立法會
Legislative Council

LC Paper No. CB(2)2791/11-12
(These minutes have been seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 11 June 2012, at 8:30 am
in Conference Room 3 of the Legislative Council Complex

Members present	:	Dr Hon LEUNG Ka-lau (Chairman) Dr Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman) Hon Albert HO Chun-yan Hon Fred LI Wah-ming, SBS, JP Hon CHEUNG Man-kwong Hon LI Fung-ying, SBS, JP Hon Audrey EU Yuet-mee, SC, JP Hon CHEUNG Hok-ming, GBS, JP Prof Hon Patrick LAU Sau-shing, SBS, JP Hon Cyd HO Sau-lan Hon CHAN Hak-kan Hon CHEUNG Kwok-che Hon IP Kwok-him, GBS, JP Dr Hon PAN Pey-chyou Dr Hon Samson TAM Wai-ho, JP Hon Alan LEONG Kah-kit, SC
Members absent	:	Hon Andrew CHENG Kar-foo Hon Vincent FANG Kang, SBS, JP Hon WONG Ting-kwong, BBS, JP Hon CHAN Kin-por, JP
Public Officers attending	:	Items III and IV Dr York CHOW Yat-ngok, GBS, JP Secretary for Food and Health

Mr Richard YUEN Ming-fai, JP
Permanent Secretary for Food and Health (Health)

Item III

Dr CHEUNG Wai-lun
Director (Cluster Services)
Hospital Authority

Dr LO Su-vui
Director (Strategy & Planning)
Hospital Authority

Dr Nelson M S WAT
Hospital Chief Executive
Kwong Wah Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital
Hospital Authority

Mr Donald LI
Chief Manager (Capital Planning)
Hospital Authority

Item IV

Mr Sidney CHAN Shuen-yiu, JP
Head (eHealth Record)

Ms Lydia LAM Sui-ping
Deputy Head (eHealth Record)

Dr N T CHEUNG
Consultant (eHealth)

Clerk in attendance : Ms Elyssa WONG
Chief Council Secretary (2) 5

Staff in attendance : Ms Maisie LAM
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Miss Liza LAM
Clerical Assistant (2) 5

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I. Information paper(s) issued since the last meeting
[LC Paper No. CB(2)2278/11-12(01)]

Members noted a referral dated on 29 May 2012 from the Public Complaints Office of the Legislative Council Secretariat regarding motivating healthcare personnel and care workers to learn sign language for better communication with patients with hearing impairment.

II. Items for discussion at the next meeting
[LC Paper Nos. CB(2)2279/11-12(01) and (02)]

2. The Chairman said that in anticipation of the continuation of the Council meeting of 4 July 2012, the next regular meeting originally scheduled for 9 July 2012 at 8:30 am would be rescheduled to 10 July 2012 at 8:30 am.

3. Members agreed to discuss the following items proposed by the Administration at the next regular meeting -

(a) Regularisation of Community Care Fund Medical Assistance Programme Second Phase; and

(b) Implementation of hospital accreditation in public hospitals.

4. The Chairman drew members' attention to the items on "Improvement of doctors' working hour in public hospitals", "Proposed regulatory framework of medical devices" and "Implementation of the Public-Private Chronic Disease Management Shared Care Programme" on the Panel's list of outstanding items for discussion. While the Panel had requested the Administration to revert to the Panel on the progress of these items in 2011, the Administration had advised that it would not be in a position to discuss these items before the end of the current legislative term. Members did not raise any enquiry.

5. The Chairman then sought members' views on whether the item on "The 'approved person' system adopted by the Hospital Authority for the dispensaries of its General Outpatient Clinics", which was item 11 on the Panel's list of outstanding items for discussion, should be included in the

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agenda of the next regular meeting. Ms Audrey EU and Dr Joseph LEE agreed.

6. The Chairman asked whether the Administration was in a position to discuss the subject. Secretary for Food and Health ("SFH") replied in the positive, adding that the Chief Executive of the Hospital Authority ("HA") had responded to the recent media enquiries on HA's continuation of the "approved person" arrangement after taking over the General Outpatient Clinics from the Department of Health in July 2003. Dr Joseph LEE requested the Administration to brief members on whether similar arrangements were adopted by HA for other healthcare professional grades.

(*Post-meeting note:* At the request of Dr Joseph LEE and with the concurrence of the Chairman, an additional discussion item on "Closure arrangement of private hospitals" was added to the agenda of the meeting on 10 July 2012.)

III. Redevelopment of Kwong Wah Hospital

[LC Paper Nos. CB(2)2279/11-12(03) and (04)]

7. SFH briefed members on the proposed redevelopment of Kwong Wah Hospital ("KWH"), details of which were set out in the Administration's paper (LC Paper No. CB(2)2279/11-12(03)).

Service capacity of the redeveloped KWH

8. Ms Cyd HO sought information on the basis for calculating the demand for healthcare services at the redeveloped KWH. Pointing out that KWH was located in the Yau Tsim Mong ("YTM") district where there were a number of old buildings subjecting to redevelopment, she enquired whether the calculation had taken into account the possible demographic change arising from the redevelopment of the district.

9. SFH explained that given the long history of KWH, many of its patients were residing outside the catchment area of the Kowloon West ("KW") cluster where KWH located. The estimation on the demand for healthcare services at KWH would take into account the above factor, as well as the demographic profiles of the residents of the KW cluster and the Hong Kong population as a whole. Director (Cluster Services), HA ("Director (CS), HA") supplemented that HA would make reference to the population projections provided by the Census and Statistics Department and the Planning Department in the calculation of the healthcare service demand.

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10. Dr Joseph LEE welcomed the proposed redevelopment of KWH which had been long called for. He sought information on the respective increase in the number of inpatient beds and the number of attendances of ambulatory services upon completion of the whole redevelopment of KWH in 2022.

11. SFH advised that with the advancement of medical technology, the future model of care was to switch from inpatient care to ambulatory care in order to reduce the need for hospitalization. The redevelopment of KWH would embrace the philosophy of ambulatory care as a new model of service delivery. The existing scattered ambulatory services at KWH would be enhanced through the provision of one-stop multi-disciplinary services to patients with non-acute conditions at an ambulatory care centre. More floor area could then be made available for inpatient care. Chief Manager (Capital Planning), HA ("Chief Manager (CP), HA") supplemented that the total number of inpatient beds of KWH would remain at around 1 100 to 1 200 after redevelopment. There would however be a multi-fold increase in the total floor area of ambulatory care centre of the redeveloped KWH from the present 4 700 m^2 to around 24 000 m^2.

12. Ms Cyd HO was concerned that when comparing with the significant increase in the total floor area of the ambulatory care centre, the area for inpatient accommodation of KWH would only be expanded from around 27 000 m^2 to around 32 000 m^2. SFH advised that at present, no day beds were provided by KWH. Patients receiving ambulatory care had to use the inpatient beds. With the enhancement of the ambulatory care services at the redeveloped KWH for more effective care of patients and efficient use of resources, more inpatient beds would then be available for patients that needed to stay in the hospital. Director (CS), HA supplemented that the ambulatory care services of KWH would take care of patients from both KW and Kowloon Central ("KC") clusters, and hence its expansion had to be on a much larger scale.

13. In response to Dr Joseph LEE's enquiry on whether the floor space of the pharmacy and the healthcare manpower of KWH would be expanded to cope with the increase in service capacity upon redevelopment, Chief Manager (CP), HA replied that the existing pharmacy of KWH would be expanded to meet the increase in service demand, whereas the manpower requirement would have to be worked out after the finalization of the detailed design for the redevelopment project at the preparatory works stage.

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14. Dr Joseph LEE expressed dissatisfaction with the lack of concrete details on manpower planning in the HA's response, pointing out that the redevelopment plan of KWH should cover not only the hardware but also the software components. While supporting the redevelopment of KWH, Ms Audrey EU also expressed disappointment at the lack of details of the project in the Administration's paper.

15. SFH explained that the redevelopment of KWH would be carried out in two stages, namely, preparatory works and main works. HA would engage professional consultants to carry out the preparatory works which covered, among others, site investigation, outline sketch design and detailed design, as well as tender documentation. Subject to the agreement of the Panel, the Administration planned to invite tenders for consultancy services for the preparatory works in August 2012 and seek funding approval from the Finance Committee ("FC") for the preparatory works in December 2012. Funding for the main works of the redevelopment project would be sought at a later stage after completion of the preparatory works. The Administration would consult the Panel on the main works before seeking FC's approval for the funding proposal. It was anticipated that the whole redevelopment would complete in 2022. Given the long time span of the redevelopment project, the healthcare manpower needs of the redeveloped KWH would be assessed when the project was close to completion taking into account an array of factors including, among others, changes in the delivery models for healthcare services and the latest development of medical technology which might require new types of healthcare talents.

16. The Chairman asked whether nursing school would be reopened at the redeveloped KWH. Director (CS), HA responded that HA did not have such a plan at this stage, as the reopening of the nursing schools at the Queen Elizabeth Hospital, the Tuen Mun Hospital and the Caritas Medical Centre as well as the recent increase in the places for nursing undergraduate programmes had ensured a sufficient nursing manpower in the coming years.

Chinese medicine services of the redeveloped KWH

17. Noting that the redeveloped KWH would accommodate reprovisioned facilities for enhanced Chinese and Western medicine hospital services, including integrated Chinese and Western inpatient accommodation with over 50 beds, Dr PAN Pey-chyou sought details of the mode of operation of these inpatient beds, in particular whether the self-financing requirement of the public Chinese medicine clinics ("CMCs") would apply.

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18. Director (CS), HA advised that the management of KWH was vested in HA via an agreement with the Tung Wah Group of Hospitals ("TWGHs"). A working group comprising representatives of the HA Head Office, KWH and the Board of TWGHs would be formed to map out the operation mode and service scope of the Chinese medicine services to be provided by the redeveloped KWH. The initial plan was to focus mainly on the provision of the outpatient service with conjoined consultations by Chinese and Western medicine practitioners, and a Chinese and Western medicine shared ward with 56 beds. It should be noted that TWGHs was a pioneer in integrative Chinese and Western medicines. It currently operated an integrated Chinese and Western medicine treatment centre and a Chinese medicine general outpatient clinic in KWH on a self-financing basis. Similar to the existing arrangement, the Chinese and Western medicine shared ward to be provided in the redeveloped KWH would be operated by TWGHs instead of HA.

19. Mr CHEUNG Kwok-che expressed dissatisfaction with HA's response which, in his view, ran contrary to the Administration's policy of fostering the development of Chinese medicine. Given that KWH was a pioneer in the provision of integrative Chinese and Western medicines, he considered that HA should provide the service as part of its standard services. He further suggested that the Panel should follow up the subject of development of Chinese medicine in the next legislative term.

20. SFH responded that at present, efforts in promoting the development of Chinese medicine were focused on the levels of primary care and general outpatient services. Since 2003, the Administration had been actively taking forward the plan to establish 18 public CMCs in the territory by phases. So far, 16 CMCs had been set up and the Administration would continue to identify suitable sites in the YTM District and Islands District for establishing the remaining two CMCs. While the provision of inpatient services was a positive step forward to promote the development of the Chinese medicine services, it was agreed by the trade that the service mode should best be in the form of integration of Chinese and Western medicines. Taking into account that TWGHs had a long history of providing Chinese medicine services, it was considered that the Chinese medicine services to be provided in the redeveloped KWH should continuously be operated by TWGHs. That said, the Administration adopted an open attitude towards whether such services should be subsidized by public money.

21. Ms Audrey EU sought information on how the Chinese and Western models of care would be integrated in the treatment of inpatients of the redeveloped KWH.

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22. SFH advised that the Administration had been actively incorporating Chinese medicine services into the public healthcare system in recent years. At present, there were different models of Chinese and Western medicine shared care services in more than 20 public hospitals to combine the advantages of Chinese and Western medicine systems in the treatment of specific illnesses, such as cancers, chronic diseases and pain management. It was expected that the Chinese and Western medicine shared ward in the redeveloped KWH could facilitate the interface between Chinese and western medicines in public hospitals for treatment of more serious diseases. Ms Audrey EU requested the Administration to provide after the meeting written information in this regard.

Admin

23. Pointing out that local Chinese medicine graduates were required to attach to the Chinese medicine hospitals in the Mainland to undergo clinical training, Ms Cyd HO expressed concern about the lack of clinical training grounds in the hospital setting for Chinese medicine graduates. Noting that an objective of enhancing the Chinese and Western medicine hospital services in the redeveloped KWH was to enhance opportunities in training for Chinese medicine practitioners and students, Ms Audrey EU considered that KWH could be developed as a teaching hospital on integrative Chinese and Western medicines in the long term.

24. SFH responded that he would not rule out that TWGHs would engage local universities to utilize the redeveloped KWH as a training platform for integrative Chinese and Western medicines. At the request of Ms Cyd HO, SFH agreed to provide after the meeting written information on the recruitment of the local Chinese medicine graduates since 2004.

Admin

Project cost estimate

25. The Chairman sought clarification on whether the seeking of the funding approval of $525 million in money-of-the-day ("MOD") prices was solely for the preparatory works for the redevelopment project. SFH replied in the positive.

26. Ms Audrey EU sought information on a breakdown of the estimated cost for the preparatory works. Chief Manager (CP), HA advised that the $525 million estimated cost included a consultants' fee of $230 million, a decanting cost of $150 million and a $50 million contingency provision in September 2011 prices; and a $80 million provision for price adjustment for the calculation of the MOD prices. Given that this was a preliminary estimation based on the tender returns for a recent project as reference, the subsequent estimated cost for the preparatory works might differ subject to the tender returns for the project. The updated estimated cost, together

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with the breakdown for the above items, would be set out in the funding application to the Public Works Subcommittee for members' reference.

27. In response to Mr CHEUNG Kwok-che's enquiry on the estimated construction cost for the project, SFH advised that subject to the outcome of the detailed design, the main works were estimated to cost about $8 billion in MOD prices. Mr CHEUNG Kwok-che expressed concern about the proportion of the capital cost of the project to be borne by the TWGHs Board.

Project implementation

28. Dr PAN Pey-chyou noted that the Administration planned to proceed with the main works in 2015-2016 for completion of the whole redevelopment in 2022. Pointing out that the scale of the demolition works of the redevelopment project, which covered all the existing buildings of KWH except for the TWGHs Tsui Tsin Tong Out-patient Building and the Tung Wah Museum, might be the first of its kind in Hong Kong, he enquired how HA could ensure that patients would not be affected during the main works stage.

29. SFH advised that KWH would remain functional at all times during redevelopment and any disruption of services, if unavoidable, would be kept to a minimum. During the construction period, essential clinical services would remain on site. Hospital Chief Executive, Kwong Wah Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, HA ("HCE(KWH&WTSH), HA") supplemented that the main works would be carried out in two phases. Ongoing acute services provided by KWH would not be affected during redevelopment. In the first phase of the construction period, the ancillary facilities, such as offices, staff accommodation and stores, would be decanted off-site to spaces to be provided by the Administration, HA and the TWGHs as appropriate. The vacated onsite spaces in buildings, not demolished in the first phase, would be used to accommodate the clinical services (including the inpatient services, ambulatory services and those dependent on the operating theatres) affected by the phased demolition works. Where necessary, the service hours of those operating theatres would be extended. Other public hospitals in the KW and other clusters as appropriate, would also provide support in the provision of non-acute services.

30. In response to Prof Patrick LAU's enquiry on whether the funding application for phase two redevelopment of KWH would be separated from that for phase one redevelopment, Chief Manager (CP), HA replied in the positive.

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31. While noting that the details of the implementation programme and decanting arrangement for the redevelopment project would be considered in the detailed design and planning stage, Ms Audrey EU requested HA to provide after the meeting information on its initial thoughts in this regard.

HA/Admin

32. Mr CHEUNG Kwok-che asked whether consideration could be given to purchasing services from private hospitals nearby for patients affected by the redevelopment of KWH. SFH responded that he did not see the need at this stage, adding that with the completion of the phase two redevelopment of the Caritas Medical Centre and the establishment of the multi-partite Medical Centre of Excellence in Paediatrics by the time the main works of the redevelopment project commenced, it was considered that the public sector would be able to meet the healthcare needs of patients affected by the redevelopment of KWH under the clustering arrangement.

33. The Chairman considered it more effective to decant the existing services of KWH to the acute general hospital to be developed at the Kai Tak Development rather than redeveloping the hospital at the existing site which was a densely populated area.

34. SFH responded that his past working experience at HA suggested that a majority of patients and staff did not prefer a relocation of hospital. To ensure the provision of continuity of care to patients, most old public hospitals would seek a redevelopment at their existing sites, instead of relocation to other districts. He assured members that patient services of KWH would not be affected during the construction period.

35. Holding the view that the proposed new complex of KWH might create a wall effect, Dr PAN Pey-chyou enquired whether the Administration had conducted any environmental impact assessments.

36. Chief Manager (CP), HA responded that HA would take the opportunity to mitigate the wall effect of the existing buildings of KWH. It had maintained close communication with the Planning Department to ensure that the design of the new complex could improve visual permeability and ventilation, albeit that the total floor area of KWH would be increased by 80% after redevelopment. All the building plans of the redeveloped KWH would also be submitted to the Buildings Department for approval.

37. Prof Patrick LAU asked whether consideration could be given to conducting an architectural design competition for the redeveloped KWH. Chief Manager (CP), HA responded that there was no such plan at this

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stage due to the time implications of a design competition on the completion of the redevelopment project.

Consultation

38. Mr CHEUNG Kwok-che considered that the Administration and HA should widely consult the public, in particular residents of KW cluster, as well as staff of KWH on the redevelopment of KWH. Prof Patrick LAU asked whether the YTM District Council was aware of the scale of the redevelopment project.

39. Director (CS), HA advised that HA had gauged the views of the YTM District Council and the staff of KWH during the planning stage of the proposed project. HCE(KWH&WTSH), HA supplemented that the existing redevelopment proposal, including, among others, the provision of integrated Chinese and Western medicine inpatient service, had taken into account the views of the staff of KWH collected by an overseas consultant engaged by HA.

Conclusion

40. In concluding the discussion, the Chairman said that members were supportive of the proposed redevelopment of KWH.

IV. Electronic health record sharing

[LC Paper Nos. CB(2)2279/11-12(05) and (06)]

41. SFH and Deputy Head (eHealth Record) ("DH(eHR)") briefed members on the outcome of the public consultation on the Legal, Privacy and Security Framework ("the Framework") for Electronic Health Record ("eHR") Sharing conducted between December 2011 and February 2012, details of which were set out in the Administration's paper (LC Paper No. CB(2)2279/11-12(05)).

Participation of patients in eHR

42. Noting that the proposed eHR Sharing System would provide an essential infrastructure for sharing of participating patients' health data in both the public and private sectors, Dr Joseph LEE sought clarification as to whether the sharing of patients' records would be subject to patients' consent.

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43. SFH responded that since it would be voluntary for patients to participate in eHR sharing, only those who had given express and informed consent would have their health data shared through the eHR Sharing System and accessed by authorized healthcare providers. Permanent Secretary for Food and Health (Health) ("PSFH(H)") supplemented that under the principle of voluntary participation, patients could withdraw from eHR sharing and revoke their consent at any time.

44. Noting that there were only 111 responses to the public consultation on the Framework, Dr Joseph LEE considered that the Administration should step up its efforts in promoting the objectives of eHR sharing and solicit public views again before drafting and introducing the eHR legislation. The Chairman concurred with Dr LEE's view. SFH advised that the Administration would strengthen the publicity and education work on eHR sharing before and after the introduction of the eHR legislation in order to enhance public understanding and acceptance of eHR sharing.

Patient access to eHR data

45. Mr CHAN Hak-kan expressed concern about the fee for patients' access to eHR data. He enquired whether consideration would be given to waiving the fee for the elderly and patients with chronic illness for accessing their own data. SFH advised that the fee for patients' access to eHR data would not be high as only a low administration cost would be incurred for the eHR Sharing System to generate copies.

46. While stressing the patients' right to access their medical records, Mr Albert HO was of the view that patients should be provided with a convenient means to access their eHR data under the eHR Sharing System. SFH assured members of the patients' right of access to eHR data. He however pointed out that there were concerns about the potential distress or misunderstanding caused to patients if they were allowed to make easy access to their medical data and to interpret their health data without the help and professional advice from healthcare providers. The initial thoughts were that eHR data would not be downloadable from the Internet or accessed via mobile phones by patients in the first stage of implementation of the eHR Sharing System.

Sharable scope and exclusion of sensitive health data

47. Pointing out that some sensitive patient data were not sharable in HA's clinical management system ("CMS"), Dr PAN Pey-chyou was of the view that the same arrangement should apply to the eHR Sharing System. Sensitive health data, such as the psychiatric history, mental conditions and

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patients' unfortunate experience like sexual abuse, should not be categorized as sharable data in the eHR Sharing System, in order to protect patients' privacy and maintain the mutual trust between doctors and patients.

48. Holding the view that the exclusion of certain sensitive health data might affect the quality of care provided to patients, Mr CHAN Hak-kan sought information on overseas experience on how to balance patients' privacy and access to comprehensive medical information of patients by healthcare professionals.

49. SFH reiterated that participation of patients in the eHR Sharing System was entirely voluntary, which would provide flexibility for the patients to control access to their health data. Moreover, only relevant healthcare professionals with consent obtained from patients could access records in the eHR Sharing System on a "need-to-know" basis and their access would be regulated to ensure compliance with the security requirements of the eHR Sharing System. As regards the sharable scope of data, the Administration considered it important to ensure the completeness and integrity of eHR data in order to ensure the quality of healthcare delivery. In view of the complexity and divergent views on the issue, SFH advised that the Administration would conduct further study on additional access control over sensitive data with reference to overseas experience.

50. The Chairman was of the view that in most circumstances, patients were willing to share all their health data, including sensitive data, with their doctors. However, in order to strengthen patients' confidence in the eHR Sharing System and encourage patients' participation in eHR sharing, consideration should be given to providing a "safe deposit box"-like feature in the system, i.e. a feature which allowed the separate storage of certain patient data with enhanced access control and healthcare providers would need special consent for opening the "safe deposit box" to access the data.

eHR Sharing System operating body

51. Noting that the eHR Sharing System would be run by an eHR Sharing System operating body ("eHR-OB"), Ms Cyd HO expressed grave concern about the governance of eHR-OB and the stakeholders to be invited to sit on its management board. She considered that eHR-OB should be established as a statutory authority placed under HA to leverage the system expertise of HA to provide support for the development of the eHR Sharing System and ensure the security of patients' health data.

52. PSFH(H) advised that as healthcare providers in both the public and private sectors would participate in the eHR Sharing System, eHR-OB

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would be set up and empowered with specific authority under the eHR legislation. It would also be tasked to implement the second phase of the development of the eHR Sharing System funded by the Government. PSFH(H) added that eHR-OB would be initially placed under the Food and Health Bureau. It would not be placed under HA but would leverage HA's expertise and experience to develop and improve the eHR Sharing System. Representatives from the healthcare sector and patient groups would be invited to participate in the institutional set up as appropriate.

53. Ms Cyd HO considered that a separate body placed under HA would be most suitable for governing the operation of the eHR Sharing System and enforcing the necessary safeguards for the data privacy of patients and system security. The Chairman however proposed an independent governing body having regard to his experience in respect of the security safeguards provided in HA's CMS.

54. In response to Dr Samson TAM's enquiry as to whether the development of the eHR Sharing System had incorporated the views of frontline doctors, in particular their comments on the shortcomings of HA's CMS, SFH replied in the positive, adding that user input was important for developing a user friendly system to address users' needs and meet user requirements.

Participation of private doctors

55. The Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.

56. Noting that some private doctors had reservations about eHR sharing due to the additional cost involved and a lack of technical skills, Mr Alan LEONG expressed concern about the participation of private doctors in eHR sharing. SFH advised that all private hospitals were in support of eHR sharing. To encourage the participation of private doctors, the Administration would bear the costs for developing the eHR Sharing System, including some free softwares, and provide the appropriate training and technical support to private doctors. The hardware costs to be borne by private doctors participating in eHR sharing should not be substantial.

57. Pointing out the need to maintain a complete set of medical records of patients by doctors, the Chairman considered that health data inputted by private doctors in their individual electronic medical/patient record ("eMR/ePR") systems should be automatically transferred to the central database of the eHR Sharing System. He sought details on the transfer

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process of data in individual eMR/ePR systems to the central eHR Sharing System.

58. Consultant (eHealth) advised that the eHR sharing platform was designed for interconnecting individual eMR/ePR systems installed by individual healthcare providers. With the consent of patients to the healthcare providers, health data in the local eMR/ePR systems falling within the eHR sharable scope would be uploaded to the centralized eHR data store.

59. Dr Samson TAM was concerned about the handling of a large volume of paper medical records in public hospitals. He enquired whether these paper records would be converted into electronic format and hence available in the eHR Sharing System.

60. SFH advised that the current paper medical records in the public hospitals would be retained and maintained. With the implementation of HA's CMS and the introduction of the eHR Sharing System, more patients' medical history would be kept in the electronic format, thereby reducing and replacing the paper records.

Way forward

61. Noting the legislative timetable of the eHR legislation, Mr Alan LEONG enquired whether the Administration would revert to the Panel on the drafting of the eHR legislation before introducing the bill to the Legislative Council ("LegCo") in 2013-2014. Ms Cyd HO asked a similar question.

62. SFH replied in the affirmative, adding that it was the usual practice of the Administration to consult the Panel on major and important legislative proposals before their introduction to LegCo. SFH further advised that the Administration would commence the drafting of the eHR legislation in 2012-2013 and plan to implement the first stage of the eHR Sharing System by the end of 2014.

V. Any other business

63. As the next term Government would take office in July 2012 and it would be the last Panel meeting attended by Dr York CHOW in the capacity of SFH, the Chairman, on behalf of the Panel, expressed gratitude for his dedication and contribution to the Hong Kong healthcare system. SFH also expressed his appreciation for members' support to the

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Administration's policy and legislative proposals for the continuous improvement and development of public healthcare services.

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

Council Business Division 2
Legislative Council Secretariat
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