

立法會
Legislative Council

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Panel on Health Services

Minutes of meeting
held on Monday, 20 July 2015, at 4:30 pm
in Conference Room 3 of the Legislative Council Complex

- Members present** : Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN (Chairman)
Dr Hon LEUNG Ka-lau (Deputy Chairman)
Hon Albert HO Chun-yan
Hon WONG Ting-kwong, SBS, JP
Hon CHAN Kin-por, BBS, JP
Hon CHEUNG Kwok-che
Hon Albert CHAN Wai-yip
Hon YIU Si-wing, BBS
Hon Charles Peter MOK, JP
Hon CHAN Han-pan, JP
Hon Alice MAK Mei-kuen, BBS, JP
Dr Hon KWOK Ka-ki
Dr Hon Fernando CHEUNG Chiu-hung
Dr Hon Helena WONG Pik-wan
Hon POON Siu-ping, BBS, MH
- Member attending** : Hon Michael TIEN Puk-sun, BBS, JP
- Members absent** : Hon Vincent FANG Kang, SBS, JP
Dr Hon Elizabeth QUAT, JP
Hon Christopher CHUNG Shu-kun, BBS, MH, JP

**Public Officers : Items I and II
attending**

Dr KO Wing-man, BBS, JP
Secretary for Food and Health

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

Dr PY LEUNG, JP
Chief Executive
Hospital Authority

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

Mr Alvin CHAN
Senior Manager (Financial Planning)
Hospital Authority

Clerk in attendance : Ms Maisie LAM
Chief Council Secretary (2) 5

Staff in attendance : Ms Janet SHUM
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Miss Sandra SIU
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)1786/14-15(01) to (02) and CB(2)1942/14-15(01)]

Members noted that the following papers had been issued since the last meeting -

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- (a) letters dated 22 and 23 June 2015 from Miss Alice MAK and Dr KWOK Ka-ki respectively suggesting the Panel to discuss the regulation of medical devices in view of a recent fatal case involving the use of a device that delivered electric power; and
- (b) letter dated 17 July 2015 from Dr KWOK Ka-ki suggesting the Panel to discuss excessive lead content in drinking water.

2. On item (b) above, the Chairman took the opportunity to invite Secretary for Food and Health ("SFH") to give a short briefing on the health effects arising from significant exposure to lead found in drinking water and arrangements for blood lead level testing for public rental housing ("PRH") estates residents affected by the lead in drinking water incidents.

3. In gist, SFH advised that the Department of Health ("DH") had set up a hotline for answering public enquiries on the health impact of lead and providing health advice, as well as arranging blood lead level testing appointments for households with water samples tested to have elevated lead level and residents of the affected PRH estates who fell into the three more easily affected groups (i.e. children aged below six, pregnant women and lactating women). As at noon of 20 July 2015, the hotline had received 1 705 enquiries, including 932 appointments for blood lead level testing. DH and the Hospital Authority ("HA") had jointly derived the reference values of blood lead levels and corresponding actions to be taken in various healthcare settings. The first batch of blood test results of the affected residents revealed that all the 10 blood samples showed normal blood lead levels.

4. Dr KWOK Ka-ki and Dr Helena WONG held a strong view that consideration should be given to expanding the scope of blood lead level testing to cover also children who were under six years old when moving into the PRH estates concerned. To enhance the blood testing capacity, Dr KWOK Ka-ki considered that more public hospitals in addition to the United Christian Hospital should be involved in the provision of blood taking services for the affected residents. Dr Helena WONG further suggested that other affected residents falling outside the specified groups should be allowed to register for undergoing blood lead level tests at a later stage when capacity permitted. She said that according to the drinking water tests conducted by the Democratic Party, excess heavy metals, such as lead, cadmium and nickel, were found in three water samples taken from the Lower Ngau Tau Kok Estate and two water samples taken from the Shui Chuen O Estate. She requested the Administration to arrange blood lead level tests for the residents of these PRH estates. Mr CHEUNG Kwok-che

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expressed concern about whether people suffering from chronic diseases were easily affected by excess lead in drinking water and should undergo blood lead level testing.

5. SFH advised that since HA's current maximum throughput of blood lead level testing for the affected residents was around 300 blood samples per week, priority for blood lead level testing should be accorded to those residents of the affected PRH estates who belonged to the three more easily affected groups. SFH further advised that in the meantime, the Food and Health Bureau ("FHB") would closely monitor the results of the drinking water tests conducted by the Housing Department and the Water Supplies Department ("WSD") for another 10 PRH estates, as well as the blood test results of HA. Where necessary and practicable, FHB would consider expanding the scope of blood lead level testing and increasing the number of blood taking sessions and public hospitals providing blood taking service.

6. Pointing out that many PRH estate residents were worried about the potential adverse health effects of drinking water containing lead, Mr CHAN Han-pan considered that the Administration should co-ordinate with the private healthcare sector to enhance the overall blood lead level testing capacity through public-private partnership. Dr Helena WONG suggested that the Administration should provide subsidy to the affected residents for taking the tests in the private sector. Mr Albert CHAN urged the Administration to devise a detailed plan on the provision of blood lead level testing for the affected residents.

7. SFH advised that the Administration was exploring the blood testing capacity of the private healthcare sector. At present, efforts had been made by HA to deploy its healthcare personnel to work overtime to perform blood taking and testing. Ms Alice MAK expressed concern about the impact of the incidents on the clinical services of HA. SFH advised that the longer-term impact of the incidents on the clinical services of HA would depend on the number of PRH estates affected by the incidents and the number of cases that required further assessment and follow-up.

8. Mr CHAN Han-pan sought information about the medical treatment for residents whose blood lead levels exceeded the reference value. SFH advised that a management protocol was developed for persons whose blood lead levels had been found to have exceeded the relevant reference values. Under the care plan, for case whereby the blood lead level was at borderline and significantly raised levels, DH and HA would perform an overall exposure assessment and arrange health evaluation and follow-up respectively. Blood lead level of these cases would be monitored. According to local and international literature and research by experts, the

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half-life of lead in blood was approximately 30 days in general once the source of lead contamination had been eliminated.

9. Noting that the main contractor of the Kai Ching Estate where excess lead in drinking water was found was the contractor of the Hong Kong Children's Hospital, Ms Alice MAK urged HA to monitor the quality of the drinking water of the newly constructed public hospitals. Chief Executive, HA advised that HA would consider testing the lead content in drinking water during the final inspection of the Tin Shui Wai Hospital and the Hong Kong Children's Hospital which were under construction.

10. Mr Albert CHAN considered it undesirable that the Government and some experts and professional bodies had divergent views on the procedures for collecting tap water samples for lead testing, as this would cause confusion to members of the public. He called on the Administration to engage the professional bodies to map out a set of standard procedures in this regard. Dr KWOK Ka-ki opined that the advice of DH that the risk of lead to the health of the residents concerned should be considered in the context of a lifetime of consumption could not ease public concern over the incident. Mr CHEUNG Kwok-che called on the Administration to allay public fear through stepping up public education on lead in drinking water and its health effects. SFH took note of members' views, adding that efforts had been, and would continuously be, made by DH to provide the relevant health information to members of the public.

11. Pointing out that residents of private housing estates were gravely concerned about whether there was excess lead in the drinking water of their estates, Mr Michael TIEN asked whether these residents should conduct drinking water tests and undergo blood lead level tests. SFH responded that a Task Force led by WSD had been set up to carry out investigation to ascertain the causes in relation to incidents of lead in drinking water in PRH estates. Residents and management offices of private housing estates could make reference to the findings of the Task Force when available.

[Note: 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 the next two agenda items.]

II. Review on the Hospital Authority

[LC Paper Nos. CB(2)1907/14-15(01) and (02)]

12. Members noted the paper provided by the Administration (LC Paper No. CB(2)1907/14-15(01)) and the background brief prepared by the

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Legislative Council Secretariat (LC Paper No. CB(2)1907/14-15(02)) on the subject under discussion.

Funding for and development of the public healthcare system

13. Noting that the estimates of public health expenditure only accounted for 16.8% of the total recurrent expenditure of the Government, and 2.5% of the Gross Domestic Product of Hong Kong in 2015-2016, Dr KWOK Ka-ki urged the Administration to make a commitment to increase the proportion of health budget to the Government's total recurrent expenditure to 17% or above as was the case in the past few years. Dr Helena WONG sought clarification as to whether the Government would take forward planning to increase its financial provision to HA, which stood at \$49.9 billion in 2015-2016, to meet the service demand from an ageing population. Mr CHEUNG Kwok-che opined that the recommendations put forth by the Steering Committee on Review of Hospital Authority ("the Steering Committee") lacked substantial measures to address the challenges brought about by an ageing population. Given that medical manpower resources could not be made available overnight, he was particularly concerned about whether there would be a sufficient supply of local doctors to meet the increasing service demand arising from an ageing population.

14. SFH assured members that in the face of an ageing population, advancement in medical technology and rising public expectation of healthcare services, efforts had been and would continuously be made by the Government to increase its investment in the public healthcare system. SFH further advised that it was the Government's objective that public health expenditure would account for about 17% of its total recurrent expenditure. While the share of recurrent expenditure on health with total Government recurrent expenditure was only close to 17% in 2015-2016, it should be noted that HA would mobilize its internal resources in 2015-2016 for strengthening its healthcare services. As such, there was no reduction in the funding available for use by HA. In terms of public health infrastructure, the Administration had briefed the Panel on the redevelopment and expansion plans of public hospitals, with a view to increasing the number of public hospital beds by 6 000 to 9 000 in the long term to meet the growing demand from an ageing population for healthcare services. This included, among others, the construction of an acute general hospital in the Kai Tak Development Area. As regards healthcare manpower, the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development would assess, among others, the manpower need of the various healthcare professions in view of the growing service demand of an ageing population. It was expected that the results and recommendations of the review would be published in 2015.

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Internal resource allocation within HA

15. Miss Alice MAK urged for the early implementation of the refined population-based funding model recommended by the Steering Committee. Expressing grave concern about the disparity in resource distribution for the New Territories West ("NTW") Cluster in terms of its population size, Mr Albert CHAN called on the implementation of an internal resource allocation model based on the population size or the number of the patients of the respective clusters. While expressing support for the introduction of a refined population-based resource allocation model, Mr Albert HO sought clarification as to whether the model would take into account the provision of services by some hospitals, such as the Castle Peak Hospital, for patients throughout the territory.

16. Mr Michael TIEN noted that the Government planned to allocate a time-limited funding of \$300 million for the next three years from 2015-2016 to 2017-2018 to enhance the existing services of the NTW Cluster, New Territories East ("NTE") Cluster and Kowloon East ("KE") Cluster, so that they could build up the capacity progressively now to serve the growing population demand in their catchment districts before the switch over to the proposed refined population-based funding model. Holding the view that the amount of resources allocated to the NTW Cluster had all long been disproportionately lower than other clusters in terms of their size of population, he considered that an additional annual funding of \$100 million should be allocated to the NTW Cluster for meeting its shortfall of beds, doctors and nurses when compared against HA's average territory-wide hospital bed, doctor and nurse to population ratios. Dr KWOK Ka-ki was concerned about how the \$300 million time-limited funding could address the existing problem of under-provision of resources for the NTW Cluster which recorded the highest inpatient bed occupancy rate across clusters (i.e. more than 95%). He urged for the implementation of an internal resource allocation model based on the population size of the catchment districts of, and the level and scopes of the specialty services provided by each cluster. Dr Fernando CHEUNG asked how the provision of a \$300 million time-limited funding could help to build up the capacity of the NTW, NTE and KE Clusters in the longer term.

17. SFH explained that the Steering Committee had recommended HA to adopt a refined population-based resource allocation model by taking into account, among others, the headcount and age profile of the local and territory-wide population, as well as the organization of the provision and development of tertiary and quaternary services and hence the additional resources required by selected hospitals or clusters. For example, the Queen Mary Hospital ("QMH") provided liver transplant services for patients

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throughout the territory. The Hong Kong Children's Hospital, which was currently under construction, would serve as a tertiary specialist hospital for the management of complex paediatric cases. It was expected that in future, the resources so allocated to each cluster (including the NTW, NTE and KE Clusters) would be able to sustain its provision of secondary services to its catchment population. In response to Mr Albert HO's enquiry as to whether the implementation of the refined population-based resource allocation model would adversely affect the choice of patients in pursuing cross-cluster treatment, SFH replied in the negative.

18. SFH further said that since it would take time and detailed deliberations for HA to develop an appropriate methodology for incorporating relevant factors into the refined population-based model and there was a priority need for topping up funding for the NTW, NTE and KE Clusters, the Government planned to allocate a time-limited funding of \$300 million for the three years from 2015-2016 to 2017-2018 to enhance the existing services of these three hospital clusters while maintaining the baseline funding to other hospital clusters pending the implementation of the refined population-based model. It was expected that funds would also be made available to the NTW Cluster under the other two time-limited funding of \$570 million and \$300 million to be allocated by the Government for the period of 2015-2016 to 2017-2018 for HA to re-employ suitable retirees of those grades and disciplines which were facing a severe staff shortage problem, and enhance its staff training respectively.

19. Dr LEUNG Ka-lau held the view that the long waiting time for services of public hospitals was largely due to the lack of financial incentive for hospitals to shorten the waiting time. He asked whether consideration could be given to studying the application of the concept of "money-follows-patient", with corresponding measures to guard against potential drive for unnecessary activity growth, on public hospitals. SFH advised that the concept of Pay-for-Performance adopted by HA for resource management during the period of 2009-2010 to 2012-2013 was akin to the concept of promoting drive for productivity. It should, however, be noted that there were divergent views over whether the adoption of a competitive concept for resource allocation among clusters and hospitals, or a cooperative concept in terms of service provision would bring greater benefits to patients of the public healthcare system. The Chairman called on HA to map out a concrete plan to shorten waiting time for its specialist outpatient clinics and accident and emergency services as recommended by the Steering Committee.

20. Referring to the media reports that the existing crowded condition of the inpatient wards of the Kwong Wah Hospital ("KWH"), which was under redevelopment, was due to its fear that a cutback in clinical services during

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the redevelopment period would result in a reduction in resource allocation in the future, Dr Fernando CHEUNG asked whether this would be the case.

21. SFH replied in the negative. He explained that given the lack of space at the site of KWH for the construction of a new block for decanting the existing clinical facilities before the demolition of the hospital buildings concerned, it was necessary for KWH to temporarily relocate the affected clinical services to hospital buildings which were not yet demolished, so as to ensure that there would be no disruption to the continuity of services for patients during the implementation of the redevelopment project. Such arrangement was not uncommon for many redevelopment projects of public hospitals. Chief Executive, HA ("CE, HA") supplemented that other ancillary facilities such as offices had been temporarily decanted off-site to the Kowloon Hospital, and ambulatory services of KWH had been strengthened to support patients in the community during the redevelopment period.

22. Dr Helena WONG surmised that lack of resources might be the root cause of the incident of QMH whereby linen was found infected with rhizopus microsporus. SFH responded that an investigation panel would be set up to examine the root cause of the incident.

Management and organization structure

23. Noting the recommendation that the boundaries of the Kowloon West ("KW") and Kowloon Central Clusters should be adjusted to bring greater benefits and convenience to the patients, Miss Alice MAK asked whether consideration could be given to re-delineating part of the catchment districts of the KW Cluster to the NTW Cluster. SFH advised that HA would consider how the overall delineation of cluster boundary should be refined having regard to the supply and demand for healthcare services, as well as the hospital development or redevelopment plans in the respective cluster. Mr CHAN Han-pan welcomed the baskets of recommendations put forth by the Steering Committee, in particular the proposed re-alignment of cluster boundaries which would help to address the issue that some districts under the same geographical constituencies were put under the management of different clusters.

24. Referring to the Steering Committee's recommendation of enhancing the central coordination role of the Coordinating Committees ("COCs"), Miss Alice MAK relayed the concern of some frontline doctors of HA that staff at the corporate and the cluster levels might have different views over the issues under consideration. Mr Albert HO opined that a proper balance should be struck between strengthening the overall co-ordination role of the HA Head Office ("HAHO") on service provision as recommended by the

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Steering Committee and allowing individual hospitals to enjoy a certain degree of autonomy in developing their services.

25. SFH explained that while individual clusters would continue to be given a reasonable level of autonomy in service provision so as to cater for the needs in the respective districts, the recommendation aimed at, among others, ensuring consistency and coherence in service provision for the respective specialty at the corporate level. He, however, noted the concern of some staff of HA about the impartiality of the chairmen of COCs given the past practice that they were concurrently the Chiefs of Services of certain public hospitals. In his view, chairmanship of COCs should be taken up by staff of HAHO in the future in order to guard against perceived conflict of interest. In addition, any changes to strengthen the central management role of HAHO and the central co-ordination role of COCs should avoid going to the other extreme of centralization like that during the pre-HA era where many decisions were made in the single hand of the then Medical and Health Department. In response to Mr Albert HO's enquiry about the availability of staff establishment, as well as healthcare staff to patient ratio of individual hospitals and clusters, SFH replied in the positive to the former.

[Note: At this juncture, the Chairman suggested that in view of the time constraint, the discussion of agenda item III be deferred to a future meeting. Members agreed.]

Staff management and training

26. Mr POON Siu-ping sought clarification as to whether the \$570 million time-limited funding to HA for the next three years for its re-employment of suitable retirees of those grades and disciplines which were facing severe staff shortage problem would cover the re-employment of the retiring care-related support staff in order to address the manpower shortage problem of this group of staff. SFH replied in the affirmative. Mr POON Siu-ping relayed the Hospital Authority Health Care Assistants Association's concern about HA's use of the remaining sum of expenditure previously earmarked for recruiting additional care-related support staff. SFH and CE, HA responded that where necessary, the remaining sum of such expenditure could be utilized for re-employing the retiring care-related support staff on contract terms.

27. In response to Mr POON Siu-ping's enquiry about whether HA would follow the Government's decision that all new recruits would be subject to a new retirement age of 65, SFH advised that HA had adopted the retirement age of 65 for new recruits commencing employment on or after 1 June 2015.

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28. Dr Helena WONG asked whether HA would increase the employment of overseas-trained doctors in order to address the existing medical manpower constraint problem as suggested by the Democratic Party and the Liberal Party. SFH advised that the Medical Council of Hong Kong ("MCHK") would assess applications from HA for the recruitment of non-local doctors to practise under limited registration to supplement local recruitment drive. This apart, the Administration had worked with MCHK on ways to facilitate more overseas-trained doctors to practise in Hong Kong. With the introduction of measures such as increasing the frequency of the Licensing Examination to twice a year, there recorded a higher passing rate with about 50 candidates passing the Licensing Examination in 2014. More flexibility would also be introduced into the internship arrangement so as to facilitate more overseas-trained doctors to register for practice in Hong Kong.

29. Mr CHAN Han-pan expressed concern about whether experienced doctors holding management positions would be willing to continue working for HA after retirement under the leadership of those less experienced doctors appointed to be in charge of the specialties concerned. SFH responded that there was no cause for such concern, as there were doctors who would be willing to perform clinical duties as well as coaching of new recruits alone. CE, HA supplemented that about 60 retiring doctors had already agreed to continue to serve at HA for the next two years. In response to Mr CHAN Han-pan's enquiry about the re-employment terms and conditions for the retiring medical staff, CE, HA advised that they would be employed on a full-time basis, and be offered a salary at the same level as the salary they received before retirement. The Chairman asked whether these medical staff would be required to perform on-call duties as the other serving medical staff. SFH replied in the affirmative, pointing out that these staff members would now be employed on a full-time basis rather than part-time basis as was the case in the past.

30. Mr CHAN Han-pan asked whether the re-employed retiring medical staff would be deployed to clusters having significant medical manpower shortfall. CE, HA advised that HA would invite the medical staff concerned to consider serving at clusters with severe staff shortage problem. While some of them had agreed to work at the NTW Cluster, there were also cases that the medical staff concerned would prefer remaining at the clusters they served before retirement.

31. Mr CHEUNG Kwok-che was concerned about the lack of manpower planning and staff development programme for medical social workers ("MSWs") and other allied health professionals working at HA. The Chairman expressed concern about the grade management for MSWs employed by HA and those deployed to HA by the Social Welfare

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Department. SFH advised that the time-limited funding of \$300 million for the next three years to HA for enhancing staff training would cover all grades. CE, HA supplemented that HA would give due regard to the manpower requirement for allied health professionals, such as occupational therapists, physiotherapists and MSWs, in planning new services. While MSWs were past employed by individual public hospitals to meet local operational needs, senior posts for the grade of MSWs had been created at the cluster level following a recent review with a view to strengthening grade management and staff development.

32. Mr Albert HO asked whether medical staff of public hospitals other than the two teaching hospitals could benefit from clinical professional training provided by professors of the medical schools of the two local universities. SFH advised that the Steering Committee had recommended the setting up of a high-level central training committee under the HA Board to set overall policy, allocate designated resources for training, and oversee implementation of the policy within HA.

Service management

33. The Chairman opined that the Administration should ensure that HA had adequate resources to implement the recommendations relating to enhancement of step-down care as well as primary care and rehabilitation services in non-hospital setting in partnership with the non-governmental organizations and the welfare sector. Holding the view that appointing an individual from patient groups as a member of the HA Board alone could not ensure that HA would take into account patients' views at the corporate governance level, such as managing the Drug Formulary of HA and the Samaritan Fund, Dr Fernando CHEUNG was concerned that the Report was silent about enhancing the participation of patients in this regard.

34. SFH advised that HA had all long been maintaining close communication with patient groups on various fronts, including, among others, matters relating to the Drug Formulary and the coverage of the Samaritan Fund. In addition, a patient survey had been conducted recently to collate first-hand information on patients' experience and satisfaction level on services of HA. That said, it should be noted that in line with international practice, all drug management decisions of HA should be based mainly on scientific evidence. Permanent Secretary for Food and Health (Health) supplemented that one of the recommendations put forward by the Steering Committee was that HA should ensure an effective mechanism was in place to take into account patients' feedback for service planning and improvement.

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Timetable for implementing the recommendations

35. Miss Alice MAK cast doubt as to whether HA could fully implement the recommendations of the Steering Committee within three years. SFH advised that HA would formulate specific action plan within three months with a view to implementing the recommendations within three years, and report progress on the implementation of recommendations to the Food and Health Bureau on a regular basis. It was expected that while some recommendations such as the setting up of a high-level central training committee under the HA Board could be implemented within a short period of time, the implementation of some others recommendations, in particular the development of a refined population-based resource allocation model, would take more time.

Way forward

36. Dr Helena WONG suggested that the Panel should invite views from the public and the relevant stakeholders on the Report. SFH remarked that the Steering Committee had conducted three public fora and three stakeholders' fora, met with 31 professional organizations and patient groups, and participated in eight HA staff fora to listen to and exchange views with stakeholders. Pointing out that the Report was not a consultation document seeking public views within a specified period of time, the Chairman said that he saw no urgency to hold a special meeting for the purpose. He suggested that the Panel could further consider the suggestion in the 2015-2016 session. Members agreed. At the request of the Chairman, SFH undertook to report to the Panel on the progress of the implementation of the recommendations of the Steering Committee on an annual basis.

III. Hospital Authority's private patient services
[LC Paper Nos. CB(2)1907/14-15(03) and (04)]

37. As agreed at the earlier part of the meeting, the discussion of this agenda item would be deferred to a future meeting.

IV. Any other business

38. There being no other business, the meeting ended at 6:40 pm.