立法會
Legislative Council

LC Paper No. CB(2)1406/12-13
(These minutes have been seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 18 February 2013, at 4:30 pm
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 Vincent FANG Kang, SBS, JP Hon WONG Ting-kwong, SBS, JP Hon CHAN Kin-por, BBS, JP Dr Hon Priscilla LEUNG Mei-fun, JP Hon CHEUNG Kwok-che Hon Mrs Regina IP LAU Suk-yee, GBS, JP Hon Albert CHAN Wai-yip Hon Charles Peter MOK Hon CHAN Han-pan Hon Alice MAK Mei-kuen, JP Dr Hon KWOK Ka-ki Dr Hon Fernando CHEUNG Chiu-hung Dr Hon Helena WONG Pik-wan Dr Hon Elizabeth QUAT, JP Hon POON Siu-ping, BBS, MH Dr Hon CHIANG Lai-wan, JP
Member attending	:	Hon KWOK Wai-keung
Public Officers attending	:	Items IV and V Professor Sophia CHAN, JP Secretary for Food and Health (Acting)

Item IV

Ms Angela LEE
Principal Assistant Secretary for Food and Health (Health)2

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

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

Dr William LO
Hospital Chief Executive
Kwai Chung Hospital

Mr Donald LI
Chief Manager (Capital Planning)
Hospital Authority

Dr K L CHUNG
Chief Manager (Integrated Care Programs)
Hospital Authority

Item V

Mr Davey CHUNG
Deputy Secretary for Food and Health (Health) 2

Dr Shirley LEUNG
Assistant Director of Health (Family and Elderly Health Services)

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

Ms Michelle LEE
Legislative Assistant (2) 5

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I. Confirmation of minutes
[LC Paper No. CB(2)623/12-13]

The minutes of the meeting held on 17 December 2012 were confirmed.

II. Information paper(s) issued since the last meeting

2. Members noted that no information paper had been issued since the last meeting.

III. Items for discussion at the next meeting
[LC Paper Nos. CB(2)626/12-13(01) and (02), CB(2)615/12-13(01) and CB(2)645/12-13(01)]

3. Members agreed to discuss the following items proposed by the Administration at the next regular meeting scheduled for 18 March 2013 at 4:30 pm -

(a) Development of Chinese medicine;

(b) Reprovisioning of Yaumatei Specialist Clinic at Queen Elizabeth Hospital; and

(c) Electronic health record ("eHR") sharing.

4. Expressing concern about the provision of the accident and emergency services of public hospitals to meet the surge in service demand during the Easter holiday when many private clinics would be closed, Mr CHAN Han-pan proposed to include the discussion of accident and emergency services of public hospitals in the March regular meeting. Members raised no objection.

5. Dr Joseph LEE sought clarification from the Administration on whether there was a pressing need to discuss the subject on eHR at the March meeting, and if not, whether the discussion could be postponed to a future meeting. Secretary for Food and Health (Acting) ("Atg SFH") responded that she would revert after the meeting.

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6. Noting members' views, the Chairman advised that subject to the Administration's response, the March regular meeting would be extended by one hour to 7:30 pm to allow sufficient time for discussion of four agenda items at the meeting. Members would be informed of the meeting arrangement in due course. Members agreed.

(*Post-meeting note:* The Administration has advised that it planned to seek Members' views on its proposal to extend two supernumerary directorate posts of the eHR Office in the Health Branch of the Food and Health Bureau at the March regular meeting of the Panel. On the instruction of the Chairman, the meeting has been extended for one hour to discuss all the four proposed items.)

7. The Chairman referred members to the letter dated 6 February 2013 from Hon Claudia MO on the import and sale of Chinese medicinal products containing ingredients from bear gall bladders in Hong Kong (LC Paper No. CB(2)615/12-13(01)) and the Administration's response dated 15 February 2013 (LC Paper No. CB(2)645/12-13(01)). He asked whether members considered it necessary for the Panel to follow up the subject. Members agreed that there was no need to discuss the subject at a Panel meeting.

IV. Ward renovation in Kwai Chung Hospital

[LC Paper No. CB(2)626/12-13(03)]

8. Atg SFH briefed members on the proposed ward renovation project of Kwai Chung Hospital ("KCH"), details of which were set out in the Administration's paper (LC Paper No. CB(2)626/12-13(03)).

Scope of the proposed renovation project

9. Dr KWOK Ka-ki expressed support for the proposed renovation project. Referring to a recent complaint raised by a group of patients and carers to the Public Complaints Office of the Legislative Council ("LegCo") in respect of the unacceptable bed space and hygiene conditions of the existing inpatient wards of KCH, he sought clarification as to whether these conditions would be improved after completion of the project. Mr POON Siu-ping remarked that as pointed out by the complainants, there was an imminent need for KCH to renovate the inpatient wards and clinical areas so as to ensure the safety of patients and facilitate effective service provision. Mr Vincent FANG declared interest as the Chairman of the Hospital Governing Committee of Kwai Chung & Princess Margaret Hospitals. Referring to the aforesaid complaint, he criticized the Administration for not redeveloping the dilapidated KCH at

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an earlier time which he had called for several years ago, and which had resulted in further deterioration of the physical conditions of KCH to an undesirable state with problems of concrete spalling and water leakage. Miss Alice MAK said that given its undesirable physical conditions, she could not see any reason for not supporting the proposed renovation of KCH. Citing a recent tragedy whereby the failure of visual checking above bed level of KCH to locate a left behind patient had resulted in the patient committing suicide in the inpatient ward as an example, she asked whether the renovation could bring immediate improvement to the undesirable physical conditions (such as lack of activity area and privacy due to undesirable space between beds) of the heavily-congested inpatient wards of KCH.

10. Hospital Chief Executive, KCH ("HCE, KCH") responded that the proposed renovation project would cover, among others, replacement of plumbing and drainage pipes in ward toilets, showers, sluice rooms and treatment rooms, as well as repairs and replacement of building services installations in nine inpatient wards in Blocks L/M and G/H; public areas at ward levels of Blocks L/M and G/H; and clinical areas of Service Block. It was expected that problems of water leakage and blockage of the drainage system in inpatient wards, ward toilets and public areas would be improved upon completion of the project. After the ward renovation, there would also be enough space between beds as well as space for storage of patients' personal belongings. In response to Dr KWOK Ka-ki's further enquiry as to whether opportunity would be taken to replace all squat toilets in inpatient wards with seated toilets, HCE, KCH advised that there was a need to maintain a certain number of squat toilets in inpatient wards to meet the need of some of the patients.

11. The Chairman sought clarification on whether the Administration had imposed a limit on the area per bed. Replying in the positive, Chief Manager (Capital Planning), HA ("CM(CP), HA") advised that the present space standard was 6.5 m^2 to 7.5 m^2 per bed. Citing the redevelopment of the Prince of Wales of Hospital whereby the significant increase in the space provision for common area (such as corridors and the open carpark) did not benefit the patients staying in inpatient wards as an example, the Chairman urged the Administration to review the standard. Atg SFH agreed to convey the views to relevant departments. CM(CP), HA advised that the space standard had been progressively improved over the years. That said, HA would discuss with the Administration to explore whether there could be an increase in the floor area per bed under each individual public works project for public hospitals.

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Project implementation

12. Dr KWOK Ka-ki sought clarification as to whether there would be a temporary reduction in the number of beds during the entire renovation period, hence forcing some patients to be discharged from the hospital. Mr CHAN Kin-por also expressed concern about whether there would be a reduction in the number of inpatient and outpatient attendance quota during the renovation. While supporting the proposed renovation project, Mr CHAN Han-pan was concerned about how HA could ensure that existing services would not be disrupted throughout the project period.

13. Atg SFH responded that there was no cause for such concern, as the wards would be renovated in phases, with each phase covering two wards. The first pair of renovated wards was expected to be available for use in October 2013. HCE, KCH assured members that the discharge of patients would be based on the clinical conditions of individual patients and whether there was adequate support for the patients in the community. At present, KCH had 920 beds. Its number of inpatient discharges remained steady at about 3 000 in the past three years, with 3 600-odd cases in 2011-2012. The number of its specialist outpatient attendances was around 200 000 in 2011-2012. It was expected that the demand for both inpatient and outpatient services would more or less remain the same during the entire renovation period. While the renovation works of KCH might affect some of its clinical services (such as day hospital services), inpatient and specialist outpatient services would be maintained at all times. Patients being affected by the phased renovation works would be temporarily transferred to the other premises within KCH. Any inconvenience caused to the patients, their carers and visitors, if unavoidable, would also be kept to a minimum.

14. Mr CHAN Han-pan expressed concern about whether KCH, which was built more than 30 years ago, contained asbestos-containing materials, as the safe removal of these materials would require the implementation of a number of precautionary measures. CM(CP), HA advised that no asbestos-containing materials had so far been found in KCH.

15. Dr Joseph LEE declared interest as member of the Hospital Governing Committee of Kwai Chung & Princess Margaret Hospitals. While welcoming the project, he was concerned about whether the estimated cost of $48 million would be sufficient to cover the cost of the works. CM(CP), HA advised that subject to members' support of the proposed works, HA planned to invite tenders in March 2013. It would take into account the final bid results in finalizing the cost estimate before submitting the proposal to the Finance Committee of LegCo. Tender would only be awarded after obtaining the funding approval of the Finance

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Committee. In response to Mr Albert CHAN's enquiry about the reason why the required funding was not included in the annual provision to HA, Atg SFH explained that any funding proposal exceeding $30 million had to be approved by the Finance Committee.

Redevelopment of KCH

16. Dr Joseph LEE noted that apart from the proposal of renovating in phases inpatient wards and clinical areas of KCH which were in the worst condition for use, the Administration planned to redevelop KCH in mid-2015 for completion in early 2023. He asked whether there would be an increase in the number of beds of KCH after redevelopment.

17. Atg SFH responded that the redevelopment of KCH was aimed at enhancing the hospital's capacity to provide quality services in line with the international trend of increasingly focusing on community and ambulatory services in treating mental illness. While there would be an increase in the number of beds, the focus would be on enhancing community support for mental patients. Director (Cluster Services), HA ("D(CS), HA") supplemented that the ward renovation, together with the redevelopment, of KCH would be part of the modernization of mental health services in Hong Kong for the next 20 years. To cope with future service needs, tens of beds would be added in the redeveloped KCH. More resources would also be allocated to strengthen the community mental health services, say, through extending the Case Management Programme which provided intensive, continuous and personalized support to patients with severe mental illness to 18 districts and providing services to meet the specific needs of adults, children and adolescents, and elderly.

18. Noting that the redevelopment of KCH was tentatively scheduled to commence six months after the completion of the renovation project in December 2014, Mr POON Siu-ping enquired whether the proposed redevelopment project involved demolition of Blocks L/M and G/H where the main renovation works would be carried out. HCE, KCH advised that the proposed KCH redevelopment project comprised phased demolition of the existing hospital buildings for construction of a new hospital campus. Given that Blocks L/M would be demolished in the last phase of the project, the renovated wards located therein would therefore be used for seven to eight years. The renovated wards would also be used to accommodate the affected services and facilities during the redevelopment.

19. Mr Vincent FANG asked whether HA would use the area of the existing car park of KCH for the construction of a new hospital building so that services currently provided at the to-be-demolished blocks could be decanted to the new building upon its completion. Pointing out the

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difficulty to avoid disruption of patient services during the redevelopment which had to take about eight years to complete, he opined that it would not be surprising if there was a rise in complaint cases during the project period.

20. HCE, KCH responded that the proposed KCH redevelopment project was considered feasible as it would be carried out in phases. In the early phase, additional space would be created for the accommodation of the affected clinical support services. The hospital blocks where the inpatient wards were located would continuously provide services for patients until the last phase of redevelopment. Before demolition of these blocks, the inpatient wards would temporarily be decanted to other premises of KCH and subsequently reprovisioned in the new blocks upon their construction. The principle was that no inpatient wards should be subject to double decanting in order to keep the disruption to inpatient services to a minimum. This notwithstanding, a reduction in the available space for public area was unavoidable during the project period. Consideration would be given to providing more therapeutic areas in the inpatient wards.

21. Pointing out the international trend of adopting a pleasant and non-institutional design for psychiatric hospitals, Mr Albert CHAN doubted whether the environment of KCH was suitable for providing care for mental patients. He sought information about the effectiveness of the services provided by KCH, such as the relapse rate of its patients. He also considered it more appropriate to relocate KCH to another site instead of redeveloping it, with the existing buildings in KCH be retained for other services.

22. HCE, KCH responded that the mental health services provided by HA currently focused on, among others, both psychiatric inpatient care and community support for mental patients. KCH was established in 1981 when the principles and models of care focused mainly on hospital based services. While its space provisions lagged behind present-day standards for patient privacy and quality care, there was limited room for improvement due to the physical constraints of the buildings. That said, the service indicators of KCH, such as the number of inpatient bed-days and the recovery rate of patients, was comparable to that of other psychiatric hospitals of HA. Mr Albert CHAN urged HA to incorporate greening features in the new hospital campus of KCH for more effective treatment and recovery of patients.

23. Mr CHAN Kin-por sought elaboration on how the proposed redevelopment of KCH could facilitate its adoption of modern delivery of psychiatric care to meet the future demand for psychiatric services in the Kowloon West cluster. HCE, KCH advised that ambulatory psychiatric services of KCH were currently delivered in the vacated wards of the hospital. However, the space requirement for ambulatory psychiatric

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services was different from that for psychiatric inpatient care. In addition, the original hospital design of the 1980s, which emphasized on institutional custody of patients with mental illness, had limited provisions for outdoor activity space. Hence, the existing building structures and internal layouts of KCH could not accommodate the modernization in the service delivery model.

Conclusion

24. In closing, the Chairman said that members of the Panel were in support of the proposed ward renovation of KCH.

V. Elderly Health Assessment Pilot Programme

[LC Paper Nos. CB(2)626/12-13(04) and (05)]

25. Atg SFH and Assistant Director of Health (Family and Elderly Health Services) ("ADH(F&EHS)") briefed members on the Elderly Health Assessment Pilot Programme ("the Pilot Programme"), details of which were set out in the Administration's paper (LC Paper No. CB(2)626/12-13(04)).

26. Members noted the information note entitled "Elderly Health Assessment Pilot Programme" (LC Paper No. CB(2)626/12-13(05)) prepared by the LegCo Secretariat.

Justifications for launching the Pilot Programme

27. While expressing support for the Pilot Programme, Dr Joseph LEE sought clarification on the difference between the services to be provided by the non-governmental organizations ("NGOs") under the Pilot Programme and those provided by the Elderly Health Centres ("EHCs") under the Department of Health ("DH"). Dr Fernando CHEUNG opined that in his view, the only difference between the Pilot Programme and EHCs was the service providers. Given that EHCs had been operated for more than a decade to provide comprehensive primary healthcare services for elderly persons, he queried the need to launch a separate programme on a trial basis to provide services which were more or less the same as those of EHCs.

28. Atg SFH said that the scope of both the Pilot Programme and EHCs covered health assessment, one to two follow-up consultations for each participant and health education. It should however be noted that the design of the Pilot Programme, in particular its baseline health assessment component, was based on the Hong Kong Reference Framework for

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Preventive Care for Older Adults in Primary Care Settings ("the Reference Framework") which was developed in accordance with the primary care development strategy promulgated by the Administration in December 2010. As part of the strategy, primary care conceptual models and reference frameworks for specific chronic diseases (including diabetes and hypertension) and population groups (such as children and older adults) had been devised. Under the Pilot Programme, the selected NGOs were required to provide the health assessment and follow-up consultation services based on a protocol developed in accordance with the relevant Reference Framework.

29. Dr Joseph LEE sought explanation on why the protocol-based health assessment could not be piloted by EHCs through providing the required financial resources and manpower to EHCs.

30. Atg SFH advised that the Administration currently did not have any plan to expand or reduce the scope of services of EHCs. It should also be noted that elderly persons who had enrolled in EHCs were not eligible to participate in the Pilot Programme. Subsidizing elderly persons to receive protocol-based health assessment and follow-up consultations provided by NGOs under the Pilot Programme would widen the choice of preventive care for elderly persons and promote the use of community-based private primary care services, having regard to the fact that these NGOs were already operating medical clinic(s) with provision of health assessment or other healthcare services for elderly persons. Where appropriate, the participating elderly persons could make use of their Elderly Health Care Vouchers ("the Vouchers") to meet the co-payment of $100 and the cost of any additional investigation items or follow-up consultations. Dr Joseph LEE remarked that the monitoring of the selected NGOs on the provision of similar services to two groups of elderly persons (i.e. existing attendances at their medical clinics and service users of the Pilot Programme) was an area which merited attention. Miss Alice MAK remarked that many elderly persons would prefer to save the Vouchers for the management of acute episodic conditions instead of preventive care. She urged the Administration to strengthen its promotional efforts in the importance of preventive care. Atg SFH responded that the participating NGOs would be required to promote the Pilot Programme to potential service users. In addition, it was expected that the Pilot Programme could help raise awareness of elderly persons of the importance of preventive care through health promotion sessions as part of the health assessment package. Such sessions aimed at empowering elderly persons to manage their health risk or problems identified through the baseline health assessment for better health promotion and disease prevention.

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31. In response to Dr Joseph LEE's enquiry on whether EHCs would also adopt the Reference Framework in the future, ADH(F&EHS) advised that with the promulgation of the Reference Framework in December 2012, DH planned to review the services provided by EHCs in due course. It was also worthy to note that EHCs' existing services, which were evidence-based, were more or less the same as those to be provided under the Pilot Programme.

32. Mr WONG Ting-kwong expressed support for the Pilot Programme which, in his view, could meet the elderly persons' need for health assessment services. He considered that proper monitoring of the services provided by the selected NGOs would be a key factor for the successful implementation of the Pilot Programme. Mr Albert HO said that while he had long called for strengthening the primary care services, in particular preventive care, and increasing resources for elderly healthcare, he did not see the justification for introducing the Pilot Programme. That said, he did not oppose the launch of the Pilot Programme. Dr Joseph LEE said that judging from the information provided by the Administration so far, he cautioned that it would be a waste of public money to launch the Pilot Programme as its objectives were unclear. Dr KWOK Ka-ki expressed a similar view, adding that while he could not see any reason for not supporting the Pilot Programme, he doubted whether those elderly persons most in need, such as low income elderly singletons, would benefit from the Pilot Programme in the absence of a clear definition on the eligibility criteria for receiving the services. Pointing out that there were thousands of elderly people waiting to be enrolled at EHCs and the longest average waiting time was 43.5 months at Lek Yuen EHC, he was of the view that resources should instead be allocated to strengthen the existing primary healthcare services provided by EHCs.

33. Atg SFH advised that there was no cause for such concern, as the selected NGOs would be required to keep record of each participating elderly person and provide regularly progress reports on a list of pre-determined indicators to facilitate programme monitoring and evaluation by DH. It was expected that with a greater emphasis on promoting community-based preventive care under the Pilot Programme, the overall burden on society caused by common diseases especially chronic diseases, as well as the utilization of secondary and tertiary levels of healthcare (such as specialist consultations, hospitalization, rehabilitation and long-term institutionalization) would be reduced. ADH(F&EHS) supplemented that there were some 10 000 elderly persons waiting to be enrolled at EHCs and the average waiting time was about 12 months. To narrow the gap in waiting time among different EHCs, each EHC would provide information on those EHCs with shorter waiting time for enrolment. Elderly persons could choose to apply for membership at those EHCs. In addition, elderly

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persons on the waiting list would be provided with information on those medical clinics operated by NGOs in their neighbourhood which also provided health assessment services. Dr Joseph LEE and Dr KWOK Ka-ki cast doubt on whether the Pilot Programme could shorten the waiting time for the services at EHCs. While maintaining the view that more resources should be allocated to EHCs to meet the needs of elderly persons on the waiting list, Mr Albert HO asked whether the Pilot Programme would be a fast track option which allowed elderly persons aged 70 or above to undergo subsidized health assessment immediately, instead of waiting for more than a year at EHCs. Atg SFH replied in the positive.

34. Dr Fernando CHEUNG said that while he did not oppose the Pilot Programme, he considered the justification for its introduction weak, as the Administration had failed to make use of the years of experience gained from EHCs in relation to the promotion of preventive care for elderly persons. He asked whether the Administration had studied the cost-effectiveness of the services of EHCs in encouraging primary care and lowering the utilization of secondary and tertiary levels of healthcare, so as to ensure that the finite resources earmarked for the Pilot Programme and EHCs would truly benefit those elderly persons most in need of the services. ADH(F&EHS) advised that DH had conducted a longitudinal study of some 20 000 enrolees of EHCs from 2001 to 2003. The findings of the study revealed that the health conditions of the enrolees had improved through the early identification of the risk factors such as overweight, smoking and physical inactivity.

Participating NGOs

35. Noting that DH would only invite those bona fide non-profit-making NGOs which were exempt from tax under section 88 of the Inland Revenue Ordinance (Cap. 112) and currently operating medical clinic(s) with provision of health assessment or other healthcare services for elderly persons to take part in the Pilot Programme, Dr Joseph LEE sought information about the expected number of eligible NGOs. ADH(F&EHS) advised that it was anticipated that more than 10 NGOs could meet the requirements of the Pilot Programme.

36. In response to Mr WONG Ting-kwong's enquiry about the selection of NGOs for participation in the Pilot Programme, ADH(F&EHS) advised that apart from meeting the aforesaid two mandatory requirements, the assessment panel would assess the proposals from the interested NGOs on their track record as a charitable organization and in the provision of medical services, as well as their capacity and preparedness in meeting the Pilot Programme's service standards and requirements. These included, among others, the provision of suitable facilities and equipment for the

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delivery of services, the respective experience and qualification of the Clinical Advisor who would oversee the operation of the Pilot Programme and the healthcare professionals engaged to provide services to the service users, capability of the laboratories engaged for delivering the laboratory test services, and the quality assurance mechanism.

Coverage and eligibility for receiving services under the Pilot Programme

37. Pointing out that there were some 680 000 elderly persons aged 70 years or above in Hong Kong, Dr Fernando CHEUNG considered that the coverage of the Pilot Programme, which was targeted at serving about 10 000 elderly persons aged 70 years or above over the two-year pilot period, was too small. The Chairman remarked that the resources allocated by the Government for DH to promote preventive care were so minimal as compared to the some $40 billion annual subvention from the Government to HA. Mr KWOK Wai-keung opined that all elderly persons aged 70 years or above should be eligible for receiving subsidized health assessment services in the longer term. He called on the Administration to ensure that the Pilot Programme could benefit the hidden and singleton elderly, as well as those elderly persons who had not undergone any health assessment, so as to make the best use of the additional resources. Atg SFH responded that one of the reasons for engaging NGOs to provide the health assessment services was that they had already built up a community network and provided outreaching services for elderly persons in the community.

38. Miss Alice MAK noted that at present, elderly persons aged 65 years and above could be enrolled in EHCs. She considered that the eligible age for participating in the Pilot Programme should also be lowered from 70 to 65 years, as the early identification of the health problems and risk profile of an elderly person could facilitate the provision of early intervention to prevent diseases. Mr WONG Ting-kwong shared a similar view. Mr Albert HO considered that it would be best if the eligible age could be further lowered to 60 to meet the preventive care needs of elderly persons. Citing the examples that it was recommended that adults should undergo annual faecal occult blood test from age 50, and persons aged 70 years or above who were diagnosed to have renal failure through the renal function test would not be accorded a high priority for kidney transplantation, the Chairman considered it unreasonable to set the eligible age for receiving subsidized health assessment at 70 years or above. Atg SFH advised that the Administration would take into account members' views in reviewing the Pilot Programme.

39. Pointing out that providing subsidized health assessment for the formulation of a personalized preventive care plan was of no use to elderly

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persons already suffering from chronic diseases, Dr Joseph LEE sought clarification on the criteria for selecting elderly persons to participate in the Pilot Programme. Dr KWOK Ka-ki was concerned that while EHCs were accessible to the whole elderly population, access to the facilities of and services provided by NGOs was in most cases restricted to their members. Mr Albert HO expressed concern that in case the number of applications exceeded the service quota allocated by the Administration to the selected NGOs, whether elderly persons with higher risk factors would be accorded a higher service priority. Mr CHAN Han-pan said that while he could not see any reason for not supporting the Pilot Programme, he was concerned about the criteria for allocating the service places. Dr Fernando CHEUNG raised a similar question.

40. ADH(F&EHS) advised that the initial thought for the allocation of the service places under the Pilot Programme was on a first-come-first-served basis. In response to the Chairman's enquiry on whether the participating NGOs would have a complete discretion as to whether to accept an application, Atg SFH clarified that details in this regard had yet been finalized. As a next step, the Administration would invite local NGOs to submit applications for participation in the Pilot Programme. The applicants had to provide, along with their applications, a detailed operation proposal covering, among others, the overall strategy in providing services under the Pilot Programme and how the places be allocated to service users in an open and fair manner. The Administration would assess the proposals submitted and discuss with the selected NGOs on the criteria for allocating the service places.

Level of subsidy

41. Mr KWOK Wai-keung asked whether consideration could be given to scraping the requirement that each elderly person participating in the Pilot Programme had to make a co-payment of $100. Atg SFH advised that the unit cost of the service would be $1,300. This would be met by a subvention of $1,200 per service user from the Government to the selected NGOs, plus a co-payment of $100 from each service user to the selected NGOs.

42. In response to Dr Fernando CHEUNG's enquiry about the average cost of each attendance at EHCs, ADH(F&EHS) advised that the average cost for each attendance at EHCs was $1,090 in 2011-2012. Dr Fernando CHEUNG sought explanation on why the services of the Pilot Programme had to entail a higher unit cost of $1,300. ADH(F&EHS) advised that the unit costs of EHCs and the Pilot Programme were not directly comparable. This notwithstanding, it should be noted that many

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attendances at EHCs were renewed members who were relatively healthy, and hence, they had a smaller demand for follow-up services.

43. Mr Albert HO sought clarification on whether the services provided under the Pilot Programme would be more comprehensive than those of EHCs. Atg SFH advised that the subvention to the selected NGOs would cover the provision of a baseline health assessment and one to two follow-up consultations, and the delivery of health promotion sessions to the service users. Regarding the follow-up consultations, the first consultation was mandatory and had to be conducted within two months after the baseline health assessment for a discussion with the service user of the findings of the assessment and the preventive care plan so formulated. Subject to the clinical indications based on the assessment results, a second consultation should be conducted within four months after the first consultation to follow up the identified health problems.

44. Pointing out that some service users might require additional follow-up consultations, Mr WONG Ting-kwong asked whether the NGOs concerned would be required to provide further consultations and/or make appropriate referral if deemed necessary. Atg SFH replied in the positive. Dr KWOK Ka-ki remarked that it was important to institute prompt clinical management once a chronic disease or functional disability was suspected. However, unless the service users chose to receive treatment at the medical clinics operated by the NGOs concerned, the Pilot Programme could not provide a continuum of care as patients currently had to wait for a long time before they could receive consultations at public specialist outpatient clinics. The cost of treatment (including medication) of the medical clinics operated by NGOs was however much higher than that of the public sector. Mr Albert HO expressed a similar concern. Atg SFH advised that the costs for the medication prescribed by the selected NGOs in the follow-up consultations would not be covered by the subvention. Where appropriate, elderly persons could make use of their Vouchers to meet the cost of additional follow-up consultations.

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

Evaluation

46. Miss Alice MAK said that while the Hong Kong Federation of Trade Unions could not see any reason for not supporting the Pilot Programme, she was concerned about how it could facilitate the mapping out of the future direction for promoting the greater use of private primary care services, in particular preventive care, by elderly persons at the community

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level. Atg SFH advised that the Administration would evaluate the Pilot Programme in several areas: application of the Reference Framework; detecting previously unidentified health risks or problems; promoting the use of community-based, personalized preventive care; and strengthening the role of family doctors in providing continuous personalized care for elderly persons, including health advice and counselling. Upon completion of the Pilot Programme, the Administration would consider carefully whether it should continue to provide subsidy for elderly persons to undertake health assessment and if so, the scope and modus operandi.

47. Holding the view that it was unnecessary to wait for the completion of the Pilot Programme to map out the options on the way forward, Mr KWOK Wai-keung urged the Administration to plan ahead on how to take forward the Pilot Programme. In response to Mr KWOK's enquiry on whether the Administration could revert to the Panel one year after the launch of the Pilot Programme on review of its effectiveness, Atg SFH advised that the Administration would be willing to do so if members so requested.

VI. Date of next meeting

48. The Chairman reminded members that a special meeting of the Panel had been scheduled for 25 February 2013 to receive views from deputations on "Mental health policy and service programmes".

49. There being no other business, the meeting ended at 6:46 pm.

Council Business Division 2
Legislative Council Secretariat
18 June 2013