立法會
Legislative Council

LC Paper No. CB(2)56/13-14
(These minutes have been seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 20 May 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
Members attending	:	Hon WU Chi-wai, MH Hon TANG Ka-piu
Public Officers Attending	:	Items III and IV Prof Sophia CHAN Siu-chee, JP Secretary for Food and Health (Acting)

Item III

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

Mr Chris SUN Yuk-han, JP
Head, Healthcare Planning and Development Office
Food and Health Bureau

Dr FUNG Ying
Principal Medical and Health Officer (1)
Department of Health

Item IV

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

Dr W L CHEUNG
Director (Cluster Services)
Hospital Authority

Dr Nancy TUNG
Cluster Chief Executive, Kowloon West Cluster
Hospital Authority

Dr Y H CHONG
Chief Manager (North Lantau Hospital & Cluster Planning), Kowloon West Cluster
Hospital Authority

Mr Donald LI
Chief Manager (Capital Planning)
Hospital Authority

Attendance by invitation : Item III

Hong Kong Doctors Union

Dr YEUNG Chiu-fat
President

		Hong Kong Alliance for Patients' Organizations Mr LAM Chi-yau Vice Chairman (External Affairs) The Hong Kong Federation of Insurers Ms Zenda CHAN Delegate of Medical Insurance Association The Hong Kong Medical Association Dr TSE Hung-hing President Practising Estate Doctors Association Dr Aaron LEE Fook-kay Vice-chairman
Clerk in attendance	**:**	Ms Elyssa WONG Chief Council Secretary (2) 5
Staff in attendance	**:**	Ms Ivy CHENG Research Officer (2) 2 Ms Maisie LAM Senior Council Secretary (2) 5 Ms Priscilla LAU Council Secretary (2) 5 Ms Michelle LEE Legislative Assistant (2) 5 Ms Louisa YU Clerical Assistant (2) 5

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

[LC Paper Nos. CB(2)1058/12-13(01) and (02)]

Members noted that two letters dated 23 April 2013 from two members of the public requesting the Panel to hold a joint meeting with the Panel on Transport to discuss the public health issues arising from the air quality of the franchised bus compartments had been issued since the last meeting.

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)1135/12-13(01) and (02)]

2. Members agreed to discuss the following items at the next regular meeting scheduled for 17 June 2013 at 4:30 pm -

(a) Waiting time management for Specialist Outpatient Clinics in the Hospital Authority; and

(b) Pilot project on outreach primary dental care services for elderly in residential care homes and day care centres.

Regarding item (a), the Chairman advised that the Administration had agreed on previous occasion that the subject "Referral from Duty Roster Member regarding the provision of medical services for children in poverty" (i.e. item 12 of the Panel's list of outstanding items for discussion) should be discussed in the context of "Waiting time management for Specialist Outpatient Clinics in the Hospital Authority". Members raised no objection. Dr Fernando CHEUNG and Mr CHAN Han-pan requested the Administration to provide in its discussion paper a breakdown of the new and follow-up attendances of the specialist outpatient services triaged as priority 1 (i.e. urgent), priority 2 (i.e. semi-urgent) and routine (i.e. stable) cases by specialty; and their respective lower quartile (25^{th} percentile), median (50th percentile), upper quartile (75th percentile) and the longest (90th percentile) waiting time in each hospital cluster. Secretary for Food and Health (Acting) ("Atg SFH") agreed.

(*Post-meeting note:* At the request of Dr Joseph LEE and with the concurrence of the Chairman, the agenda item on "Pilot project on outreach primary dental care services for elderly in residential care homes and day care centres" of the meeting on 17 June 2013 has been reworded to include the discussion on dental care policy and services for the elderly.)

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III. Regulation of healthcare intermediary service

[LC Paper Nos. CB(2)1135/12-13(03) and (04), CB(2)1153/12-13(01) and (02), CB(2)1158/12-13(01) and (02), CB(2)1173/12-13(01) and FS25/12-13]

3. Members noted the following papers on the subject under discussion -

(a) the Administration's paper entitled " Regulation of healthcare intermediary service" (LC Paper No. CB(2)1135/12-13(03)); and

(b) the fact sheet entitled "Regulation of healthcare intermediary service" prepared by the Research Office of the Legislative Council ("LegCo") Secretariat (FS25/12-13).

Views of deputations

4. At the invitation of the Chairman, the following five deputations presented their views on regulation of healthcare intermediary service -

(a) Hong Kong Doctors Union;

(b) Hong Kong Alliance for Patients' Organizations;

(c) The Hong Kong Federation of Insurers;

(d) The Hong Kong Medical Association; and

(e) Practising Estate Doctors Association.

A summary of the views of deputations is in the **Appendix**.

The Administration's responses to the views expressed by deputations

5. Responding to the views expressed by the deputations, Atg SFH made the following response -

(a) the relationship between healthcare intermediaries and individual medical practitioners joining as panel doctors was a commercial contractual arrangement between two consenting parties. Disputes among the parties involved would be dealt with in accordance with legal provisions governing contractual relationship in general;

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(b) medical practitioners affiliated with healthcare intermediaries bore the same professional responsibility as others. The quality of healthcare services enjoyed by patients patronizing healthcare institutions associated with intermediaries should not be affected by their enrolment in schemes administered by intermediaries. Under the Medical Registration Ordinance (Cap. 161), the Medical Council of Hong Kong ("MCHK") was responsible for the regulation of professional conduct of medical practitioners, including the appropriate conduct for medical practitioners participating in contract medicine and managed care. The binding Code of Professional Conduct for the Guidance of Registered Medical Practitioners ("the Code") issued by MCHK stipulated that medical practitioners should exercise careful scrutiny and judgement of medical contracts and schemes to ensure that they were ethical and in the best interests of patients. It also provided that medical practitioners should not enter into such arrangements that the standard of service was lowered to match the diminishing remuneration. Medical practitioners failing to comply with the Code might commit an act of professional misconduct and could therefore be subject to disciplinary actions imposed by MCHK;

(c) in the event that hospital services were involved, patient rights and safety were safeguarded under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) and the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes promulgated by the Director of Health. Patients admitted into private hospitals by medical practitioners under schemes administered by healthcare intermediaries were no different from others in terms of quality assurance and regulatory requirements;

(d) healthcare intermediary services were not under any specific regulation in the United Kingdom, Singapore, Canada (Ontario) and Australia (New South Wales). The regulatory regimes of these jurisdictions, similar to the case in Hong Kong, focused on regulating professional conduct of medical practitioners and standard of healthcare premises rather than business model of medical services per se; and

(e) the Steering Committee on Review of the Regulation of Private Healthcare Facilities ("the Steering Committee") would look into the modus operandi of medical services offered under different organization forms, including professional partnership,

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group practice under different ownership and management structure (healthcare intermediary schemes being one of them) to ascertain whether difference in organization forms would pose risks to patient safety and care quality.

Discussion

6. Dr KWOK Ka-ki expressed disappointment that the Administration had dragged its feet over regulating healthcare intermediaries, say, through a licensing system, despite the fact that 11.8% of the total population had participated in or were entitled to medical schemes or insurance plans that covered outpatient services provided by affiliated medical practitioners in 2009-2010, and the Panel had discussed the issue in the context of regulation of health maintenance organizations since 2006. He pointed out that the recent case whereby the financial difficulty encountered by a healthcare intermediary had resulted in the patients concerned unable to access to the services they were entitled to under their subscribed schemes, and a delay in the payment of consultation fees to the affiliated medical practitioners, had unveiled a loophole in the existing regulatory regime. Dr KWOK Ka-ki enquired why the Administration still considered it not necessary to regulate healthcare intermediaries when patients' lives were at stake, while other commercial operations, such as estate agencies, were already subject to statutory regulation.

7. Holding the view that the operation of healthcare intermediaries was in a mode similar to that of insurance companies, Dr Fernando CHEUNG expressed similar concern. He pointed out that the future introduction of the Health Protection Scheme ("HPS"), including the use of the $50 billion fiscal reserve earmarked to support the healthcare reform to subsidize the uptake of private health insurance, might lead to an increase in the number of employers or individuals purchasing medical schemes or insurance plans through healthcare intermediaries. In anticipation of the increasing subscription of schemes administered by healthcare intermediaries, he was concerned that the commercial interests and drive to contain costs among these intermediaries might induce the affiliated medical practitioners to lower their standard of service to match the diminishing remuneration.

8. Atg SFH assured members that as a next step, the Working Group on Regulation of Private Hospitals ("the Working Group") under the auspices of the Steering Committee would review the desirability and feasibility of regulating healthcare intermediaries and make recommendation as necessary having regard to their role and involvement in the provision of medical services and the need to safeguard patient care. Dr KWOK Ka-ki cast doubt on whether the review conducted by the Working Group, which

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was tasked to formulate recommendations for enhanced control of different aspects related to the provision of healthcare services by private hospitals, would cover the regulation of healthcare intermediary services. Dr Fernando CHEUNG asked whether the Administration would consider setting up another working group under the Steering Committee to look into the matter. Permanent Secretary for Food and Health (Health) ("PSFH(H)") advised that the scope of the review of the Working Group would be extended to cover the study on the desirability of regulating group practice and healthcare intermediaries, the regulatory approach and how the proposed regulatory scheme, if necessary, would avoid overlapping with the functions of the existing regulatory authorities (such as the Office of the Commissioner of Insurance and MCHK). The Administration would consider renaming the Working Group as necessary. In response to Mr POON Siu-ping's enquiry about the Working Group's timetable for the completion of its review, PSFH(H) advised that the Working Group commenced its work in February 2013 and would complete the review in around a year's time.

9. PSFH(H) added that in most cases, employers and individuals would purchase medical schemes or insurance plans from insurance companies (i.e. the insurers) directly. The role of financial regulation of insurers was currently being taken up by the Office of the Commissioner of Insurance. As regards quality assurance of healthcare services provided by medical practitioners affiliated with intermediaries, it should be noted that all medical practitioners were bound by the Code promulgated by MCHK. They remained responsible to the patients subscribing to schemes administered by intermediaries for the care quality, safety and professional standard similar to their other patients.

10. While agreeing that both the upstream and downstream of the service chain, i.e. the insurers and the healthcare service providers, were adequately regulated at present, Mr CHEUNG Kwok-che considered that the crux of the problem laid in the lack of regulation over the operation of healthcare intermediaries, i.e. the scheme administrators. PSFH(H) explained that the relationship between healthcare intermediaries and insurers, as well as affiliated medical practitioners, was a commercial contractual arrangement between two consenting parties. The proposal of introducing a regulatory regime over these activities would involve a number of issues, such as whether there should be Government control over the premium levels, which needed to be considered. As pointed out at the earlier part of the meeting, the regulatory regimes of many other jurisdictions, similar to the present case in Hong Kong, focused on regulating professional conduct of medical practitioners and standard of healthcare premises rather than business model of medical services per se.

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11. The Chairman considered that the Administration should address squarely the problems associated with healthcare intermediary services as raised by members and deputations, as healthcare intermediaries, unlike insurers and healthcare facilities, were not subject to any regulatory control. Dr KWOK Ka-ki was of the view that any subsidies to encourage the taking out of the HPS plans might benefit more insurers and healthcare intermediaries than the insured, especially if the Administration remained reluctant to regulate the latter. He sought elaboration on the considerations in deciding whether to take forward the proposal of putting in place a statutory regulatory regime for healthcare intermediaries.

12. PSFH(H) advised that healthcare intermediaries did not necessarily own healthcare facilities or employ medical practitioners as salaried staff. Many entered into contract with individual medical practitioners who had their own independently run clinics as "panel doctors" to provide services for clients subscribed to their schemes. Given the different mode of delivery of healthcare services under schemes administered by healthcare intermediaries, more time was needed to find out which aspect of the whole operation should be regulated from the healthcare perspective before determining how intermediaries should be regulated. Building on the outcome of its review on regulation of private hospitals, which was in full swing, the coming review of the Working Group would study whether there was a need to strengthen the regulation of other forms of private medical practice, including medical practitioners in solo and group practices. In this regard, healthcare intermediary scheme was one of the various forms of group practice under different ownership and management structure.

13. Dr Fernando CHEUNG did not subscribe to the Administration's view, pointing out that there was no doubt that healthcare intermediaries should be subject to regulatory control from the healthcare perspective to safeguard patients' interest. A case in point was that the availability of investigations and the choice of medications for patients under the care of the affiliated medical practitioners would likely be compromised because of the drive for cost control, as the consultation fees were pre-determined by the contract with healthcare intermediaries.

14. Mr CHEUNG Kwok-che invited deputations' views on whether the current arrangement was adequate to safeguard the interests of patients. Ms Zenda CHAN of The Hong Kong Federation of Insurers remarked that for cases whereby healthcare intermediaries solely acted as a third-party administrator to liaise for insurers the most suitable service packages offered by healthcare service providers and provide administrative support, the current regulatory control over insurers would require them to continue

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to honour their contractual obligation with the insured in the event of a healthcare intermediary failure. The Federation however saw a need to place additional control on those healthcare intermediaries that played an additional role of providing medical schemes themselves, as employers would enter contract with these intermediaries directly for the provision of medical benefits to their employees.

15. Citing the experience of an enrollee of a medical scheme provided by a healthcare intermediary who was only allowed to receive treatment by one specialist each day albeit that he was suffering from various diseases, Dr YEUNG Chiu-fat of Hong Kong Doctors Union said that the concern raised by Dr Fernando CHEUNG was not without reason. He welcomed the Administration's undertaking to include the study on regulation of healthcare intermediaries, which in some cases operated in a mode similar to that of insurers, in the scope of review of the Working Group.

16. Dr TSE Hung-hing of The Hong Kong Medical Association stressed that there was a need to ensure that all parties involved in the delivery of healthcare services were operating with due regard to medical ethics and would act in the best interests of patients. He could not see the point of refraining from regulating healthcare intermediaries, who controlled the financial resources of, and hence had a role to play in, the healthcare service chain. He remarked that in view of the lack of regulation over the commercial activities of healthcare intermediaries, the relevant provisions in the Code, as cited by the Administration at the earlier part of the meeting, were so drafted with a hope that the professional autonomy of medical practitioners would not be compromised by commercial decisions of the healthcare intermediaries. Mr LAM Chi-yau of Hong Kong Alliance for Patients' Associations echoed the view that there was no reason why healthcare intermediaries should not be subject to regulatory control when patients' lives were at stake.

17. The Chairman opined that the requirement that medical practitioners should not enter into such arrangements that the standard of service was lowered to match the diminishing remuneration was feasible only when the medical practitioners concerned were in a very strong bargaining position, which in his view, might not be the case in Hong Kong. Given the high administrative fees charged by healthcare intermediaries for the provision of intermediary services, he considered it necessary to enhance the transparency of their operation through statutory regulation to safeguard the interests of patients, the affiliated medical practitioners and the insurers.

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Motion proposed by member

18. Mr CHEUNG Kwok-che moved the following motion which was seconded by Dr KWOK Ka-ki -

"本會促請政府立即研究立例規管醫療中介機構，以保障病人的醫療權益。"

(Translation)

"That this Panel urges the Government to immediately study regulating healthcare intermediaries by legislation, so as to protect the healthcare rights of patients."

19. The Chairman ruled that the motion was related to the agenda item under discussion, and invited members to consider whether the motion should be proceeded with at this meeting. Members raised no objection. The Chairman said that the motion would be dealt with at this meeting.

20. Mr WONG Ting-kwong sought clarification as to whether the scope of regulation included the setting of premium levels and the assurance of healthcare service quality. Mr CHEUNG Kwok-che responded that how the regulation of healthcare intermediaries should be taken forward would depend on the outcome of the study of the Administration.

21. The Chairman put Mr CHEUNG's motion to vote. All members present at the meeting voted in favour of the motion. The Chairman declared that the motion was carried.

IV. Commissioning of the North Lantau Hospital, phase 1

[LC Paper Nos. CB(2)1135/12-13(05) and (06)]

22. Atg SFH briefed members on the commissioning of the North Lantau Hospital ("NLTH"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1135/12-13(05)).

23. Members noted the background brief entitled "Phase one development of North Lantau Hospital" prepared by the LegCo Secretariat (LC Paper No. CB(2)1135/12-13(06)).

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Accident and Emergency services

24. Noting with concern that the duration of service hour of the Accident and Emergency ("A&E") services in NLTH would only be eight hours a day upon its commissioning in September 2013, Mr CHAN Han-pan sought information about the exact A&E service hours. Dr KWOK Ka-ki and Mr Albert HO expressed disappointment with the proposed eight-hour A&E service in NLTH. Dr KWOK asked whether any measures would be put in place by HA, say, providing financial incentives to doctors of other public hospitals who were willing to work extra service sessions for the A&E Department of NLTH and recruiting part-time doctors, during the interim to enhance healthcare support at NLTH. Dr Fernando CHEUNG asked whether consideration could be given to providing late-night or round-the-clock general outpatient services to meet the needs of the residents of Tung Chung and its vicinity.

25. Atg SFH advised that the A&E services in NLTH would be provided from 9:00 am to 5:00 pm starting from September 2013 to meet the urgent medical need of the local community on Lantau Island. In the meantime, the General Outpatient Clinic ("GOPC") provided by HA in the Tung Chung Health Centre would be relocated to NLTH in September 2013. The service hours of GOPC would be from 9:00 am to 11:45 pm. Under the existing cluster arrangement, hospitals under the Kowloon West Cluster ("KWC"), led by Princess Margaret Hospital ("PMH"), would provide support to the services of NLTH. Director (Cluster Service), HA ("D(CS), HA") supplemented that the plan of HA was to extend NLTH's A&E service hours to 16 hours (i.e. from 8:00 am to 12:00 midnight) in January 2014, and further to 24 hours in September 2014 subject to manpower availability.

26. D(CS), HA further said that at present, all the 16 A&E Departments of existing public hospitals were critically short of healthcare manpower. A number of measures had already been introduced to enhance healthcare support at the A&E Departments. These included, among others, recruiting additional medical and nursing staff to alleviate the work pressure in the A&E Departments; providing extra financial incentives to doctors who would work extra service sessions for the A&E Departments; and approaching proactively resigned and retired doctors for working part-time in the A&E Departments with enhanced package. Given that not many part-time doctors were willing to perform night duties, the present priority was given to deploying those doctors who were willing to do so to pressure A&E Departments of existing public hospitals. It was anticipated that with the intake of the local medical graduates in July 2014, round-the-clock A&E services could be provided at NLTH in the third quarter of 2014.

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27. In spite of the current medical manpower shortage in public hospitals, Mr CHEUNG Kwok-che remarked that the proposed eight-hour A&E services in NLTH would fall short of public's expectation. Cluster Chief Executive, Kowloon West Cluster, HA ("CCE/KWC, HA") advised that HA had been maintaining close liaison with major stakeholders, community leaders and Islands District Council ("DC") on the latest progress of the commissioning plan of NLTH. For instance, a site visit for Islands DC members to NLTH and a briefing for Islands DC was held on 8 and 22 April 2013 respectively. She assured members that HA would continue to liaise with the local community closely on the commissioning arrangement and services provision in NLTH.

28. After declaring interest as an Islands DC member, Mr TANG Ka-piu enquired how HA could ensure the availability of manpower to support the provision of round-the-clock A&E services in the third quarter of 2014. In view of the current manpower constraint of public hospitals, Mr CHAN Kin-por was more concerned about whether the A&E Department of NLTH could commence operation in September 2013. Mr CHEUNG Kwok-che cast doubt on the feasibility to extend the A&E service hours of NLTH to 16 hours in January 2014. D(CS), HA responded that HA would take the manpower requirement of all A&E Departments into account when allocating new Resident Trainee positions in July 2014. Arrangement would also be made to deploy servicing doctors from other hospitals to the A&E Department of NLTH. It was believed that the development of partnership between the A&E Departments of NLTH and PMH to provide the A&E services in a team approach could attract experienced doctors in the A&E specialty to work in NLTH. In addition, NLTH would serve as a training hospital for the A&E specialty. In the meantime, 15 doctors had already been allocated to KWC for the commencement of the 8-hour A&E services of NLTH in September 2013 and the extension of the service hours to 16 hours about four months later. CCE/KWC, HA supplemented that given that opening a new hospital for public use was a complicated exercise, it would be prudent to adopt a phased approach in commissioning the A&E services, so as to enable healthcare personnel to accumulate experience in the actual environment in order to deliver quality services for the public.

29. Pointing out that many residents of North Lantau would be working outside the Island in the day time, the Chairman considered that instead of providing A&E services from 9:00 am to 5:00 pm during its initial stage of operation, NLTH should provide late-night A&E services to meet the needs of the residents. D(CS), HA explained that the 8-hour A&E services would only last for about four months for service rationalization upon NLTH's commissioning of service.

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30. Given that the Hong Kong International Airport and some major tourist facilities were situated in North Lantau, Dr Fernando CHEUNG was concerned about the lack of 24-hour A&E services to meet the urgent medical need in the area upon the commissioning of NLHK. Atg SFH advised that in the event of civil disasters, hospitals under KWC, or the entire HA if needed, would operate in collaboration with each other and arrange patients to be sent to the appropriate hospitals having regard to the pre-hospital triage in accordance with established protocols. In response to the Chairman's enquiry as to which hospital victims of an industrial accident occurred at Hong Kong Disneyland would be conveyed, D(CS), HA advised that according to HA's pre-hospital diversion mechanism for trauma patients, PMH was the major receiving centre to provide tertiary medical care to patients requiring trauma care, whereas the A&E Department of NLTH would be responsible for receiving the minor injury cases. Those patients whose conditions were diagnosed by NLTH as requiring operations would be transferred to PMH. The Chairman asked whether HA would list out the types of patients that should be conveyed to NLTH's A&E Department. D(CS), HA advised that an array of factors had to be taken into account in order to identify the most appropriate hospital that a non-trauma patient should be conveyed to. There was at present no international consensus on whether these patients should be conveyed to the A&E Department of an acute general hospital or a hospital in the proximity of the pick-up location. In most cases, non-trauma patients in Tung Chung and its vicinity would be conveyed to NLTH so that patients could receive timely diagnosis and treatment at its A&E Department.

31. Mr Albert HO relayed the public concern on whether NLTH could provide comprehensive care to patients requiring admission through the A&E Department, as it would only provide inpatient services in the specialties of medicine, surgery, orthopaedics and traumatology upon its full commissioning.

32. CCE/KWC, HA advised that NLTH would be a community hospital providing accident and emergency, primary and specialist outpatient, day centres, community, acute and extended inpatient care services. Hence, its clinical specialties would not be as comprehensive as an acute regional hospital. That said, the A&E specialists would receive on-site support from other specialties available in NLTH, such as medicine and psychiatry at its initial stage of operation. Under the present cluster arrangement, patients requiring inpatient care in other specialties would be transferred to other public hospitals, say, PMH, for treatment. To ensure the safety of the patients concerned during conveyance, arrangement would be made to have trained doctors and/or nurses to accompany the patients on the ambulance

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where necessary. The ambulance would also be equipped with necessary supporting equipment.

33. Noting that patients of NLTH whose diagnosed medical conditions requiring admission would all be transferred to PMH at its initial stage of operation, Mr CHAN Han-pan sought information about the travelling time required and the impact to be brought about by this arrangement to patients of PMH who were waiting for their treatment at the A&E Department.

34. D(CS), HA advised that it would take about 30 minutes to travel from NLTH to PMH. Given that patients had been diagnosed, assessed and treated at the A&E Department of NLTH before they were transferred to PMH, they would be admitted to the relevant clinical specialties of PMH directly. Hence, patients of PMH who were waiting for their treatment at the A&E Department would not be affected. It was anticipated that the commissioning of NLTH's A&E services to meet the urgent medical need of residents of Tung Chung and its vicinity would relieve the service pressure on PMH.

Specialist outpatient and community care services

35. Mr CHEUNG Kwok-che sought information about when the medicine and psychiatry specialist outpatient clinics ("SOPCs") of NLTH would commence operation. Miss Alice MAK enquired whether NLTH would provide community outreach services to patients with special needs, such as those with mobility difficulties. Mr TANG Ka-piu was concerned about the lack of provision of ophthalmology and urology specialist services, as well as non-emergency ambulance transfer services for aged SOPC patients, at NLTH. He said that at present, some ophthalmology patients in Tung Chung were required to travel a long distance to attend Caritas Medical Centre's SOPCs for follow-up consultation. Dr KWOK Ka-ki considered that SOPCs of NLTH should cover the specialties of clinical oncology, geriatrics, gynaecology, paediatrics and orthopaedics to meet the high demand of the population in the district for these specialties.

36. CCE/KWC, HA responded that medicine and psychiatry SOPCs of NLTH would be available upon commencement of the A&E services to take on referrals. The medicine SOPCs would also take care of geriatric patients. Community nursing service, community geriatric outreach and community psychiatric outreach services would commence at the same time in September 2013. Other diagnostic and treatment facilities, such as emergency laboratory, A&E radiology suite and computed tomography scanner would also be in place to support the clinical services. The

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remaining specialist outpatient services of NLTH, including surgery, orthopaedics, gynaecology and paediatrics, would be introduced in phases having regard to the growth in service demand and the manpower availability. Before the full operation of NLTH, other specialist services would continue to be provided by other hospitals in KWC, in particular PMH which was the tertiary referral centre within the cluster. CCE/KWC, HA added that it could not be ruled out that clinical oncology outpatient services would be provided in NLTH in the future if there was such a need in the community.

37. Miss Alice MAK asked how far the waiting time for the specialist outpatient services of PMH could be shortened upon the commissioning of NLTH. CCE/KWC, HA advised that while the pressure on SOPCs of PMH in providing relevant services to residents of North Lantau might be relieved, statistics on the reduction in the waiting time for specialist outpatient cases of PMH was not readily available.

Primary care services

38. In response to Miss Alice MAK's enquiry as to whether there would be an increase in the general outpatient service capacity upon the relocation of the GOPC in the Tung Chung Health Centre to NLTH, Atg SFH advised that the episodic quota would initially remain the same. CCE/KWC, HA supplemented that the capacity of nurse clinic services and allied health services would be increased upon the relocation. With the enhancement in the hardware, additional episodic quota in GOPC could be provided when there was such a need in the future.

39. Dr KWOK Ka-ki asked whether life-saving medical equipment, such as automatic external defibrillators, and trained personnel would be available at the GOPC located in NLTH for providing emergency treatment when the A&E Department was not yet ready to provide round-the-clock services. CCE/KWC, HA replied in the affirmative.

Manpower requirement

40. Mr Albert HO sought information about the staffing establishment of NLTH. Atg SFH advised that HA planned to deploy 355 staff, including 28 doctors, 78 nurses, 48 allied health professionals, 16 administrative staff and 185 supporting staff, to NLTH in 2013-2014. The manpower requirement for NLTH upon full operation was around 650 staff, including some 60 doctors and 170 nurses.

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

42. Mr CHAN Kin-por urged HA to enhance the part-time remuneration and benefits package to make it more attractive to the experienced private doctors. D(CS), HA advised that to date, HA had recruited 280 part-time doctors. However, not many of them were willing to perform night duties. D(CS), HA added that apart from recruiting part-time doctors, HA had introduced a number of measures to attract and retain talents, such as recruiting local medical graduates and non-local doctors under limited registration to supplement local recruitment drive. It was noted that as a result of the initiatives, the overall turnover rate of doctors in HA had remained steady in recent years. Noting that 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 had greatly reduced the demand for obstetrics services, Mr CHAN Kin-por asked whether the obstetrics specialists in HA would have spare capacity to provide support for the A&E Departments. D(CS), HA advised that obstetrics specialists could work extra service sessions for the A&E Departments through the special honorarium scheme ("SHS") if they were willing to do so.

43. The Chairman remarked that having discussed with some doctors in charge of the A&E Departments of public hospitals, he considered that it would be more effective for HA to introduce differential pay to attract SHS participants and part-time doctors to take up the night duties at the A&E Departments in order to relieve the current manpower shortage problem. Given that HA's current part-time employment package (under which doctors were not required to perform night duties) was on a 70% pro-rata basis to the equivalent full-time package, he was of the view that the hourly rate for performing night duties should be two to three times of the current pay rate. D(CS), HA agreed to consider the suggestion.

Access to NLTH

44. Mr TANG Ka-piu urged HA to construct a cover for the walkway linking Tung Chung Station and NLTH. Miss Alice MAK was of similar view. Chief Manager (Capital Planning) explained that only part of the aforesaid walkway was located in the area of NLTH. As pointed out at the case conference convened by the LegCo Secretariat on 10 January 2013, HA would make the necessary arrangement to facilitate the construction work if the studies conducted by the Highways Department and Transport

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Department ("TD") pointed to the need to construct a cover for the walkway.

45. Miss Alice MAK enquired whether there were any minibus routes linking Tung Chung Station and NLTH, in addition to the existing bus route 38, to facilitate easy access by patients. Chief Manager (North Lantau Hospital & Cluster Planning), KWC advised that taxi and minibus loading or unloading areas had been reserved at the podium where the main entrance of NLTH was located. HA would continue to communicate with TD and Islands DC on the issue.

Phase two development of NLTH

46. Mr CHEUNG Kwok-che was concerned about whether the current capacity of NLTH would be sufficient to meet the increasing demand for hospital services arising from the future population growth of Lantau Island. He asked whether consideration could be given to developing NLTH into a general hospital in the future.

47. Atg SFH advised that the current NLTH project was phase one of the development to provide, among others, 160 inpatient beds and 20 day beds upon full commissioning. A site adjacent to phase one of NLTH had been reserved for providing an additional of 170 beds in the phase two development to meet the long term healthcare service demand in Lantau. The Administration would keep in view the service provision of phase one of NLTH upon its full commissioning, the healthcare need of the community and, when there was such a need, proceed to the planning of phase two development.

48. Miss Alice MAK was of the view that the reserved site in Lantau for private hospital development, which was adjacent to the site reserved for the development of phase two of NLTH project, should be included in the NLTH development project. Atg SFH responded that the Administration would take the suggestion into account when formulating the way forward for the future development of private hospitals and the disposal arrangement for the Lantau site.

49. There being no other business, the meeting ended at 6:45 pm.

Council Business Division 2
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Appendix

Panel on Health Services

Meeting on Monday, 20 May 2013
on Regulation of healthcare intermediary service

Summary of views and concerns expressed by deputations

Organization	Major views and concerns
Regulation of healthcare intermediary services	
• Hong Kong Alliance for Patients' Organizations • Hong Kong Doctors Union • The Hong Kong Federation of Insurers • The Hong Kong Medical Association • Practising Estate Doctors Association	1. The deputations point out problems associated with the healthcare intermediary services, which include no free choice of service providers to customers, restricted choice of medications for patients and low transparency in the administration cost. They express support for the regulation of healthcare intermediaries. 2. Some deputations call on the Administration to introduce legislation to regulate healthcare intermediaries in respect of the composition of board of directors, the amount of registered capital and the solvency requirement.
• Hong Kong Alliance for Patients' Organizations	1. The deputation proposes the setting up of a regulatory body to regulate healthcare intermediary services.
• The Hong Kong Medical Association	1. Holding the view that the review on the regulation of private healthcare facilities conducted by a steering committee chaired by the Secretary for Food and Health will not cover healthcare intermediary services, the

Organization	Major views and concerns
	deputation urges the Administration to expedite the introduction of legislation regulating the operation of healthcare intermediaries.
Management of healthcare intermediaries	
• Hong Kong Alliance for Patients' Organizations • Hong Kong Doctors Union • The Hong Kong Federation of Insurers	1. The deputations generally consider that medical doctors should be appointed as directors of healthcare intermediaries who should be responsible for company operation. There is a view that the board of directors of a healthcare intermediary should include at least one medical doctor.
• Hong Kong Alliance for Patients' Organizations	1. The deputation is of the view that healthcare intermediaries should appoint representatives from the patient groups recognized by the Consumer Council as their non-executive directors.
• Hong Kong Doctors Union	1. The deputation proposes that the percentage of shares of a healthcare intermediary owned by doctors should be equal to or not less than 90% of the entire issued shares of the company.
Financial supervision	
• Hong Kong Alliance for Patients' Organizations	1. To ensure financial soundness and capability of healthcare intermediaries, the deputation considers that the registered capital of a healthcare intermediary should not be lower than $5 million. The financial reports of healthcare intermediaries should also be submitted to the regulatory body on a regular basis.
• The Hong Kong Federation of Insurers	1. The deputation suggests that solvency requirement should be applied to healthcare intermediaries for the provision of credit services.

Name of Organization	**Submission [LC Paper No.]**
Hong Kong Alliance for Patients' Organizations	LC Paper No. CB(2)1153/12-13(02)
Hong Kong Doctors Union	LC Paper No. CB(2)1153/12-13(01) and LC Paper No. CB(2)1173/12-13(01)
The Hong Kong Federation of Insurers	LC Paper No. CB(2)1135/12-13(04)
The Hong Kong Medical Association	LC Paper No. CB(2)1158/12-13(01)
Practising Estate Doctors Association	LC Paper No. CB(2)1158/12-13(02)

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