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Ref : CB2/PL/HS

Panel on Health Services

Minutes of special meeting
held on Monday, 10 February 2014, at 2:30 pm
in Conference Room 2 of the Legislative Council Complex

Members present	**:**	Dr Hon LEUNG Ka-lau (Chairman) Hon Vincent FANG Kang, SBS, JP Hon WONG Ting-kwong, SBS, JP Hon CHAN Kin-por, BBS, JP Dr Hon Priscilla LEUNG Mei-fun, SBS, 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 Elizabeth QUAT, JP Hon POON Siu-ping, BBS, MH Dr Hon CHIANG Lai-wan, JP
Member attending	**:**	Hon James TO Kun-sun
Members absent	**:**	Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN (Deputy Chairman) Hon Albert HO Chun-yan Dr Hon Helena WONG Pik-wan

Public Officers attending : Items I and II

Professor Sophia CHAN Siu-chee, JP
Under Secretary for Food and Health

Miss Janice TSE, JP
Deputy Secretary for Food and Health (Health) 1

Item I

Ms Linda WOO
Assistant Director of Health (Drug)
Department of Health

Item II

Dr Derrick AU
Director (Quality & Safety)
Hospital Authority

Dr Alexander CHIU
Chief Manager (Quality & Standards)
Hospital Authority

Dr C T HUNG
Cluster Chief Executive, New Territories East Cluster
Hospital Authority

Dr Tony KO
Hospital Chief Executive
Pok Oi Hospital

Dr C W MAN
Chief of Service (Surgery)
Tuen Mun Hospital/ Pok Oi Hospital

Dr Francis MOK
Chairman, COC (Surgery)

Attendance by invitation : Dr WONG Chow-ming

Tuen Mun Hospital Doctors' Association

Dr WONG Chun-sing

Clerk in attendance	:	Ms Maisie LAM Chief Council Secretary (2) 5
Staff in attendance	:	Ms Mina CHAN Senior Council Secretary (2) 5 Ms Priscilla LAU Council Secretary (2) 5 Ms Michelle LEE Legislative Assistant (2) 5

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I. Further discussion on legislative proposals to enhance the regulation of pharmaceutical products

[LC Paper Nos. CB(2)254/13-14(03), CB(2)414/13-14(01), CB(2)541/13-14(01), CB(2)694/13-14(01) and CB(2)800/13-14(01)]

Members noted the following papers on the subject under discussion -

(a) the previous papers and supplementary information on the legislative proposals to enhance the regulation of pharmaceutical products provided by the Administration for consideration of the Panel (LC Paper Nos. CB(2)254/13-14(03), CB(2)414/13-14(01), CB(2)541/13-14(01) and CB(2)694/13-14(01)); and

(b) the updated background brief entitled "Legislative proposals to enhance the regulation of pharmaceutical products" prepared by the Legislative Council ("LegCo") Secretariat (LC Paper No. CB(2)800/13-14(01)).

2. At the invitation of the Chairman, USFH briefed members on the salient points of LC Paper Nos. CB(2)541/13-14(01) and CB(2)694/13-14(01), which respectively set out the Administration's latest decision of removing from the legislative proposals the relevant provision requiring the presence of registered pharmacist in the registered premises of an authorized seller of poisons ("ASP") whenever an ASP was open for business, and the assessment and consultation work carried out by the Administration when drafting the legislative proposals. Taking the opportunity, USFH made the following clarifications concerning some issues raised by the deputations at the special meeting of the Panel on 10 December 2013 -

(a) the wholesale and retail sales of hair dye products containing diamines such as phenylene diamines or toluene diamines

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which were classified as poisons listed in Part II of the Schedule to the Poisons List Regulations (Cap. 138B) ("PLR") ("Part II poisons") had already been subject to licensing and inspection controls under the existing Pharmacy and Poisons Ordinance (Cap. 138) ("the Ordinance"). The control remained the same under the legislative proposals. It should however be noted that wholesalers of these products would not be subject to the proposed requirement of keeping the transactions records of Part II poisons and non-poisons which were regarded as pharmaceutical products as these products were not regarded as pharmaceutical products under the Ordinance;

(b) minerals dietary supplements were not regarded as poisons or pharmaceutical products under the Ordinance and hence, they were not subject to the regulations under the Ordinance and would continue to be outside the scope of the regulatory regime for pharmaceutical products enhanced by the proposed legislative amendments. As regards vitamin preparations, they had all along been regarded as non-poison pharmaceutical products under the Ordinance. Under the legislative proposals, wholesalers of these products would be subject to licensing and inspection controls and be required to keep transactions records of these products; and

(c) all poisons listed in Part I of the Schedule to PLR ("Part I poisons") were required to be sold under the supervision of registered pharmacists, and those Part I poisons included in the First Schedule to the Pharmacy and Poisons Regulations (Cap. 138A) ("PPR") ("First Schedule Part I poisons") were currently required to be stored in a locked receptacle within the ASP premises. The proposed extension of the requirement to the effect that all Part I poisons would have to be stored in locked receptacle in the premises of an ASP and that only registered pharmacists should hold the key to the locked receptacle was aimed to ensure the complete control over Part I poisons by pharmacists.

Storage of Part I poisons in the registered premises of ASPs

3. Mr Vincent FANG said that registered pharmacists were gravely concerned about the proposal to require all Part I poisons be stored in locked receptacle in the registered premises of an ASP and that only the pharmacist should hold the key to the locked receptacle. He considered it difficult to require a registered pharmacist to be the sole holder of the key if the

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pharmacist was not the owner or one of the owners of the ASP concerned. Mr POON Siu-ping expressed similar concern and asked about the rationale for the requirement that only the pharmacist should hold the key to the locked receptacle. Referring to Regulation 19(2)(a) of PPR which read as "No person shall store any substance included in the First Schedule in any retail shop or premises used in connection therewith unless the substance is stored in a receptacle reserved solely for the storage of poisons, which receptacle shall be locked with an adequate lock the key for which shall be retained by the registered pharmacist", the Chairman sought clarification as to whether the registered pharmacist referred therein had to be the sole holder of the key to the locked receptacle in the premises of an ASP.

4. USFH reiterated that under the existing regulatory regime, First Schedule Part I poisons were required to be stored in a locked receptacle away from customers' access within the ASP premises with the key for the locked receptacle being kept by the registered pharmacist. The proposal only changed the scope of control over the storage of poisons from First Schedule Part I poisons to all Part I poisons, so as to enhance the regulation and control over poisons which were required to be sold under the supervision of registered pharmacists at ASPs. Assistant Director of Health (Drug), Department of Health ("ADH(D), DH") supplemented that no substantial amendments would be made to the provisions of Regulation 19(2)(a) of PPR, except extending the scope of poisons to all Part I poisons in order to prevent the opportunity for these poisons to be sold to customers by other staff when the pharmacist was not present at the premises of ASP.

5. The Chairman sought information on the liability of the registered pharmacist under Regulation 19(2) of PPR if he/she had no knowledge of the arrangement that the key kept by him/her was not the only key to the locked receptacle in the premises of the ASP concerned, or some First Schedule Part I poisons were not being kept in the locked receptacle. Mr CHAN Han-pan was also concerned about whether the registered pharmacist would be held liable if the owner of the ASP concerned had stored some First Schedule Part I poisons outside the locked receptacle which the registered pharmacist had no knowledge of. Dr Priscilla LEUNG expressed concern about the monitoring of compliance with the requirement.

6. ADH(D), DH advised that any person irrespective of capacity would be liable if he/she knowingly contravened Regulation 19(2) of PPR by failing to store First Schedule Part I poisons in a locked receptacle in the premises of an ASP. Deputy Secretary for Food and Health (Health) 1 ("DSFH(H)1") further elaborated that who would be liable to prosecution in case of non-compliance with the relevant requirement would depend on the evidence available and the circumstances of each case. Dr KWOK Ka-ki

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requested the Administration to provide after the meeting information on the numbers of inspection conducted, prosecution instituted and conviction secured in relation to non-compliance with regulation 19(2)(a) of PPR in the past five years. ADH(D), DH agreed.

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Regulation on the selling of poisons

7. Mr Albert CHAN said that it was not uncommon that pharmaceutical products listed in the Third Schedule to PPR ("Third Schedule Part I poisons"), which were required to be sold on prescription in the presence and under the supervision of a registered pharmacist when dispensed by an ASP, were sold without prescription by other staff without the knowledge of the registered pharmacist. He sought clarification on the legal responsibility on the part of registered pharmacists employed by ASPs.

8. USFH and ADH(D), DH advised that under the Ordinance, each set of premises of an ASP where poisons were kept for the purposes of retail sale had to be under the personal control of a registered pharmacist, which was currently defined as being present not less than two-thirds of the hours of each day the premises were open for business. The sale of poisons conducted on the premises had to be by a registered pharmacist or in his/her presence and under his/her supervision. Sale of Third Schedule Part I poisons without prescription was criminal offence liable to prosecution. The person selling the medicines and, depending on the circumstances as the case might be, the ASP concerned would be regarded as responsible for the offence. In response to Dr Priscilla LEUNG's enquiry as to whether there were pharmaceutical products which could be sold by persons other than registered pharmacists, DSFH(H)1 advised that listed seller of poisons ("LSP"), commonly known as "medicine companies", which were allowed to sell pharmaceutical products classified as Part II poisons and non-poisons, did not have the service of a registered pharmacist. Dr Priscilla LEUNG urged the Administration to step up public education on the difference between ASP and LSP.

9. Dr KWOK Ka-ki was concerned about the failure of the existing regulatory regime to prevent those ASPs who closed business to escape punishment after committing serious offences from restarting business at the same premises as new ASPs. There were also cases that ASPs with drug-related convictions could successfully restart and operate new ASPs because the owners of the convicted ASPs might not be personally convicted of the offence. He considered that a system should be put in place to disqualify ASP with repeated drug-related convictions. ADH(D), DH advised that if an ASP was found to have breached a licensing condition, the case would be referred to the Pharmacy and Poisons Board ("PPB") for consideration. If

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non-compliance with the law was found, prosecution action would be initiated. Following a conviction, further actions would be taken by the Disciplinary Committee of PPB. At present, the outcome might be the issue of a warning letter against the retailers concerned, or suspension of the licence for a period of time.

10. In response to Mr Albert CHAN's enquiry as to whether PPB would register an area located within a retail outlet as the registered premises of an ASP for carrying out the retail sale of poisons by a registered pharmacist, DSFH(H)1 advised that ASP was a business authorized to conduct the retail sale of poisons at premises duly registered with PPB for such purpose. PPB would consider, among others, whether the premises were suitable for conducting the retail sale of poisons in assessing the application, in which the address of such premises had to be specified.

Duration of presence of pharmacists in ASPs

11. Dr KWOK Ka-ki considered the latest decision of the Administration to withdraw from the current legislative amendment exercise the provision concerning the requirement that registered pharmacist should be present in the registered premises of an ASP whenever it was open for business a deviation from the aim of the legislative proposals which was to strengthen the regulation of pharmaceutical products. Dr Fernando CHEUNG shared the view that the original proposal, if pursued, would enhance consumer protection. Mr POON Siu-ping sought elaboration about the rationale for the latest decision of the Administration.

12. USFH stressed that as a matter of fact, in formulating the proposal for requiring the presence of registered pharmacist in the registered premises of an ASP whenever the ASP was open for business, the Administration had already taken into account the current manpower supply of the registered pharmacists. In the light of this, the original proposal of the Administration was that the relevant provision for such requirement would be implemented at a later stage. In response to views and concerns of the trade and some members and considering that the manpower supply of registered pharmacists in the coming years might not be sufficient to cope with the manpower demand from the aforesaid proposal, coupled with the fact that its original intention was not to implement the aforesaid proposal shortly, the Administration considered that there was no imminent need to amend the relevant legislation at this stage. The current requirement for the presence of registered pharmacist in the registered premises of an ASP for not less than two-thirds of its opening hours would remain unchanged.

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13. Dr KWOK Ka-ki enquired about the timetable to reintroduce the proposal. USFH advised that the Administration would give due regard to the manpower supply of pharmacists in considering the appropriate timing for the introduction of the proposal. In the meantime, the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development ("the Steering Committee") was conducting a strategic review on, among others, the healthcare manpower planning for the 13 healthcare professions under statutory regulation, including pharmacists.

14. Mr Vincent FANG pointed out that many small and medium-sized ASPs which engaged in the retail sale of both pharmaceutical products and daily goods, such as bottled water and infant milk formula, had relatively long opening hours, say, more than 12 hours. He held a strong view that at times when a registered pharmacist was not present at the part of the premises where poisons were kept for the purpose of retail sale, the rest of the premises should be allowed to remain open for sale of goods and products not classified as poisons. DSFH(H)1 stressed that it was a statutory requirement that for not less than two-thirds of the hours of each day the registered premises of an ASP were open for business a registered pharmacist was present at the premises. For the remaining opening hours, an ASP could continue to sell those goods and products not classified as Part I poisons.

Placing orders of drugs in written form

15. Mr Vincent FANG said that the trade in principle supported the proposal that all orders for pharmaceutical products should be in written form. Mr CHAN Han-pan also expressed support for the proposal. In response to Mr Vincent FANG's enquiry as to whether consideration could be given to accepting orders by electronic means, such as e-mail, as means of placing drug orders in written form so as to facilitate the operation of the trade, USFH replied in the positive.

16. Dr Fernando CHEUNG noted with concern that the requirement of placing drug orders in written form would be implemented by administrative means whereby PPB would incorporate the requirement in the codes of practice ("COPs") for the relevant licenced drug traders, instead of regulating by legislation. He asked how the Administration could ensure that all ASPs, LSPs and practising doctors would comply with the requirement. DSFH(H)1 and ADH(D), DH advised that the Administration proposed to empower PPB to promulgate corresponding COPs in order to provide practical guidance to different licensed traders and traders subject to registration requirement (including manufactures, wholesalers and retailers). PPB would also be empowered to impose licensing conditions; revoke or suspend licence; suspend such directions; or issue warning letter to the

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relevant licence/registration holders upon non-compliance of COPs, licensing conditions or relevant drug-related offences. As regards practising doctors, it was recommended in the Good Dispensing Practice Manual of the Hong Kong Medical Association ("HKMA") that the ordering of drugs from suppliers should be made in writing and the written orders should be kept for verification upon delivery of the drugs and for future reference.

Regulation of vitamin preparations

17. Mr Vincent FANG held the view that vitamin preparations should be regarded as health food products rather than pharmaceutical products. Given the growing popularity of these products, he called on the Administration to put in place a separate regulatory regime for health food products with reference to overseas regulations.

18. USFH advised that there was no universally accepted definition of health food products. In Hong Kong, these products were regulated under different ordinances depending on their ingredients. If the product contained medicines, it was subject to the regulation of the Ordinance. If the product was composed solely of Chinese medicines as active ingredients, it was regulated under the Chinese Medicine Ordinance (Cap. 549). For those products which were classified as general food products, they were regulated under the Public Health and Municipal Services Ordinance (Cap. 132) which required that all food for sale had to be fit for human consumption. In addition, the Undesirable Medical Advertisements Ordinance (Cap. 231) prohibited the advertising of medicines, surgical appliances or treatment for prevention of certain diseases or conditions in human beings as specified in its Schedules 1 and 2.

Separation of prescribing from dispensing drugs

19. While welcoming the legislative proposals to enhance the regulation of pharmaceutical products, Mr CHAN Han-pan enquired whether the Administration would take forward the issue of separation of prescribing from dispensing of drugs. Dr Fernando CHEUNG urged for the early implementation of separation of prescribing from dispensing drugs. USFH advised that patients currently had the choice of asking doctors at private clinics for a prescription to be filled by a pharmacist. To put the proposal into practice would hinge on the support of patients, the adequacy of community pharmacies and the manpower supply of registered pharmacists. As regards the latter, USFH reiterated that the Steering Committee was conducting a strategic review on, among others, the healthcare manpower planning for the 13 healthcare professions under statutory regulation.

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Conclusion

20. In closing, the Chairman concluded that the Panel generally supported the Administration's legislative proposals to enhance the regulation of pharmaceutical products.

II. Surgical Outcomes Monitoring and Improvement Programme of the Hospital Authority

[LC Paper Nos. CB(2)800/13-14(02) and (03) and CB(2)812/13-14(01)]

21. The Chairman reminded members that the Panel had agreed at its meeting on 20 January 2014 that the discussion of this subject should cover, among others, recent public concerns about the findings of the latest Surgical Outcomes Monitoring and Improvement Programme ("SOMIP") report covering the period from July 2012 to June 2013, as well as the outcomes of plastic and cardiac surgeries performed by the Prince of Wales Hospital ("PWH").

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

(a) the Administration's paper entitled "Surgical Outcome Management in the Hospital Authority: Clinical Governance and Improvement Measures" (LC Paper No. CB(2)800/13-14(02)); and

(b) the information note entitled "Surgical Outcomes Monitoring and Improvement Programme of the Hospital Authority" prepared by the LegCo Secretariat (LC Paper No. CB(2)800/13-14(03)).

Views of deputations

23. At the invitation of the Chairman, Dr WONG Chow-ming and Dr WONG Chun-sing of Tuen Mun Hospital Doctors' Association presented their views on SOMIP of the Hospital Authority ("HA"). Dr WONG Chow-ming said that he was a former consultant surgeon of Tuen Mun Hospital ("TMH"). In his view, a reason why the outcomes of emergency and elective surgeries performed by TMH were statistically worse than other public hospitals was the portfolio of other hospitals in the New Territories West ("NTW") Cluster. Given that Castle Peak Hospital and Siu Lam Hospital were psychiatric hospitals and Pok Oi Hospital was of a small scale, TMH was the only hospital providing a full-range of acute surgical services in the Cluster. This apart, a large proportion of the

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catchment population of the NTW Cluster belonged to low-income group and was less health conscious. Many of the patients undergoing surgeries at TMH were therefore suffering from serious illnesses or chronic diseases. This might have a negative impact on their recovery and would also increase the risk of post-operative complications. He added that the remote geographical location of the Yuen Long and Tuen Mun districts also discouraged those people who were financially capable to seek private healthcare services outside the districts from doing so.

24. Dr WONG Chun-sing of Tuen Mun Hospital Doctors' Association pointed out that in response to the results of previous SOMIP, TMH had put in place a number of measures to improve its performance in surgeries in the past few years. That said, he considered that heavy workload and medical manpower constraint were the root causes that affected TMH's performance. The catchment population of the NTW Cluster was about 1.1 million, whom seldom utilized hospital services in other clusters. TMH had to handle a large number of patients for emergency surgeries, which amounted to more than 13 000 attendances in 2012-2013. The bed occupancy rate of the surgical wards in TMH had increased from 106% in 2012-2013, which was the highest among all public hospitals, to the present level of about 110%. There were cases whereby surgical wards which were designed to accommodate 36 patients had accommodated 50 to 60 patients in the day time. It should also be noted that partly due to the heavy workload, the surgical department of TMH had a high turnover rate of doctors. Many resident trainees were also not willing to work at TMH. At present, the doctor vacancy rate of the surgical department of TMH was about 10%.

25. Members also noted the written submission from the Association of Hong Kong Nursing Staff expressing its views on the subject (LC Paper No. CB(2)812/13-14(01)).

The Administration's response to the views expressed by deputations

26. Responding to the views expressed by the deputations, USFH advised that HA had implemented SOMIP in all its surgical departments since 2008 to monitor surgical outcomes and identify improvement opportunities in public hospitals. Upon the release of the report, HA would organize an open forum for all staff to discuss the results to facilitate communication and to promote learning and sharing. It also arranged a media workshop each year to explain the report, answer queries and clarify misunderstandings. While there had always been wide public concern about the hospitals that needed improvement, it was worthy to note that the latest SOMIP report revealed that the average 30 day crude mortality rate for elective major and ultra major operations in HA was 0.7% in 2012-2013, which compared favorably

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with other developed countries. In addition, there was statistically significant improvement in the overall risk adjusted mortality for emergency operations in HA during the same period.

Discussion

Surgical performance of the NTW Cluster

27. Expressing concern that the outcomes of surgeries performed by TMH had been statistically worse than other public hospitals since the introduction of SOMIP in 2008, Dr KWOK Ka-ki enquired whether, and if so, what measures had been put in place by HA to improve the performance of TMH. He urged HA to allocate more resources to the NTW Cluster as a whole and to TMH in particular. Miss Alice MAK raised a similar question. She pointed out that the lack of provision of private hospital services in the NTW Cluster, and the long travelling time involved for travelling from the catchment districts such as Tin Shui Wai to other hospital clusters had resulted in high dependency of the population in the districts on public hospital services within the NTW Cluster. The lack of resources had however exerted tremendous service pressure of the NTW Cluster.

28. USFH advised that the NTW Cluster had been given a higher percentage increase in the amount of funding for the period of 2008-2009 to 2012-2013, which amounted to 8% in total. Director (Quality and Safety) of HA ("D(Q&S), HA") supplemented that HA would determine the resource allocation to hospital clusters having regard to a basket of factors, including, among others, resources required to address specific pressure areas or gaps. Cases in point were the NTW and Kowloon East Clusters.

29. Noting that a way forward was to expand the operating theatre capacity of Pok Oi Hospital ("POH") with a view to sharing the workload of TMH in emergency operations, Dr KWOK Ka-ki cast doubt on whether this would be to the best interest of patients given the inadequate facility support, such as intensive care units ("ICU"), at POH. Noting that a yearly average of 3 800 patients admitted to the accident and emergency department of POH were transferred to TMH for emergency operations, Mr POON Siu-ping was concerned about the capability of POH in providing emergency operations. In response to Dr KWOK Ka-ki, Dr WONG Chau-ming said that while POH was a general acute hospital, its target surgical patients were those who were less seriously ill and did not require the performance of emergency operations. It should also be noted that the implementation of this measure might affect the medical manpower support for TMH, as some doctors of POH and TMH worked at both hospitals for operational needs.

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30. D(Q&S), HA advised that the enhancement of the capacity of POH was only one of the many measures to improve the surgical services of the NTW Cluster. Upon the release of the report each year, the Coordinating Committee of Surgery ("COC-Surgery") would look into the operations of the surgical departments of those hospitals with indicated opportunities for improvement, with a view to identifying the root causes that might affect the hospitals' performance. Hospital Chief Executive, POH ("HCE, POH") supplemented that given the medical manpower constraint, POH had to roll out its services in phases after redevelopment. At present, POH provided elective operations, whereas TMH was the only hospital in the NTW Cluster providing emergency operations. In the latest SOMIP report, COC-Surgery pointed out to HA's management that high bed occupancy of surgical wards, such as the case of TMH, was inversely correlated with their outcomes. In view of the fact that the surgical wards of POH had a lower bed occupancy rate and that the relevant facilities, such as operation theatres, ICU and medical wards, were available for use at POH, a way forward being considered was to open emergency operating theatre sessions and additional beds in the surgical wards at POH. This could obviate the need for POH to transfer patients requiring emergency operations to TMH on the one hand, and enable residents of the Yuen Long district to receive operations at a hospital located in the area where they resided on the other hand. That said, POH would only roll out the services in phases when there were adequate surgeons, anaesthetists and theatre nurses to support its provision of emergency operations.

31. Dr KWOK Ka-ki did not subscribe to HA's explanations and urged for the allocation of more resources to TMH. Miss Alice MAK held a similar view, adding that HA should enhance the doctor to patient ratio of the NTW Cluster to a level on par with that of other hospital clusters and ensure an even distribution of resources among the hospital clusters. USFH reiterated that the NTW Cluster had been given a higher percentage increase in the amount of funding in recent years. D(Q&S), HA supplemented that while efforts had been and would continuously be made to improve the surgical outcomes of those hospitals with indicated opportunities for improvement under SOMIP by, say, setting up surgical high dependency units, increasing the number of operation theatre sessions and strengthening the manpower support, the problems could not be solved overnight. It was however worthy to note that the NTW Cluster had been accorded a higher priority in funding allocation among hospital clusters in recent years.

32. Miss Alice MAK expressed concern that the proposed increase in the number of operating theatres in TMH would exert great pressure on its already stringent manpower. D(Q&S), HA advised that an established structure was in place to provide regular monitoring of progress towards the

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objectives of various cluster or hospital initiatives set out in the Annual Plan. At the HA Head Office level, the weekly Directors' Meeting provided a forum for the Chief Executive of HA and the senior executive management team (i.e. Directors, Heads and Cluster Chief Executives) to review the progress of achievements.

Outcomes of surgeries performed by PWH

33. Mr James TO was gravely concerned about whether the determination of the timing for surgical treatment interventions for Ms YIK Siu-ling, one of the survivors of the Manila incident, by PWH had involved non-clinical consideration. He urged PWH to allow the patient concerned to have sight of the internal e-mail correspondence concerning her treatment. USFH assured members that all decisions regarding the timing and treatment modality of the patient concerned was made based on clinical needs. Cluster Chief Executive, NTE Cluster of HA supplemented that HA was actively examining which relevant e-mail correspondence could be made available for viewing by the patient concerned.

34. Referring to the incident involving the expression of concerns by some cardiologists in the PWH cardiac team in January 2013 concerning the clinical management of 11 cases of cardiovascular interventional procedures ("the 11 cases") performed by Professor YU Cheuk-man, Head of the Division of Cardiology of PWH, Mr James TO expressed concern about the prolonged investigation of the matter by HA. While HKMA had invited six overseas cardiologists to review the procedures concerned separately at a later time, its review had already been completed and no medical malpractice had been found. In his view, the temporary suspension of cardiovascular interventional procedures performed by Professor YU Cheuk-man had deprived the rights of patients of PWH to receive operations from an experienced cardiologist who also provided training and direct supervision to junior doctors.

[At this juncture, the Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion of this item.]

35. D(Q&S), HA advised that HA had set up two expert panels and an Independent Review Committee ("IRC") to look into the matter. One of the two expert panels was responsible for reviewing the methodology of, and data for an audit conducted in 2012 on percutaneous coronary interventions performed from January 2011 to June 2011 in PWH ("the PCI Audit") and its findings. The other expert panel was responsible for reviewing the clinical management of the 11 cases in PWH and their clinical outcomes.

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The two panels had submitted their reports to IRC in September 2013 and January 2014 respectively. HA had also commissioned two overseas interventional cardiology experts to review the PCI Audit and the 11 cases with reference to the reports of the two panels. The full sets of documents relating to the 11 cases had been sent to the two overseas experts on 6 February 2014. While the international practice was that it normally took two to three months for completing a review of such complexity, it was hoped that the two experts could provide their preliminary views in six to eight weeks' time. Separately, HA had received the set of reports from HKMA on the 11 cases. It had written to HKMA seeking more information on the documents and information on which those reviews were based, and whether the reviewing cardiologists had looked at all 11 cases. D(Q&S), HA appealed to members' understanding that the investigation of HA would take a longer time to complete in view of the complexity of the matter.

36. Pointing out that PWH was the largest public hospital in the New Territories East ("NTE") Cluster providing acute and tertiary healthcare services and a university teaching hospital, Mr CHAN Kin-por expressed concern that the latest SOMIP report revealed that the performance of PWH in emergency operations was for the first time worse than other public hospitals. He asked whether this was due to the lower utilization of ICU beds by patients undergoing emergency operations at PWH. Dr KWOK Ka-ki was concerned that the existence of fiefdoms among different departments of a hospital might affect the utilization of ICU beds. Mr POON Siu-ping sought elaboration about the setting up of surgical high dependency units at the three public hospitals with indicated opportunities for improvement in surgical services, with PWH being one of the hospitals. Chairman, COC-Surgery advised that the differential utilization of ICU beds by patients undergoing elective and emergency operations might have an impact on surgical outcomes. PWH would set up surgical high dependency units in 2014-2015 to take care of those patients who underwent elective operations. In doing so, more ICU beds in PWH would be made available for taking care of the more seriously ill patients undergoing emergency operations.

37. Holding the view that the lack of long-term planning for both the hardware and software support was the main reason affecting the surgical performance of public hospitals, Dr Elizabeth QUAT urged the Administration to address these problems squarely. She was in particular concerned about the progress of the phase two redevelopment project of PWH.

38. USFH assured members that the Administration had all long strived to ensure the development of a public healthcare system with capacity and capability for delivering services to the public. The Secretary for Food and

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Health had briefed the Panel on the redevelopment and expansion plans of public hospitals in July 2013. D(Q&S), HA supplemented that in view of the latest projection of population growth in the NTE Cluster where PWH belonged to, HA was reviewing the phase two redevelopment project of PWH, including considering increasing the number of beds and expanding the inpatient services so as to meet the long-term medical needs of the community. In addition, future expansions of other public hospitals in the NTE Cluster, including the North District Hospital and the Tai Po Hospital, had been catered for by reserving the residual development potentials of the respective hospital sites. Dr Elizabeth QUAT urged the Administration to revert to the Panel on the timetable for implementing the project as early as possible.

Methods to identify factors that might affect hospitals' performance

39. Pointing out that the provision of additional beds and medical manpower support in individual hospitals hinged on the recurrent funding allocated to the hospitals, the Chairman expressed concern that both the NTW and NTE Clusters had disproportionately lower ratios of recurrent funding per 1 000 population in 2012-2013 as compared with other hospital clusters. He remarked that even having taken into account the factor of cross-cluster service utilization, there was still an uneven distribution of resources in terms of patient population ratio among the seven hospital clusters. Citing the utilization rate of specialist outpatient services (i.e. with the number of attendances of the services from a particular hospital cluster as the numerator and the size of residential population of that hospital cluster as the denominator) as an example for illustration, he pointed out that the NTE Cluster, NTW Cluster and Kowloon Central Cluster had recorded the lowest utilization rates at the level of 64%, 67% and 68% respectively. Noting that statistical methods were used to identify factors that might affect the hospitals' performance in surgical operations, the Chairman considered that the ratio of recurrent funding per patient of individual hospital cluster should be included as a factor of consideration.

[At this juncture, the Chairman suggested and members agreed that the meeting be further extended for 15 minutes.]

40. D(Q&S), HA advised that assessing demand and resource utilization by its patient population in different hospital clusters for public healthcare services was a complicated task. A basket of factors had been considered in totality when resources were allocated by HA among the hospital clusters. This included, among others, cross-cluster service utilization. According to a recent study conducted by HA on resources utilization by its patient populations, there was a less than 10% difference among the seven hospital

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clusters in terms of the average resources allocated to each patient. The Chairman requested the Administration and HA to provide after the
Admin/HA meeting information on the methodology used in, and the outcome of, HA's recent study on resources utilization by its patient populations which had taken into account cross-cluster utilization of hospital services, including a breakdown of the average resources utilized by each patient by hospital clusters.

Medical manpower resources of HA

41. Dr CHIANG Lai-wan sought elaboration from Tuen Mun Hospital Doctors' Association on the difficulties faced by the surgical department of TMH in terms of medical manpower support. Dr WONG Chun-sing of Tuen Mun Hospital Doctors' Association pointed out that given the current medical manpower constraint, many overnight on-site on-call junior doctors of the department would not take the immediate post-call time-off granted to help cope with the heavy demand for emergency operations at the daytime. Dr CHIANG Lai-wan asked whether consideration could be given to increasing the number of first-year first-degree places in medicine, and recruiting more overseas-trained doctors who were local residents. Dr Priscilla LEUNG called on the Administration to address the problem of medical manpower shortage in public hospitals. Miss Alice MAK was particularly concerned about the medical manpower shortage in TMH. Dr Elizabeth QUAT asked whether consideration could be given to facilitating those experienced doctors who were trained overseas to practise in Hong Kong, say, removing the requirement that they had to sit the Licensing Examination of the Medical Council of Hong Kong ("MCHK"), so as to address the manpower shortage of HA in the short-term.

42. USFH responded that steps had been taken to tackle the medical manpower shortage problem at source by increasing the number of first-year first-degree places in medicine by 100 starting from 2012. HA had also adopted a more flexible approach to address the manpower constraint issues through employment of part-time doctors. In the longer-term, as pointed out earlier at the meeting, the Steering Committee was conducting a strategic review on, among others, manpower planning for the 13 healthcare professions including doctors under statutory regulation. USFH further said that under the Medical Registration Ordinance (Cap. 161), MCHK was empowered to handle regulatory matters relating to medical practitioners in Hong Kong including registration and disciplinary proceedings. The Licensing Examination of MCHK aimed to ensure that those who wished to register as medical practitioners in Hong Kong after having received medical training elsewhere had attained a professional standard comparable to that of local medical graduates. This was to safeguard the quality of the medical

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services and hence public health. It should be noted that MCHK had decided to increase the number of Licensing Examinations from once to twice a year from 2014, with a view to facilitating those overseas-trained doctors to have examination and practise in Hong Kong. Dr Elizabeth QUAT maintained the view that the Administration should review the current examination requirements for overseas-trained doctors to practise in Hong Kong.

43. In response to Mr CHAN Kin-por's enquiry about whether HA would employ more private doctors to practise on a part-time basis in public hospitals, D(Q&S), HA advised that the number of part-time doctors employed by HA had increased from some 100 to more than 300 in the past three years to address the manpower constraint issue. It should however be noted that some main duties of surgeons, such as overnight on-call duties, could hardly be taken up by part-time doctors. D(Q&S), HA added that the latest SOMIP report revealed that high bed occupancy of surgical wards was considered as the main reason why the performance of TMH in surgical operations was worse than other public hospitals. It was expected that the enhancement of the service capacity of POH could help to relieve the burden of TMH.

Management of complaints

44. Dr Priscilla LEUNG asked whether there was any mechanism in place for individual public hospitals to handle medical complaints arising from surgeries of a quality below standard, so as to obviate the need for patients to resort to legal proceedings to seek claims from HA. D(Q&S), HA advised that to manage complaints at source and ensure that prompt action was taken for improvement, all initial complaints would be handled and responded to directly by the public hospital or clinic concerned. The handling of cases of claim would depend on the circumstances of each individual case. There were cases settled through negotiation and mediation. Dr Priscilla LEUNG considered that individual hospital should be given greater discretion in managing applications for claims. D(Q&S), HA took note of the view.

45. There being no other business, the meeting ended at 4:59 pm.

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