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Panel on Health Services

Minutes of meeting
held on Monday, 15 April 2013, at 4:30 pm
in Conference Room 2 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 III and IV Dr KO Wing-man, BBS, 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, JP
Director (Cluster Services)
Hospital Authority

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

Dr Lily CHIU
Consultant (Centres of Excellence)
Hospital Authority

Dr LI Chi-kong
Chief of Service (Paediatrics)
Prince of Wales Hospital

Dr Libby LEE
Chief Manager (Strategy, Service Planning & Knowledge Management)
Hospital Authority

Mr Donald LI
Chief Manager (Capital Planning)
Hospital Authority

Mr CHAN Wing-tak
Chief Project Manager 202
Architectural Services Department

Item IV

Dr Cindy LAI, JP
Deputy Director of Health

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

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. Information paper(s) issued since the last meeting

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

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)927/12-13(01) and (02)]

2. Members agreed to discuss the following items at the next regular meeting scheduled for 20 May 2013 at 4:30 pm -

(a) Regulation of healthcare intermediary service; and

(b) Commissioning of the North Lantau Hospital, phase 1.

Regarding item (a), the Chairman advised that it was agreed at the Panel meeting on 18 March 2013 that relevant stakeholders would be invited to give views on the subject.

III. Development of a Centre of Excellence in Paediatrics

[LC Paper Nos. CB(2)927/12-13(03) and (04)]

3. Secretary for Food and Health ("SFH") briefed members on the development of the Centre of Excellence in Paediatrics ("CEP"), details of which were set out in the Administration's paper (LC Paper No. CB(2)927/12-13(03)).

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4. Members noted the background brief entitled "Development of a Centre of Excellence in Paediatrics" (LC Paper No. CB(2)927/12-13(04)) prepared by the Legislative Council ("LegCo") Secretariat.

Proposed model of clinical care

5. While expressing support for the establishment of CEP, Dr Joseph LEE noted with concern that with its establishment, paediatric services in public hospitals would be re-organized into a hub-and-spoke model with particular emphasis on partnership between CEP and other public hospitals with paediatric departments. CEP was proposed to serve as a tertiary territory-wide referral centre for diagnosing and treatment of complex cases requiring multidisciplinary management or surgical intervention in addition to secondary care, while other public hospitals with paediatric departments would continue to provide acute paediatric services, secondary care services and community care in their respective communities. He urged the Administration to ensure that such re-organization would not result in duplication of resources. Noting that CEP would provide inpatient and day-patient services with 468 beds, Dr KWOK Ka-ki enquired whether there would be a reduction of beds and resources in other public hospitals providing paediatric services as well as those hospitals under the Kowloon Central cluster ("KCC") which CEP belonged to. He considered that if this was the case, it was questionable whether the proposed model of clinical care for paediatric services could be achieved given the existence of fiefdoms among hospitals.

6. Dr Fernando CHEUNG expressed concern that other public hospitals with paediatric departments might be reluctant to refer complex cases to CEP as this might affect their future allocation of manpower and financial resources from the Hospital Authority ("HA"). Mr CHEUNG Kwok-che raised a similar concern, adding that the arrangement might not be feasible unless it would be made mandatory for other public hospitals to refer complex tertiary cases under their management to CEP. Dr Fernando CHEUNG noted that CEP would also cater for children under the care of medical practitioners and institutions outside the public healthcare system. Holding the view that collaboration between specialists inside and outside HA was currently limited, he cast doubt on whether the private sector would be willing to refer complex cases under their management to CEP. Expressing support for the proposed CEP project, Mr CHAN Han-pan raised another concern that private hospitals might transfer all complex cases to CEP, as of the present case of newborns requiring intensive care, thus causing tremendous pressure on CEP's capacity. He sought elaboration about the referral mechanism.

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7. SFH advised that there was wide consensus in the local paediatrician community, as well as among other specialties involved in tertiary paediatric care, that there were merits of concentrating the caseload of complex illnesses in a centralized facility in ensuring the quality of care. It was against this background that the Government decided to take forward the development of CEP to further enhance the quality of paediatric services in Hong Kong. It was believed that the passion and commitment of the paediatrician community would provide the required basis for the development of a centre of excellence to be taken forward pragmatically. In the meantime, HA would work closely with the paediatrician community in the academic, private and public sectors in finalizing the detailed service reorganization plan for HA's paediatric services. In the process, the Administration would attach great importance to ensuring that there was no duplication of resources in the provision of paediatric services in HA. Referral guidelines, common clinical protocols and practical shared care models would also be developed prior to the commencement of services of CEP to ensure that referral and admission to all services at CEP would be based on clinical criteria and protocols. In addition, a mechanism would be put in place to involve the medical professionals of the referring hospitals in the care of the patients concerned.

8. Director (Cluster Services), HA ("D(CS), HA") supplemented that HA's existing tertiary specialized beds on paediatric oncology, cardiology and nephrology would be trans-located to CEP. Most paediatric surgery would also be centralized to be performed at CEP. This arrangement could improve clinical outcome through pooling of expertise and state-of-the-art facilities. It should also be noted that there was no requirement for the medical professionals of the referring hospitals to withdraw from the patients' care after referring the cases to CEP. An integrated service network would instead be formed for CEP and other public hospitals with paediatric departments to work together to provide patients with the appropriate level of care at different stages of their disease. A case in point was that regional hospitals with paediatric departments would provide step-down care for patients returned from CEP with support from specialists of CEP under the shared care protocols.

9. Expressing support for the establishment of CEP, Mr POON Siu-ping sought clarification on what would constitute a complex case for diagnosis and management of CEP. SFH advised that CEP would provide a comprehensive range of paediatric and paediatric-related specialty and subspecialty services, focusing on tertiary cases requiring highly specialized care and multidisciplinary inputs, such as paediatric oncology. Other public hospitals with paediatric departments would continue to provide those services with high volume of secondary

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cases, such as respiratory cases. Chief of Service (Paediatrics), HA ("CS(P), HA") supplemented that after thorough discussions among experts of HA in paediatric-related specialties and subspecialties in the past few years, a general framework on the types of cases to be referred to CEP and those to be managed by regional hospitals had been formulated, with details to be worked out. Citing a case of the Prince of Wales Hospital whereby an operation involving a paediatric patient with liver cancer required co-operation between a paediatric surgeon and a hepatology surgeon having adult practice as an example, the Chairman was concerned about whether CEP could provide the same level of support as that of an acute general hospital. CS(P), HA responded that there was no cause for such concern, as there could be co-operation among surgeons across hospital boundaries.

10. Mr Albert HO enquired about the rationale for setting the eligible age for receiving services to be provided by CEP at the level of under the age of 18. In his view, adolescents between the age of 15 and 18 were close to adulthood patients. CS(P), HA advised that assessing from both physical and psychological perspectives, the age of 18 was adopted internationally as the upper age limit for paediatric population. In HA, either the age of 12 and 15 was presently adopted as the upper age limit for admitting to paediatric intensive care unit ("PICU") of individual hospitals because of inadequacy of hospital beds. The target of HA was to raise the upper age limit for admission to PICU to the age of 18 when resources were available.

11. Dr Joseph LEE asked whether CEP, as a public hospital within the HA system, would provide private services. D(CS), HA replied in the positive, pointing out that HA had been providing private services as a means for the public to access specialized expertise and facilities in the public medical sector which were not generally available in the private sector. Under the current plan, CEP would have about 30 private beds. In response to Mr POON Siu-ping's enquiry on whether the highly subsidized public services and private services of CEP would be of the same standard and quality, SFH replied in the affirmative, pointing out that a main difference between the two services was choices over doctors and amenities.

12. In response to the enquiry of the Chairman about whether private patients of CEP could invite external specialists and experts, local and overseas, to engage in the treatment, D(CS), HA advised that HA was open-minded about the arrangement, adding that at present, outside doctors could also be engaged as HA part-time staff to provide clinical services at public hospitals.

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13. Mr CHAN Han-pan enquired about the charges of CEP for those complex cases referred by the private healthcare sector. D(CS), HA advised that same as other public hospitals, the charges of CEP would follow the prevailing gazetted rates for public healthcare services and the range of charges for various items of medical services for private patients, irrespective of whether the patients were referred to it by the public or private healthcare sector.

14. In response to Mr CHEUNG Kwok-che's enquiry as to whether CEP would promote treatment with integrated Chinese and Western medicine, SFH advised that while he was open-minded about the issue, the focus of CEP at its initial stage of operation would be on its interface with existing paediatrics services in HA.

Medical research and professional training

15. Noting that training and research would also be a component of CEP to promote and advance research in relation to paediatrics, Dr Joseph LEE sought clarification on the role of the two teaching hospitals, namely the Queen Mary Hospital and the Prince of Wales Hospital, in this regard. D(CS), HA assured members that CEP would collaborate closely with the teaching hospitals to train paediatric specialists and to conduct various research on subjects related to child health.

16. The Chairman asked whether there would be any additional funding from HA for medical research. D(CS), HA responded that the Health and Medical Research Fund under the Food and Health Bureau ("FHB") would provide funding for health and medical research activities, research infrastructure and research capacity building in Hong Kong. Medical research, teaching and training facilities would be provided at CEP to provide specific support for pursuing basic and translational research in paediatrics as well as teaching and research activities. These facilities included clinical research centre, simulation skill laboratory, lecture theatre, meeting and conference facilities.

Governance and funding

17. Dr Fernando CHEUNG was of the view that given the fiefdoms and competition among the public hospitals on financial and manpower resources, the putting of CEP under the management of HA was not conducive to its operation. Citing the renowned children's hospitals in Boston, Philadelphia and Toronto as examples, Dr KWOK Ka-ki opined that it was rare for such facility be managed under the public healthcare system. Dr Fernando CHEUNG considered that the governing committee

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of CEP should include representatives from the private healthcare sector, as well as representatives of patient groups representing childhood patients and their parents.

18. Permanent Secretary for Food and Health (Health) ("PSFH(H)") advised that it was necessary to position CEP as a public hospital within the HA system in order to facilitate the implementation of the referral mechanism and address other operational issues such as the purchase of drugs. The formation of a hospital governing committee, which would comprise, among others, community leaders, clinician leaders in the private sector, academics and representatives of non-governmental organizations, could help achieve the independence of CEP.

19. The Chairman enquired about the rationale for placing CEP under KCC and whether financial resources for CEP would have to be determined and allocated by KCC. D(CS), HA explained that while CEP would serve as a tertiary territory-wide referral centre, it would be located close to an acute general hospital planned to be established at the Kai Tak Development for operation support. The general hospital would provide services for residents in the Kowloon City and Wong Tai Sin districts, which were currently the catchment area of KCC. The initial thought was that CEP would obtain management and administrative support from KCC. However, financial resources for CEP might be allocated independently from the current cluster arrangement.

20. In response to Dr KWOK Ka-ki's enquiry about the estimated recurrent expenditure for CEP operation, SFH advised that the mode of funding and the recurrent expenditure would be worked out after HA had finished its detailed service re-organization plan for paediatrics services and facilities. D(CS), HA supplemented that the target was to commence services at CEP by phases starting from mid 2018. With the trans-location of some of the existing facilities of public hospitals with paediatric departments to CEP, part of the latter's recurrent expenditure would be met by the current resources allocated to the existing public hospitals providing paediatric services. The preliminary estimation was that an additional recurrent funding of less than $1 billion might be required to support the operation of CEP upon its full commissioning.

21. Miss Alice MAK enquired about whether would be any community participation for CEP's funding arrangement. D(CS), HA responded that HA welcomed donation from the community.

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Manpower requirements

22. Noting that public hospitals currently had a shortage of healthcare manpower, Mr POON Siu-ping asked whether there would be sufficient manpower to support the operation of CEP. Dr Joseph LEE raised a similar question, and was particularly concerned about the manpower for its neonatal intensive care unit. Dr Elizabeth QUAT sought information about the existing medical manpower provision for the paediatrics specialty, as well as the manpower requirement for CEP.

23. Admitting that the speciality of paediatrics was falling short of medical manpower, SFH advised that efforts had been and would continuously be made by HA to retain and attract talents through various measures, such as employing part-time doctors, allocating more Resident Trainee positions to pressure areas (e.g. the speciality of paediatrics) and recruiting non-local doctors under limited registration to supplement local recruitment drive. The Administration was in discussion with the Medical Council of Hong Kong ("MCHK") to explore the feasibility of increasing the number of its Licensing Examination from once to twice a year, with a view to facilitating those overseas-trained Hong Kong residents to return to practice in Hong Kong. The manpower shortage problem was expected to improve when the number of local medical school graduates started to go up in the future. It should also be noted that with the trans-location of some paediatric facilities in existing public hospitals with paediatric departments to CEP, part of the associated manpower would be deployed to CEP.

24. SFH added that the Government had set up the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development ("the Steering Committee") to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong. To assist the work of the Steering Committee in this regard, the School of Public Health of the University of Hong Kong ("HKU") was commissioned to develop a generic model for projecting the healthcare manpower in Hong Kong taking into account all known and potential factors and considerations. The Steering Committee would assess manpower needs in healthcare disciplines under statutory regulation and formulate recommendations on how to cope with anticipated demand for healthcare manpower having regard to the findings.

Demand for tertiary paediatric services

25. Dr Joseph LEE sought information about the present proportion of complex paediatric cases in the public healthcare sector to justify the need

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for the establishment of CEP. Pointing out that there was a decreasing trend in the birth rate of Hong Kong, Miss Alice MAK expressed support for the establishment of CEP to have all tertiary complex cases be concentrated in the centre, so as to provide adequate caseloads to maintain clinical expertise and ensure quality of care. She enquired whether there would be sufficient caseloads for CEP. CS(P), HA advised that CEP would be tasked to manage highly complex cases for tertiary care. At present, the caseload of childhood cancer, which required multidisciplinary management, was about 200 new cases each year. The number of complicated paediatric surgical cases performed in public hospitals was about 5 000 each year. This included, among others, 300-odd paediatric cardiac surgeries for the treatment of congenital heart diseases.

26. Given the large number of children born locally to Mainland parents in recent years, Dr Elizabeth QUAT asked whether the Administration had carried out an assessment of the impact of these children on the future demand for paediatric services, in particular those services to be provided by CEP, in Hong Kong. Dr Priscilla LEUNG indicated her support for the project. While she had raised a similar question at the Council meeting of 4 July 2012, she was concerned about whether the implementation of the "zero quota" policy by the current-term Government disallowing expectant Mainland mothers whose husbands were not Hong Kong permanent residents to come to Hong Kong to give birth would greatly reduce the demand for tertiary paediatric services in future.

27. SFH responded that babies born to Mainland women in Hong Kong were Hong Kong residents (i.e. eligible persons) and entitled to use subvented public healthcare services at HA's hospitals, including CEP. In planning for the services of CEP, HA would take into account, among others, the demand for paediatric services from these children. In addition, the generic model to be developed by HKU would shed light on future healthcare manpower needs taking into account, among others, demographic changes. It should be noted that since the local fertility rate had remained rather low in recent years, these children would be one of the sources of population growth in Hong Kong in future.

Physical location and design

28. In response to Mr Albert HO's enquiry about the operation support to be provided by other hospitals to CEP, D(CS), HA advised that CEP would be located in the South Apron of the Kai Tak Development. Where appropriate, provision would be made for integrating the facilities of CEP with other future hospital developments in adjacent sites. At present, another site at the Kai Tak Development Area had been reserved for the

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development of a new major acute hospital to address the healthcare needs of the Kowloon region. HA would undertake a thorough assessment on the development. Dr Fernando CHEUNG remarked that the design of CEP should create a child-friendly and family-centred environment in order to reduce the children's emotional and psychological problems resulting from severe illnesses and cater for the needs of their families.

Proposed name of the facility

29. Mr Albert CHAN proposed to rename the facility as "Paediatrics Hospital" rather than medical centre of excellence, as the latter might give rise to a perception that the paediatric services provided by other public hospitals were of a lower standard. Dr Priscilla LEUNG suggested renaming the facility as "Children's Hospital". SFH responded that Mr Albert CHAN's concern was not without reason and should be addressed. The Administration would keep an open mind on the naming of the facility.

Other issue

30. Mr CHEUNG Kwok-che asked whether consideration could be given to establishing a centre of excellence for the elderly in view of an ageing population. SFH responded that the establishment of a custom-built centre of excellence dedicated to the paediatrics specialty focusing on tertiary and specialized services was the first of its kind in Hong Kong. The Administration would be prudent in considering the case for establishing other centres of excellence, including the one for the specialty of neuroscience as announced by the then Chief Executive in the 2007-2008 Policy Address, before this new model of clinical care had proved to be effective in enhancing the quality of medical services in Hong Kong.

Conclusion

31. In closing, the Chairman said that members of the Panel were in support of the proposed CEP project. The Chairman suggested and members agreed that the Administration should revert to the Panel on the details of the governance of, as well as the software and resources to support the operation of, CEP when available.

IV. Private hospital development

[LC Paper Nos. CB(2)793/12-13(01) and CB(2)927/12-13 (05)]

32. SFH briefed members on the tender result for the development of

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private hospitals at Wong Chuk Hang and Tai Po, details of which were set out in the Administration's paper (LC Paper No. CB(2)793/12-13(01)).

33. Members noted the background brief entitled "Private hospital development" (LC Paper No. CB(2)927/12-13(05)) prepared by the LegCo Secretariat.

New private hospital development at the Wong Chuk Hang site

34. Dr Helena WONG sought information on the minimum percentage of inpatient bed days for use by local residents per year in the new private hospital to be developed at the Wong Chuk Hang site, i.e. Gleneagles Hong Kong ("GHK") Hospital. SFH advised that at least 70% of inpatient bed days taken up in a year would be used for provision of services to local residents. In addition, at least 51% of inpatient bed days taken up in a year would be used for provision of services to local residents at packaged charge through standard beds.

35. Mr CHAN Han-pan welcomed the setting of a high proportion of inpatient bed days for use by local residents per year. Noting that for past cases involving direct land grants for private hospital development, the hospitals concerned were required to provide low-charge beds for the benefits of patients, he asked whether GHK Hospital would provide any low-charge beds.

36. SFH advised that past experience revealed that there were technical difficulties for the Administration to maximize the usage of these low-charge beds. For new private hospital developments, it was considered that the inclusion of a set of special requirements covering various aspects such as packaged charge and price transparency, service target and service standard, etc. in the tender documents, as was the case of the Wong Chuk Hang site, could better ensure that the services of the new hospitals would cater for the needs of the general public. In response to Mr CHAN Han-pan's enquiry as to whether consideration could be given to putting in place a mechanism to facilitate the referrals of patients in need by HA to those private hospitals providing low-charge beds so as to enhance the utilization rate, SFH advised that the Department of Health ("DH") was liaising with the private hospitals concerned. The proposed arrangement was an option under consideration.

37. The Chairman remarked that there might be cases that some services that a patient required would fall outside the items specified in the package specific to a particular treatment or procedure. He asked whether these cases would still be considered as a valid case in working out whether

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GHK Hospital had complied with the undertaking that at least 51% of inpatient bed days taken up in a year would be used for provision of services to local residents at packaged charge through standard beds. Mr Vincent FANG opined that it was necessary to make it clear which services were covered under a typical package to provide certainty to patients upfront to facilitate their budgeting. SFH advised that the packaged charge should cover all the necessary services specific to a particular treatment or procedure. The Administration would ensure the reasonableness of the services included in the packages offered by GHK Hospital so that the service packages would not be too restrictive when it had worked out the details.

38. Mr CHAN Han-pan asked whether the Administration would regulate the level of the packaged charges of GHK Hospital, with a view to ensuring that its services would not become unaffordable to most people in Hong Kong. Pointing out that land resource was valuable in Hong Kong, Mr POON Siu-ping was of the view that the Administration should ensure that the Hospital would set its service charges at affordable levels and in a transparent manner. Expressing concern about the unreasonably high level of charges of the existing private hospitals and the hefty profits they had derived from their business, Dr Fernando CHEUNG asked whether, and if so, what measures would be put in place by the Administration to monitor the service charges of GHK Hospital to safeguard patients' interests.

39. SFH advised that private hospital services were an alternative to public services to those who could afford and were willing to seek private services. It was not appropriate for the Administration to regulate the level of charges of private hospitals, as it should be determined by the market forces of supply and demand. Given that a major concern of the members of the public on private hospital services was the lack of transparency and certainty on charges, efforts had been made to enhance the certainty and regulate the transparency of the service charges, in particular that of the elective procedures, of new private hospital developments. SFH added that inpatient service charges of private hospitals would be subject to greater competition and pressure upon an increase in the capacity of private hospital services in the next few years.

40. Miss Alice MAK maintained the view that the present arrangements could not ensure that GHK Hospital would cater for the need of the middle class, and not just the rich and the affluent, which she had long called for. SFH advised that the tender exercise for the Wong Chuk Hang and Tai Po sites was hammered out against the policy background of promoting the medical services industry to meet both local and non-local service demand as advocated by the third-term Government. As stated by the Chief

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Executive in his manifesto, the current-term Government would encourage non-profit-making organizations to establish hospitals and operate them on a self-financing basis, so as to provide an alternative to the middle class who could afford and were willing to seek private services.

41. Dr Helena WONG asked whether the implementation of the "zero quota" policy for expectant Mainland mothers whose husbands were not Hong Kong permanent residents by the current-term Government was a factor that led to the capping of the total number of obstetric beds in GHK Hospital at no more than 3.2% (i.e. 16 beds). SFH responded that the relevant requirement set out in the tender document for the Wong Chuk Hang and Tai Po sites was to cap the number of obstetric beds at no more than 20% of the total number of beds in the hospital in order to avoid the new hospitals from slanting towards a particular type of service. It could not be ruled out that the tenderer (i.e. GHK Hospital Limited) had taken the "zero quota" policy into account in determining the proportion of the number of obstetric beds to be provided in GHK Hospital.

42. In response to Dr Fernando CHEUNG's enquiry about the term of the Service Deed the Government entered into with GHK Hospital Limited, PSFH(H) advised that the term of the Service Deed was 50 years, which was same as that of the Land Grant. Citing the circumstance whereby the Administration might require a change to the usage of private hospital beds, say, at times of an influenza pandemic, as an example, Dr Fernando CHEUNG asked whether there could be any modification to the conditions listed in the Service Deed. PSFH(H) responded that since the Service Deed was a contract between the Government and the GHK Hospital Limited, the Government could not modify the conditions in the Deed unilaterally. Nevertheless, SFH advised that the Service Deed specified that apart from complying with and performing its obligations in accordance with the terms of the Service Deed and the Land Grant, the purchaser of the site had to comply with and perform its obligations in accordance with all applicable laws, and requirements set out in the codes of practice relating to hospitals which were or might at any time be issued, revised and specified by the Government, and operate GHK Hospital in accordance with the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) and any regulations (including any future amendments) made under the Ordinance.

43. Noting that if GHK Hospital failed to perform any of the terms of the Land Grant and Service Deed, the Government might, having regard to the seriousness of the non-compliance, take such appropriate actions as requiring the Hospital to pay liquidated damages for the losses, the Chairman sought elaboration on the calculation of the liquidated

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damages. PSFH(H) agreed to provide the information in writing after the meeting, adding that apart from requiring the Hospital to pay liquidated damages, a number of measures were also available to the Government if the Hospital breached any of its obligations. These included, among others, the right to require the Hospital to implement a cure plan, the right to exercise step-in rights to temporarily take partial or total control of the Hospital.

44. In response to Dr Joseph LEE's enquiry on whether, and if so, what measures would be put in place to ensure that the Wong Chuk Hang site would only be used for its intended purposes, SFH advised that in all sale of land for development of new private hospitals, including the Wong Chuk Hang site, there would be a strict prohibition of change of land use.

Way forward for private hospital development

45. Dr Helena WONG asked whether the Administration had assessed why there was only one tender submission for the site at Tai Po, which however failed to fully meet the mandatory requirements as set out in the tender document. SFH responded that while it was impossible for the Administration to deduce the reasons why only one tender was submitted for developing private hospital at the Tai Po site, which involved commercial consideration, he considered that one of the factors that the market would have considered was the location of the site.

46. Holding the view that the site at Tai Po and the other two reserved sites for private hospital development at Tseung Kwan O and Lantau not yet put out for tender were not conveniently located for easy access by patients, Dr KWOK Ka-ki asked whether the Administration would identify other suitable sites for private hospital development. Dr Joseph LEE enquired about the disposal arrangement for the Tai Po, Tseung Kwan O and Lantau reserved sites, in particular as to whether the set of special requirements included in the tender documents of the Wong Chuk Hang and Tai Po sites would be included in future tender documents for new private hospital development.

47. SFH advised that in the coming years, there would be a significant increase in the number of private hospital beds upon completion of the various expansion or redevelopment projects of existing private hospitals, namely, 100 additional beds in Hong Kong Baptist Hospital by 2016, 450 additional beds in Tsuen Wan Adventist Hospital by 2017, 130 additional beds in St Paul's Hospital by 2015, and about 300 additional beds in Hong Kong Sanatorium & Hospital. In addition, the Chinese

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University of Hong Kong had raised with the Administration a plan to develop a private teaching hospital with about 500 beds within its campus. The Hong Kong Society for Rehabilitation also proposed to develop a private hospital with more than 400 beds at the existing site of the Margaret Trench Medical Rehabilitation Centre in Lam Tin. A private organization had raised a proposal to develop a hospital with 230 beds on private land located at Clear Water Bay Road in Sai Kung. On the Hong Kong Island side, the Hong Kong Sheng Kung Hui was planning to develop a private hospital with 200 to 300 beds at the premises of the former Hong Kong Central Hospital in Central. A proposal to develop a private hospital with more than 400 beds at a vacated site of the Grantham Hospital was under consideration by the Hong Kong Tuberculosis, Chest and Heart Diseases Association. There were also proposals from interested organizations to develop self-financed Chinese medicine hospitals.

48. SFH added that the Administration would examine the feasibility of these various proposals as well as the experience gained from the tender exercise for the Wong Chuk Hang and Tai Po sites, review the market response and assess the needs of the community in formulating the way forward for the future development of private hospitals and the disposal arrangement for the three reserved sites for private hospital development. Expressing concern about whether the land use of these sites would be changed to other development purposes such as housing in the event that the known and planned private hospital developments were considered to be able to meet the projected demand for private hospital services, Dr Joseph LEE considered that the Administration should revert to the Panel on the disposal arrangement for the three reserved sites. Dr Helena WONG was of view that the land use priority of the three sites should be accorded to healthcare use. SFH assured members that if any of these three sites was no longer considered necessary to be reserved for private hospital development, FHB would first examine whether the site concerned could be used for public hospital development prior to returning any of the reserved sites to the Development Bureau for other development purposes.

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

50. Dr Joseph LEE was concerned about whether the various expansion or redevelopment projects of existing private hospitals and proposals for new private hospital development could meet the future needs of the community for private hospital services, as well as the additional healthcare manpower required to support the expansion of private healthcare capacity.

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Dr Fernando CHEUNG said that the Labour Party opposed the policy of promoting private hospital development which, in their view, would cause brain-drain from the public to private hospitals and medical charges to spiral upwards, and hence those relying on the public healthcare system would suffer. Mr POON Siu-ping enquired about the measures to be put in place by HA to ensure that new private hospital developments would not lead to a significant brain-drain from HA to the private healthcare sector. Citing the commissioning arrangement in the North Lantau Hospital under the current manpower constraint of HA as an example, Mr Vincent FANG expressed concern about the existing manpower level of the public hospitals.

51. SFH advised that for the current-term Government, the vision of the healthcare system of Hong Kong was to pursue a balanced healthcare system encompassing both public and private elements. It should be noted that apart from the various expansion or redevelopment projects of existing private hospitals and proposals for new private hospital development, a number of public hospital redevelopment or expansion projects were under planning with a view to boosting the inpatient capacity, enhancing service quality, and renewing the building facilities of the public healthcare system. He assured members that the Administration would be prudent in taking forward private hospital development.

52. As regards healthcare manpower planning, SFH admitted that some service areas of public hospitals were currently critically short of medical staff. As mentioned in the earlier part of the meeting, HA had put in place various measures to retain and attract talents. To enable those overseas-trained Hong Kong residents to return to practise in Hong Kong, the Administration was in discussion with MCHK to explore the feasibility of increasing the number of its Licensing Examination from once to twice a year. It should be noted that the generic healthcare manpower forecasting model to be developed by HKU would take into account all possible and likely factors, including, but not limited to, known and planned private hospital developments, demands arising from an ageing population, changes in the delivery models for healthcare services, new and additional demands brought about by service reforms, potential increase in demand for private services in view of the impending implementation of the Health Protection Scheme, as well as potential increase in demand for private services of clienteles outside Hong Kong.

53. Miss Alice MAK asked whether the Administration would follow the arrangement for the Wong Chuk Hang site to require the successful tenderers for other sites reserved for private hospital development to enter into, in addition to the land lease, a service deed which incorporated the

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tenderers' proposals for the operation of the hospital with the Government. SFH replied in the positive. Dr Fernando CHEUNG enquired about the mechanism to be put in place to monitor the service quality of the newly developed private hospitals. Miss Alice MAK suggested that the future service deeds the Government entered into with the new private hospitals should include the requirements on the management of medical incidents. SFH advised that the Steering Committee on Review of the Regulation of Private Healthcare Facilities established by FHB in October 2012 was conducting a review into the regulatory regime for private healthcare facilities. The review aimed at strengthening the regulation of the facilities, especially private hospitals, by enhancing the regulatory role of DH in order to safeguard public health and consumer rights. The review would cover, among others, the mechanism for handling medical incidents in private hospitals.

54. Holding the view that the land premium of $1.688 billion offered by GHK Hospital Limited for the Wong Chuk Hang site was on the high side, the Chairman asked whether this would serve as a reference for setting the land premium for applications for change in land use of land already allocated to the organizations proposing to develop profit-making private hospitals. PSFH(H) said that the Lands Department would take into account a number of factors, such as the size and location of the land under application and the premium for similar developments, in determining the land premium for the case under application.

55. There being no other business, the meeting ended at 6:35 pm.

Council Business Division 2
Legislative Council Secretariat
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