its management to progress with the times and its disregard of various unreasonable phenomena***, the morale of frontline healthcare personnel is low***, staff wastage is serious,*** 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~~***, service volume and the distribution of population and age groups in the districts concerned*** as the basis, to formulate objective ***and fair*** funding criteria for each hospital cluster, and***, on the one hand,*** to allocate appropriate resources to hospitals in busy districts ~~so as to avoid~~ ***while avoiding*** wastage or shortage of resources for developing services in individual hospital clusters***, so that the types and quantity of services of the various clusters can better suit the needs of people in their districts, thereby alleviating the plight of elderly and physically weak persons in seeking cross-district medical treatment***;

(b) with a view to optimizing as much as possible the utilization of precious healthcare resources and services, HA should 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 ***where their capabilities and clinical conditions permit***, so as to balance the supply of and demand for healthcare services in various districts;

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

(d) to comprehensively review and reasonably improve the pay and promotion ladder of frontline healthcare personnel, and offer reasonable remuneration for their duty hours, so as to retain talents;

~~(c)~~***(e)*** 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)~~***(f)*** 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)~~***(g)*** ***HA, when procuring drugs, should not base its consideration solely on the financial principles, but should also take account of drugs quality and supply stability;*** 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)~~***(h)*** to relax the application threshold of the Samaritan Fund, and set a fixed ceiling for patients' co-payment***;***

(i) ***to allocate additional resources to provide more healthcare personnel with local and overseas training opportunities;***

(j) ***to reorganize the grade structures of General Services Assistants and Technical Services Assistants, set up a unified system of ranks, pay and fringe benefits, and formulate uniform employment terms, so as to rectify the unfair situation of different remunerations for the same post in different clusters; and***

(k) ***to strengthen the Chinese medicine services in HA hospitals, and consider establishing Chinese medicine hospitals to provide the public with more comprehensive Chinese medicine services and promote the development of Chinese medicine***.

Note: Dr Hon PAN Pey-chyou's amendment is marked in ***bold and italic type*** or with deletion line.

3. Motion as amended by Dr Hon Joseph LEE Kok-long

That***, as*** 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 manpower establishments of nurses and allied health staff are outdated, resulting in***

persistent manpower shortage and affecting service quality; 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***;***

(g) to set a nurse-patient ratio to improve the quality of nursing care, so as to effectively safeguard patients' safety;

(h) to review the manpower establishment of allied health staff and re-examine the service volume and manpower demand, so as to improve allied healthcare services, thereby reducing the chances of patients' re-hospitalization;

(i) to introduce direct referral services by optometrists, so as to reduce unnecessary referrals and shorten waiting time, and to strengthen primary healthcare;

(j) to introduce chiropractic services to meet patients' needs; and

(k) to review the pay and grade policies on nurses and allied health staff, so as to resolve the problem of severe wastage of talents.

Note: Dr Hon Joseph LEE Kok-long's amendment is marked in ***bold and italic type*** or with deletion line.

4. Motion as amended by Hon CHAN Hak-kan

That***, although*** 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***, and it is difficult for frontline doctors to be promoted***; the waiting time for specialist services is too long, ***and primary healthcare is inadequate,*** 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, ***and review the promotion mechanism for healthcare personnel as well as formulate effective measures to alleviate their work pressure,*** with a view to reducing medical blunders and staff wastage;

(d) to reorganize specialist services, reduce unnecessary internal referrals, ***provide sufficient funding to*** strengthen primary medical care, ***expedite the implementation of the strategy for developing primary care, including establishing community health centres to improve public primary healthcare,*** 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.

Note: Hon CHAN Hak-kan's amendment is marked in ***bold and italic type*** or with deletion line.

5. Motion as amended by Hon CHEUNG Man-kwong

That ~~during the 20 years since the establishment of the Hospital Authority ('HA'),~~ ***it has been 20 years since the Government established the Hospital Authority ('HA') in 1990, and due to factors such as population growth, population ageing and the development in medical science and technology, etc., even though*** its annual spending of public money has increased from $7.7 billion to $33 billion~~, yet~~ ***and the number of staff has increased from some 35 000 to over 55 000, the problem of inadequate resources still remains serious; besides,*** due to its unsatisfactory management, the morale of frontline healthcare personnel is low and the quality of care varies; the distribution of resources among ***and within*** 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 ***system*** under the Samaritan Fund is too harsh, making many patients fall outside the safety net and unable to receive due protection; ***however, the Legislative Council does not have sufficient power to monitor HA; according to the Hospital Authority Ordinance, HA is not required to seek the Legislative Council's approval for creating posts with high pay, and the various public hospitals even have the authority to set the levels of fees for their services; furthermore, there are insufficient channels for patient groups and the public to participate in HA's decision-making and push HA to make improvements;*** 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***; at the same time, to provide administrative and logistic support, so as to prevent the relevant measures from imposing additional administrative work on frontline healthcare personnel***;

(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~~ ***allocate additional resources to provide patients with subsidies for using appropriate private medical 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***;***

(g) to face up to the healthcare manpower wastage problem in public hospitals, review the impact of the Government's measures on promoting the development of medical services industry and encouraging the development of the private medical sector on the demand for healthcare personnel, and to increase the supply of healthcare personnel;

(h) to value the contributions of frontline healthcare personnel in public hospitals, and targeting at the serious staff wastage and low morale problems in some public hospitals and specialties, to allocate additional resources to recruit sufficient manpower and offer

reasonable promotion prospect to frontline healthcare personnel, to improve the management and resource allocation of hospitals and clusters, and train more specialist healthcare personnel; and

(i) to explore amending the Hospital Authority Ordinance to enhance the Legislative Council's regulatory control over HA in creating posts with high pay and determining its service charges, and to enable patient groups and the Legislative Council to elect representatives to serve as members on the HA Board, so as to enhance patient groups' participation and the Legislative Council's regulatory control over HA.

Note: Hon CHEUNG Man-kwong's amendment is marked in ***bold and italic type*** or with deletion line.

6. Motion as amended by Hon Alan LEONG Kah-kit

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; ***in respect of individual hospital clusters with smaller***

amounts of funding, including the New Territories West and Kowloon East Clusters, to offer sufficient resources to improve their services; 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***; and to allocate additional resources and raise the amounts of subventions and subsidies, so as to rectify the current situation of unenthusiastic participation in public-private partnership***;

(e) in respect of decisions to add any drugs to or remove any drugs from the HA Drug Formulary, to ~~publish~~ ***enhance the transparency of approving drugs to be included in the HA Drug Formulary, regularly publish the approval results and grounds,*** 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 ***to conduct regular reviews of the HA Drug Formulary system;***

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

(g) to increase the manpower of frontline doctors and nurses, improve doctors' promotion opportunities and increase the number of training places, with a view to alleviating the pressure faced by frontline personnel;

(h) to explain the funding criteria adopted by various hospital clusters, so as to avoid uneven resource distribution; and

(i) to expedite the progress of hospital redevelopment and medical equipment renewal, so as to cope with growing medical demands.

Note: Hon Alan LEONG Kah-kit's amendment is marked in ***bold and italic type*** or with deletion line.