

立法會
Legislative Council

LC Paper No. CB(2)2073/15-16

(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 15 February 2016, at 4:30 pm
in Conference Room 1 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 Vincent FANG Kang, SBS, JP
Hon CHAN Kin-por, BBS, JP
Hon CHEUNG Kwok-che
Hon Albert CHAN Wai-yip
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
Dr Hon Elizabeth QUAT, JP
Hon POON Siu-ping, BBS, MH
Hon Christopher CHUNG Shu-kun, BBS, MH, JP

Members absent : Hon Albert HO Chun-yan
Hon WONG Ting-kwong, SBS, JP
Hon YIU Si-wing, BBS

Public Officers attending : Item III

The Administration

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

Dr LEUNG Ting-hung, JP
Controller, Centre for Health Protection
Department of Health

Dr Raymond HO
Chief Port Health Officer
Department of Health

Mr FORK Ping-lam
Assistant Director (Operations)³
Food and Environmental Hygiene Department

Mr LEE Ming-wai
Pest Control Officer In Charge
Food and Environmental Hygiene Department

Mr YUEN Ming-chi
Consultant (Pest Control)
Food and Environmental Hygiene Department

Hospital Authority

Dr LIU Shao-haei
Chief Manager (Infection, Emergency & Contingency)

Dr Dominic TSANG, BBS
Chief Infection Control Officer

Item IV

The Administration

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

Miss Linda LEUNG
Principal Assistant Secretary for Food and Health (Health)²

Hospital Authority

Dr LO Su-vui
Director (Strategy & Planning)

Dr Nelson WAT
Hospital Chief Executive (Kwong Wah Hospital & Tung
Wah Group of Hospitals Wong Tai Sin Hospital)

Mr Donald LI
Chief Manager (Capital Planning)

Dr CHAN Kam-hoi
Senior Manager (Redevelopment Project & Executive Support)
Kwong Wah Hospital

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

Ms Louisa YU
Legislative Assistant (2) 5

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I. Information paper(s) issued since the last meeting
[LC Paper No. CB(2)757/15-16(01)]

Members noted that the 2014-2015 Annual Report of the Health and Medical Research Fund [LC Paper No. CB(2)757/15-16(01)] as provided by the Administration had been issued since the last meeting.

II. Items for discussion at the next meeting
[LC Paper Nos. CB(2)836/15-16(01) and (02)]

2. Members agreed to discuss the following items at the next regular meeting scheduled for 21 March 2016 at 4:30 pm:

- (a) Organ donation;
- (b) Expansion of Haven of Hope Hospital; and
- (c) Healthcare services for elderly with hearing impairment.

III. Measures for the prevention and control of Zika virus infection [LC Paper Nos. CB(2)836/15-16(03) and (04)]

3. Members noted the paper provided by the Administration (LC Paper No. CB(2)836/15-16(03)) and the Information Note prepared by the Legislative Council ("LegCo") Secretariat (LC Paper No. CB(2)836/15-16(04)) on the subject under discussion.

Port health measures and travel health advice

4. Dr KWOK Ka-ki noted that the patient of the first imported case of Zika virus infection in the Mainland had travelled from Venezuela to Hong Kong on 3 February 2016 and stayed in the Hong Kong International Airport before transferring to Shenzhen by ferry on 4 February 2016. Pointing out that most of the people infected with Zika virus were asymptomatic, he was concerned about the port health measures put in place by the Administration to guard against the virus. Dr Helena WONG was concerned that the public health materials displayed or broadcasted at some boundary control points ("BCPs") only covered Ebola virus disease and Middle East Respiratory Syndrome ("MERS") but not Zika virus infection.

5. SFH explained that since around 80% of people infected with Zika virus were asymptomatic, stepping up the mosquito elimination and control work was the most effective way to prevent infection. The Department of Health ("DH") had issued travel health advice suggesting that pregnant women and women planning pregnancy should not travel to areas with ongoing Zika virus transmission. People who had to travel to any of these areas should adopt strict anti-mosquito measures and contraception during travel and for 28 days after return to Hong Kong. Separately, blood donors would be deferred from donation for 28 days upon departure from the affected areas under the Hong Kong Red Cross Blood Transfusion Service's blood donation screening policies. Controller, Centre for Health Protection ("Controller, CHP") supplemented that DH had implemented a series of enhanced port health measures. These included, among others, stepping up the environmental hygiene and mosquito control measures, and distributing leaflets and displaying posters on anti-mosquito measures at BCPs. Broadcast would be made at the Hong Kong International Airport to remind travellers of the preventive measures against Zika virus. Relevant travel health advice had also been uploaded to the website of the Centre for Health Protection ("CHP") and DH's Travel Health Service homepage.

6. Since Zika virus outbreak was ongoing in Brazil, Dr Helena WONG expressed concern about the possibility of Zika virus infection in travellers returning from the 2016 Olympic Games ("the Games") which would take place in Rio de Janeiro, Brazil in August 2016. She urged the Administration to implement enhanced preventative and control measures to guard against the

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risk of Zika virus infection arising from the Games. Mr CHAN Han-pan expressed a similar concern.

7. SFH and Controller, CHP advised that DH had been liaising with local travel agents for assisting in distributing travel health advice to tour guides and travellers. It had also been working with the Commissioner for Sports to deliver the latest disease information and travel health advice to athletes and their personnel departing for the Games. In response to the Chairman's enquiry about the possibility of availability of Zika virus vaccine before August 2016, SFH advised that it was very unlikely that the vaccine would be available in 2016.

Travel alert

8. Referring to the decision of the Administration to not strictly adhere to the relevant recommendation of the World Health Organization ("WHO") but issue a Red Outbound Travel Alert ("OTA") for Korea in June 2015 as a measure to prevent the outbreak of MERS in view of the local circumstances, Dr KWOK Ka-ki asked whether, and if so, when the Administration would issue an OTA for areas where Zika virus infection was endemic and there were frequent travel of people between Hong Kong and the areas concerned.

9. SFH advised that according to WHO, there should be no restrictions on travel or trade with countries and areas with Zika virus transmission. It was noted that among the neighbouring countries, only Thailand had reported evidence of ongoing Zika virus transmission. Locally, the Administration did not consider it necessary to issue an OTA at this stage. The Administration would stay vigilant and closely monitor the latest developments of the disease.

Case identification and clinical guidelines

10. Dr Elizabeth QUAT noted that as recommended by the Hong Kong College of Obstetricians and Gynaecologists and the Hospital Authority ("HA") in their interim guidelines on the management of pregnant woman with a travel history to an area with Zika virus transmission ("the guidelines"), pregnant women with a history of travel to areas with Zika virus transmission should perform maternal blood or urine tests if they developed symptoms during, or within two weeks after, the trip. She was concerned about the safety and reliability of maternal blood tests, and the circumstances under which a pregnant woman with positive test result had to terminate her pregnancy.

11. SFH advised that the accuracy of maternal blood tests to detect Zika virus infection would depend on many factors such as the timing of maternal infection relative to the timing of testing. Maternal Zika virus infection did not necessarily indicate fetal infection. Prenatal ultrasound and, where necessary, amniotic fluid testing would be performed for detecting fetal infection or

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abnormalities. Chief Manager (Infection, Emergency & Contingency), HA supplemented that for pregnant women who tested positive for Zika virus infection, obstetricians would formulate individualized clinical management and treatment option according to the patient's clinical conditions. HA would provide frontline doctors with information on pregnancy management in the context of Zika virus infection as more information related to the disease became available. At the request of Dr Helena WONG, SFH undertook to provide the guidelines for reference of the Panel after the meeting.

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Mosquito control

12. Noting that local cases of dengue fever ("DF") had in the past been recorded in construction sites and the vector for Zika virus transmission was similar to that of DF, Mr POON Siu-ping asked whether the Administration would consider making it mandatory that the parties responsible for managing construction sites had to carry out mosquito prevention and control work in areas within their ambit, and inspect all construction sites in the territory. Dr Helena WONG enquired whether the Food and Environmental Hygiene Department ("FEHD") would evaluate the effectiveness of the mosquito prevention and control work implemented in public and private housing estates. Dr KWOK Ka-ki asked whether the Administration would provide additional resources and manpower to step up its mosquito prevention and control work.

13. SFH advised that FEHD would instigate prosecutions against mosquito breeding in premises, including construction sites, under the relevant legislation. Assistant Director (Operations)3, FEHD ("AD(O)3, FEHD") supplemented that FEHD would inspect construction sites regularly and housing estates when required. In addition, it had liaised with the Civil Engineering and Development Department to brief the works departments and their contractors on the importance of mosquito prevention, provide anti-mosquito advice to estate management offices, and maintain the number of out-sourced pest control roving teams at 266 teams in this winter (i.e. from December 2015 to March 2016) as in summer 2015. AD(O)3, FEHD further advised that the 2016 territory-wide anti-mosquito campaign, which would be implemented in three phases to enhance public awareness of the potential risk of mosquito-borne diseases and encourage cross-sector collaboration and community participation, had commenced on the date of this meeting (i.e. 15 February 2016).

14. In response to Mr CHAN Han-pan's enquiry about how FEHD would monitor the performance of the out-sourced pest control roving teams, AD(O)3, FEHD advised that FEHD would monitor their performance through site inspection, feedback provided by the District Councils ("DCs") concerned and the complaints received.

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15. Mr CHAN Han-pan and Dr Elizabeth QUAT urged the Administration to enhance mosquito control in the New Territories. Mr CHAN Han-pan suggested that consideration could be given to providing village residents, in particular singleton elders, with mosquito screens and assistance to eliminate potential mosquito breeding sites on their unattended farms or land for the sake of public health.

16. SFH advised that to ensure the rational use of the finite resources, the focus of the Administration's mosquito prevention and control work would be on public places. While it was the responsibility of owners of private premises to take appropriate actions to prevent and eliminate mosquito breeding, where necessary, consideration might be given to carrying out special operations to eliminate potential mosquito breeding grounds in private premises in collaboration with the relevant District Officers or DCs. Mr Albert CHAN called on the Administration to proactively install mosquito screens at the vent pipes of the septic tanks of private village houses to prevent mosquito breeding in septic tanks. Consultant (Pest Control), FEHD advised that FEHD would advise village residents on how best to prevent mosquito breeding from improperly managed septic tanks through oral advice and distribution of leaflets. He clarified that such mosquitoes were unlikely to be *Aedes albopictus* which was a potential vector of Zika virus. In response to Mr Albert CHAN's enquiry as to whether laboratory studies were conducted to examine if local *Aedes albopictus* carried the Zika virus, SFH advised that the Administration would examine the feasibility to conduct tests of Zika virus on local *Aedes albopictus* and provide the relevant information when available.

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Publicity and public education

17. Miss Alice MAK expressed concern that members of the public did not display a high level of alertness on the risk of Zika virus infection. Mr Albert CHAN expressed a similar concern. Dr Elizabeth QUAT and Dr KWOK Ka-ki considered that the Administration should target its publicity efforts at women planning pregnancy and pregnant women, as Zika virus infection during pregnancy was a cause of microcephaly in infants.

18. Controller, CHP advised that to increase public awareness of Zika virus, CHP would distribute various health education materials in the community. A new set of radio and television Announcements in the Public Interests on prevention of Zika virus infection was under preparation. The Administration would also strengthen public education and publicity programmes in concert with DCs and estate management bodies. Miss Alice MAK suggested that the Food and Health Bureau could collaborate with the Education Bureau to roll out publicity programmes at schools in order to promote the importance of mosquito prevention and control to parents. SFH affirmed members that the Administration would do so. Dr Elizabeth QUAT asked whether consideration

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could be given to disseminating information on the effects of Zika virus on pregnant women on websites targeting at these women. SFH responded that a dedicated webpage on Zika virus had been launched on the CHP website.

19. Noting that apart from cases of microcephaly in infants, an increasing number of Guillain-Barre Syndrome cases had been recorded in countries with ongoing Zika virus transmission, Dr Helena WONG considered that the Administration should cover such information in its publicity and public education activities. SFH advised that the Administration had been doing so.

Contingency plans and drills

20. Mr POON Siu-ping enquired about the schedule for conducting cross-departmental public health exercises of a nature similar to the table-top and ground exercise carried out in collaboration with 23 Government departments for the prevention of DF in 2013-2014. Controller, CHP explained that the vector for transmission of Zika virus was similar to that of DF. Similar exercises would be conducted as and when appropriate.

IV. Redevelopment of Kwong Wah Hospital

[LC Paper Nos. CB(2)836/15-16(05) and (06)]

21. The Chairman reminded members that in accordance with Rule 83A of the Rules of Procedures, they should disclose the nature of any direct or indirect pecuniary interests relating to this funding proposal before they spoke on the subject.

22. Under Secretary for Food and Health ("USFH") briefed members on the proposed demolition and substructure works for phase one of the redevelopment of Kwong Wah Hospital ("KWH"), details of which were set out in the Administration's paper (LC Paper No. CB(2)836/15-16(05)).

23. Members noted the background brief entitled "Redevelopment of Kwong Wah Hospital" prepared by the LegCo Secretariat (LC Paper No. CB(2)836/15-16(06)).

Project implementation

24. Dr KWOK Ka-ki and Mr POON Siu-ping expressed support to the proposed redevelopment of KWH. However, they were concerned about why the main works of the redevelopment project would need to be implemented in two phases requiring separate tender exercises. They asked whether such an arrangement would stall the progress of the whole project. According to the Administration, the whole project would require a construction period of

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107 months (i.e. 27 months more than the original schedule of 80 months as estimated at the technical feasibility stage) for completion in 2025.

25. Chief Manager (Capital Planning), HA ("CM(CP), HA") clarified that implementing the main works of the redevelopment project in two phases would enable the commencement of phase one of the redevelopment when the detailed design and tender preparation for phase two of the redevelopment was still underway. This apart, implementing the project through several smaller contracts in lieu of one single contract could increase the competitiveness of the tenders; minimize the likelihood of tenderers pricing in additional risk premium for extensive contract periods; and allow for participation of more small and medium-sized contractors. USFH explained that since the total construction floor area of the new hospital complex of KWH had increased from 200 000 m² of the preliminary design at the technical feasibility stage to 270 000 m² after a review of the design (i.e. a 35% increase) for enhanced patient services, an additional 17-month construction period was required. Another 10-month additional construction period was required for complying with the requirements of the Heritage Impact Assessment to mitigate the impacts of the redevelopment on the Tung Wah Museum ("the Museum"), a declared monument, located near to the project site boundary.

26. Expressing support to the redevelopment of KWH, Dr Fernando CHEUNG sought elaboration of the rationale that the works to mitigate the impacts of the redevelopment on the Museum could not be conducted in tandem with the construction works. CM(CP), HA explained that to enable a direct visual connection between the main façade of the Museum and the community at street level of Waterloo Road so as to enhance the heritage value of the monument, a long span structure of about 30 m linking phase one and two of the new hospital complex would be provided to form a transparent atrium underneath facing the Museum. Four months and six months would respectively be required for carrying out the additional piling works and transfer structure. The construction of the floors above the atrium could only be carried out after completion of the above works.

27. Mr POON Siu-ping asked whether there was any room to expedite the completion of the whole project. CM(CP), HA advised that upon completion of phase one of the redevelopment of KWH, the floor area of the new hospital complex would already be comparable to that of the Queen Elizabeth Hospital. Given the scale of the whole redevelopment of KWH which would be similar to that of constructing two new hospitals, the completion time of the whole redevelopment project could hardly be shortened. HA would endeavour to complete the project according to the estimated schedule.

28. Expressing support to the redevelopment of KWH, Dr Helena WONG was concerned that the long construction period for the project would

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adversely affect patients and staff of KWH. She asked whether the new general hospital to be constructed in the Kai Tak Development Area ("KTDA") would commence operation before the completion of the redevelopment of KWH such that arrangement could be made to re-provision certain clinical services of KWH to the new general hospital during the redevelopment period. USFH and CM(CP), HA advised that the new general hospital in KTDA was still in its early planning stage. Its construction would unlikely be completed in advance of that of the redevelopment of KWH. It should also be noted that upon completion of the construction of phase one of the new hospital complex in 2021, the construction floor area of KWH would already be increased from around 114 000m² at present to around 145 000 m² for housing 1 000 hospital beds (including an emergency ward), the Accident and Emergency ("A&E") Department, eight major operation theatres, and an ambulatory care centre, etc.

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29. The Chairman requested the Administration to provide, in its paper for submission to the Public Works Subcommittee ("PWSC"), information on details of the additional or enhanced patient services to be provided at the redeveloped KWH due to a 35% increase of its construction floor; and the respective schedule for the commencement of operation of, and the services available at, phase one and phase two of the new hospital complex of the redeveloped KWH.

30. Mr CHAN Kin-por noted that the plan of the Administration was to seek funding approval from the Financial Committee ("FC") in the second quarter of 2016 with a view to completing the demolition and substructure works for phase one of the redevelopment of KWH in late 2018. Expressing concern that the use of filibuster by some Members might stall the funding proposal submitted to FC, he asked whether the completion schedule of the above works would be postponed correspondingly. CM(CP), HA replied in the affirmative. Mr CHAN Kin-por drew members' attention to the impact on the progress of the redevelopment of KWH if the commencement of the demolition and substructure works was delayed. He also urged the Administration to consider allowing this funding proposal to be given priority for consideration by FC. Dr Fernando CHEUNG made a similar suggestion. The Chairman remarked that subject to members' views, the funding proposal would first be considered by the Public Works Subcommittee ("PWSC") for consideration and making recommendations to FC.

Impact of the redevelopment works of KWH

31. Dr KWOK Ka-ki and Mr POON Siu-ping expressed concern about the impacts of the redevelopment project on clinical services of KWH. Dr KWOK Ka-ki suggested that arrangement could be made for the re-provisioning of clinical services of KWH to other hospitals located in the Kowloon West Cluster, such as the Kowloon Hospital.

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32. Hospital Chief Executive (Kwong Wah Hospital & Tung Wah Group of Hospitals Wong Tai Sin Hospital), HA ("HCE(KWH&WTSH), HA") assured members that KWH would remain functional at all times during its in-situ redevelopment. Appropriate decanting arrangements had been and would continuously be made to ensure that essential clinical services would remain on-site. For instance, ancillary facilities such as offices and stores had been decanted to the Kowloon Hospital; a certain number of hospital inpatient beds had been decanted to the Wong Tai Sin Hospital and Our Lady of Maryknoll Hospital; non-emergency services such as that of the geriatric day hospital had been reprovisioned to the Wong Tai Sin Hospital; and some Chinese medicine services had been reprovisioned to nearby premises of Tung Wah Group of Hospitals. During the redevelopment period of KWH, HA would strengthen the existing ambulatory care services of the hospital and, where necessary, arrange clinical support from other public hospitals.

33. Dr Fernando CHEUNG referred to media reportage on the serious space shortage problem of KWH for storage and locating temporary hospital beds due to the implementation of the decanting works, which had adversely affected the working environment of frontline staff. He was concerned that the problem would worsen upon the commencement of the proposed demolition and substructure works for phase one of the redevelopment of KWH and the subsequent construction works. In his view, HA could consider renting a premises for storage on a short-term basis. HCE(KWH&WTSH), HA advised that arrangement had recently been made to store those materials which were less frequently used at premises outside KWH. In addition, efforts had been made to regularly update frontline staff on the decanting works and progress of the redevelopment project to ensure a two-way communication.

34. Mr CHAN Han-pan expressed support to redevelop KWH. Pointing out that there was a high demand for semi-urgent and non-urgent A&E services of KWH from residents of Mong Kok and Yau Ma Tei districts in the evening due to the lack of private outpatient services, he asked whether consideration could be given to arranging mobile outpatient clinics to take care of these cases during the redevelopment period in order to alleviate the pressure of the A&E Department. HCE(KWH&WTSH), HA advised that the A&E services of KWH would not be affected under its phase one redevelopment. Separately, the physical location of KWH rendered the provision of a mobile clinic near to the hospital infeasible.

Accessibility to KWH

35. Dr Helena WONG asked whether the scope of the project would cover the construction of a subway for direct access between KWH and Yau Ma Tei

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Mass Transit Railway ("MTR") station, which she had called for in the past. CM(CP), HA advised that HA had explored the feasibility of providing direct access between the redeveloped KWH and the entrance/exit of Pitt Street of the Yau Ma Tei MTR Station but found it infeasible due to the presence of existing underground facilities. At present, HA was studying the feasibility of connecting to the entrance/exit of Waterloo Road instead.

Other issue

36. Mr CHAN Kin-por held the view that the Administration should, apart from taking forward the 10-year public hospital development plan, put in place measures to facilitate the development of private hospitals to meet the service demand from the growing local population and visitors from the Mainland. USFH advised that the construction works of two new private hospitals, namely Gleneagles Hong Kong Hospital in Wong Chuk Hang and the Chinese University of Hong Kong Medical Centre, which would provide a total of around 1 000 beds, was underway. There would also be a significant increase in the number of private hospital beds upon completion of the various expansion or redevelopment projects of existing private hospitals. Separately, subject to FC's funding approval, the Government would allocate to HA \$10 billion as endowment fund to generate investment returns for funding public-private partnership initiatives.

Conclusion

37. In closing, the Chairman concluded that the Panel supported the submission of the proposal to PWSC for consideration.

V. Any other business

38. There being no other business, the meeting ended at 6:18 pm.