

立法會
Legislative Council

LC Paper No. CB(2)2061/15-16

(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

**Minutes of meeting
held on Monday, 21 March 2016, 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 YIU Si-wing, BBS
Hon Alice MAK Mei-kuen, BBS, JP
Dr Hon KWOK Ka-ki
Dr Hon Fernando CHEUNG Chiu-hung
Dr Hon Elizabeth QUAT, JP
Hon POON Siu-ping, BBS, MH
Hon Christopher CHUNG Shu-kun, BBS, MH, JP

Members absent : Hon Vincent FANG Kang, SBS, JP
Hon Albert CHAN Wai-yip
Hon CHAN Han-pan, JP
Dr Hon Helena WONG Pik-wan

**Public Officers : Item III
attending**

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

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

Dr LEUNG Pak-yin, JP
Chief Executive
Hospital Authority

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

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

Item IV

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

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

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

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

Dr T Y CHUI
Cluster Chief Executive, Kowloon East Cluster
Hospital Authority

Dr K T TOM
Hospital Chief Executive, Haven of Hope Hospital
Hospital Authority

Mr Donald LI
Chief Manager (Capital Planning)
Hospital Authority

Item V

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

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

Dr T L LEE
Chief Manager (Quality & Standards)
Hospital Authority

Dr Sara HO
Senior Manager (Quality & Performance)
Hospital Authority

Dr Ruby LEE
Consultant Family Medicine (Elderly Health Service)
Department of Health

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 Nos. CB(2)885/15-16(01), CB(2)953/15-16(01), CB(2)990/15-16(01), CB(2)1087/15-16(01), CB(2)1094/15-16(01) and CB(2)1119/15-16(01)]

Members noted the following papers issued since the last meeting:

- (a) Information paper provided by the Administration entitled "Annual Report on Head 708 Subhead 8083MM – One-off Grant to the Hospital Authority for Minor Works Projects for the 2014-15 Financial Year";
- (b) Referral from the Public Complaints Office of the Legislative Council ("LegCo") Secretariat on policy on primary care services;

- (c) Letter dated 26 February 2016 from Dr Elizabeth QUAT on the safety of personal care products and Administration's response to the letter from Dr Elizabeth QUAT;
- (d) Letter dated 10 March 2016 from Dr Elizabeth QUAT on measures taken by the Hospital Authority ("HA") to tackle the winter surge; and
- (e) Letter dated 10 March 2016 from Dr Leung Ka-lau on the operation of the Public-Private Interface - Electronic Patient Record Sharing ("PPI-ePR") Pilot Project.

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)1095/15-16(01) and (02)]

2. At the invitation of the Chairman, Dr LEUNG Ka-lau briefed members on his concern on the arrangement that new applications to join the PPI-eHR Pilot Project ceased to be accepted the day before the coming into operation of the Electronic Health Record Sharing System ("eHRSS") (i.e. 12 March 2016), details of which were set out in his letter dated 10 March 2016 to the Chairman (LC Paper No. CB(2)1094/15-16(01)). In his view, the above arrangement would undermine patients' interests. He suggested the Panel to follow up the issue at a future Panel meeting.

3. Permanent Secretary for Food and Health (Health) responded that the prime objective of eHRSS had all along been the two-way sharing of data, which would bring greater benefits to patients than the one-way sharing of data under PPI-ePR. That said, upon the eHRSS launch, there would be a transitional period of reasonable length during which the PPI-ePR system would continue to operate for existing PPI-ePR participants in order to allow adequate time for them to consider whether to migrate to eHRSS. The fundamental objective of eHRSS would be undermined if new patients (those who hitherto were not existing PPI-ePR participants) were allowed to join PPI-ePR after the eHRSS launch.

4. Dr KWOK Ka-ki shared Dr LEUNG Ka-lau's view that the above transitional arrangement would undermine patients' interests, and the issue should be discussed by the Panel as early as practicable. Members agreed to discuss the subject "Operation of PPI-eHR Pilot Project and eHRSS" at the next regular meeting scheduled for 18 April 2016 at 4:30 pm.

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5. Members also agreed to discuss "Consultation Report on Regulation of Private Healthcare Facilities" and "Organ donation" at the next regular meeting.

(Post-meeting note: At the request of the Administration and with concurrence of the Chairman, the agenda for the April regular meeting has been revised to include the discussion on "Injection to the Health and Medical Research Fund".)

III. Measures taken by the Hospital Authority to tackle the winter surge
[LC Paper Nos. CB(2)1095/15-16(03) and (04)]

6. Members noted the paper provided by the Administration (LC Paper No. CB(2)1095/15-16(03)) and the background brief prepared by the LegCo Secretariat (LC Paper No. CB(2)1095/15-16(04)) on the subject under discussion.

Service capacity and manpower requirement

7. Dr KWOK Ka-ki expressed concern that during the winter influenza period of 9 February to 8 March 2016, there were 10 days whereby over 7 000 first attendances were recorded at the Accident and Emergency ("A&E") Departments of HA and the occupancy rate of medical wards in some public hospitals was over 120%. He criticized that HA still arranged its medical staff to take part in the Course on National Affairs for Hong Kong Professionals in Beijing and internal administrative meetings during winter surge and, as a staff deployment measure, planned to request its nursing staff to arrange the refill of medications for clinically stable outpatient follow-up cases until their next appointment instead of being seen by doctors. The Chairman said that the Association of Hong Kong Nursing Staff had called on HA to implement measures to relieve pressure of nurses in tackling the winter surge. He asked about the progress made by HA in this regard.

8. Chief Executive, HA ("CE, HA") advised that HA had implemented various staff deployment measures to meet the upsurge in service demand in public hospitals in the winter influenza season. To better utilize its healthcare manpower, participation of frontline staff in training programmes and meetings would be subject to their workload and availability. It should also be noted that this year's Course on National Affairs for Hong Kong Professionals which was originally scheduled for April 2016 had been rescheduled to mid-May 2016. CE, HA said that the service demand of public hospitals had subsided and the pressure on hospital services eased since 9 March 2016. HA would continue to enhance communication with frontline staff, including nursing staff, and implement measure to address manpower shortage.

9. Miss Alice MAK enquired about the manpower resources to support the implementation of the measures to enhance HA's treatment capacity during weekends and long holidays and increase quotas of public General Outpatient Clinics ("GOPC") by around 2 000 per week till end of March 2016. She was concerned about the heavy workload of frontline healthcare staff, in particular that of the health care assistants, during the winter influenza season. CE, HA responded that the prolonged cold weather had resulted in persistent upsurge in service demand in this winter influenza season. Extra service sessions would mainly be delivered through the special honorarium scheme, arrangement of duty roster and staff deployment. The Chairman requested the Administration to provide in writing information on the utilization of the 2 000 additional weekly quotas of the public GOPCs for tackling the winter surge.

10. Miss Alice MAK sought explanation as to the reason why there were cases whereby the hourly honorarium rate was lower than the current pay rate. Dr LEUNG Ka-lau remarked that to his understanding, the average honorarium rate in various specialties was about 70% of the current pay rate. CE, HA explained that this was because the honorarium rate for extra hours of work was set with reference to the median point of salary according to the prevailing pay scale of the job concerned. HA would keep reviewing the implementation of the special honorarium scheme.

11. Dr Elizabeth QUAT considered that the overcrowded situation of medical wards of HA and the heavy workload of HA's frontline healthcare staff during the winter influenza periods demonstrated the lack of long-term public healthcare planning in the previous term Government. Mr YIU Si-wing asked whether the high medical inpatient occupancy rate was partly caused by the rapidly ageing population. Replying in the positive, SFH advised that the demand of the elderly for healthcare services and complexity of their illness were inevitably higher than that of the non-elderly. The Administration had already taken steps to increase the service capacity of the public sector by redeveloping or expanding existing hospitals and developing new hospitals, and increase the number of publicly-funded degree places in medicine, dentistry and other healthcare disciplines. In the meantime, the increase in service demand during influenza seasons would be met by the implementation of interim measures such as reducing unnecessary admission, improving patient flow, opening of new beds, and augmenting manpower by the special honorarium scheme and recruitment of part-time healthcare staff.

12. Dr Fernando CHEUNG suggested that consideration could be given by HA to setting up an A&E service hotline staffed by doctors or experienced nurses who would be able to advise as to whether the clinical conditions of the patients concerned should be managed at the A&E Departments or GOPCs,

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and for the case of the latter, information on the GOPC with the shortest waiting time. Such arrangement could help reduce unnecessary attendance at A&E Departments during winter influenza season. Dr Elizabeth QUAT urged the Administration to step up its efforts in appealing to private practitioners to open clinics during the Easter holiday to meet the service demand.

13. CE, HA advised that the existing triage system of the A&E Departments could ensure that patients with pressing medical needs would receive timely medical treatment. Information on GOPCs and private clinics was displayed at the A&E Departments for reference of patients, in particular those patients whose clinical conditions were triaged as semi-urgent or non-urgent and hence, had to wait for a longer period of time. Separately, nursing staff of the Patient Support Call Centre would pro-actively follow up the discharged patients for better self-management, whereas that of Community Nursing Services would conduct home visits to discharged patients.

14. Dr Fernando CHEUNG expressed concern about the long waiting time for inpatient admission to medical wards via the A&E Departments. CE, HA advised that the problem was partly attributed to the ageing population. During the period of 9 February to 8 March 2016, elders aged 80 or above accounted for 45% of the inpatient admissions via the A&E Departments.

15. Dr LEUNG Ka-lau pointed out that HA's overall inpatient bed occupancy rate for all general specialties was around 85% in the past few years. He was of the view that HA should plan in advance and transfer stable patients from acute hospitals to hospitals with greater spare capacity before the arrival of the winter peak. The capacities of acute hospitals so vacated could be utilized by patients in need during the winter influenza season. SFH advised that the plan of an acute hospital to do so at an earlier stage had been affected by the outbreak of communicable disease at a major convalescent hospital. CE, HA supplemented that any bed deployment had to take into account the factor of staff deployment. The number of staff on duty would inevitably be fewer during the period of a lower inpatient bed occupancy rate.

16. Mr Christopher CHUNG suggested that consideration could be given to procuring services from the University of Hong Kong-Shenzhen Hospital, so that HA's chronic patients in convalescence could be transferred to the Hospital to relief the pressure of HA hospitals during the seasonal peaks. SFH responded that the effectiveness of the proposal in relieving the pressure of public hospitals would have to depend on a number of factors, including the willingness of the patients to make the transfer. The lukewarm response of Hong Kong elders to the privately run residential nursing homes in Yantian, Shenzhen, could serve as a reference.

Seasonal influenza vaccination

17. Dr KWOK Ka-ki sought elaboration about the Administration's plan to collaborate with the private healthcare sector to provide vaccination services for school children less than 12 years at their schools. SFH advised that the Administration was in discussion with the Hong Kong Medical Association, the primary school sector and other relevant stakeholders on the arrangement. The initial response from the private practitioners was positive. Subject to the outcome of the discussion, the Administration planned to provide the services for the 2016-2017 influenza season.

18. Dr Elizabeth QUAT sought explanation about the effectiveness of seasonal influenza vaccination to protect individuals against influenza, as she still developed influenza-like-illness after vaccination. Mr Christopher CHUNG shared a similar experience. SFH advised that vaccine effectiveness depended on the similarity between the virus strains present in the vaccine and those circulating in the community. Since the circulating influenza viruses in the 2015-2016 winter season generally matched with the vaccine strains, efficacy of vaccine would typically ranged from 60% to 70%. CE, HA supplemented that when compared with the same period in 2014-2015, there was an increase in the number of doses of seasonal influenza vaccine administered through various vaccination programmes and schemes in 2016-2017. It should be noted that the total number of influenza associated admissions and seasonal influenza outbreak in residential care homes for the elderly had respectively dropped from 4 085 cases and 200-odd cases in 2014-2015 to 2 359 cases and six cases in 2015-2016.

Admin 19. At the request of Mr Christopher CHUNG, SFH agreed to provide after the meeting information on scientific evidence on the effectiveness of seasonal influenza vaccination in preventing influenza and its complications, with particular reference to the local winter influenza seasons in 2014-2015 and 2015-2016. Noting that only around 40% of elders aged 65 or above had received seasonal influenza vaccination, Dr Elizabeth QUAT called on the Administration to step up publicity on the effectiveness of seasonal influenza vaccination so as to encourage the uptake of vaccination by the elderly.

Long-term healthcare manpower of HA

20. Dr LEUNG Ka-lau pointed out that at present, there were about 5 600 doctors working in HA, and the manpower shortfall of doctors in HA in 2015-2016 was around 300. In his view, the above 5% shortfall of doctors should not have a significant impact on service provision of HA. CE, HA clarified that the shortfall of around 300 doctors in various specialties was a cumulative shortfall arising from the gap between the manpower supply and demand

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generated by service growth and turnover replacement over the years. Dr Fernando CHEUNG pointed out that the ratio of healthcare professionals in HA per 1 000 population was around one third of that in some developed economies. He called on the Administration to take this factor into account when working on the long-term healthcare manpower requirements under its strategic review on healthcare manpower planning and professional development in Hong Kong.

21. Mr POON Siu-ping noted from paragraph 15 of the Administration's paper that the annual manpower increase of doctors, nurses and allied health professionals of HA in 2016-2017 in comparison with 2015-2016 was projected to be 145, 411 and 234 respectively. He sought clarification as to whether this would be a net increase having taken into account the reduction of 135 civil service establishment in HA in 2016-2017. CE, HA replied in the affirmative.

Motion

22. Dr KWOK Ka-ki moved the following motion:

"本委員會要求政府落實以下建議，以改善現時前線醫護人員面對的困境，並維持公營醫療服務的質素：

1. 暫停一切非必要的內部會議及行政措施，以讓所有醫護人員，包括醫生、護士，可全力投入到前線的工作，優先照顧病人；
2. 協調各聯網及醫院，將病情較穩定的病人分流至並未爆滿的急症醫院，或其他復康醫院，以疏導病人，讓病人可更快得到適切的治療；
3. 於流感高峰期期間，在急症室鄰近設立24小時診所，將被評估為「半緊急」或「非緊急」的病人分流到該診所診治，以舒緩急症室的壓力；
4. 立即增撥資源，改善長期床位不足的問題，並全面啟用已預留但未投入服務的床位，如北大嶼山醫院；及
5. 立即增撥資源，改善人手不足的問題，並儘快以合理的薪酬，聘請兼職醫生及護士，協助紓緩公立醫院人手不足的問題。"

(Translation)

"That this Panel requests the Government to take forward the following suggestions, with a view to alleviating the plight currently confronted by frontline healthcare personnel as well as maintaining the quality of public healthcare services:

1. suspend all unnecessary internal meetings and administrative measures to enable full dedication of healthcare personnel (including doctors and nurses) to frontline duties and accord priority to managing patients;
2. coordinate among various clusters and hospitals in respect of triaging patients of stable medical condition to those acute hospitals of which the service capacity have not been stretched to the limits, or other convalescent hospitals, so as to ease the overcrowding attendance and enable patients to receive appropriate treatment more readily;
3. set up 24-hour clinics in the vicinity of the Accident and Emergency ("A&E") Departments during the influenza peak season and divert those patients being triaged as "semi-urgent" or "non-urgent" cases to these clinics for treatment, in order to alleviate pressure on the A&E Departments;
4. allocate additional resources immediately to address the long-standing problem of shortage in hospital beds, and put into full operation those hospital beds not yet commenced service, such as those of North Lantau Hospital; and
5. allocate additional resources immediately to tackle the problem of manpower shortfall, and recruit part-time doctors and nurses with reasonable remuneration as early as possible to help ease the manpower shortage problem of public hospitals."

23. The Chairman ruled that the motion was related to the agenda item under discussion, and invited members to consider whether the motion should be proceeded with at this meeting. Members agreed.

24. Mr YIU Si-wing remarked that he had reservation to support the motion, as there might be different views on what constituted unnecessary internal meetings and administrative measures and should be suspended. In addition, the problem of shortage of hospital beds could hardly be resolved overnight simply by the provision of additional resources.

25. The Chairman put the motion to vote. Mr YIU Si-wing requested a division. Dr KWOK Ka-ki, Dr LEUNG Ka-lau and Mr POON Siu-ping voted in favour of the motion. Mr YIU Si-wing and Mr WONG Ting-kwong abstained. The Chairman declared that the motion was carried.

IV. Expansion of Haven of Hope Hospital

[LC Paper Nos. CB(2)1095/15-16(05) and (06)]

26. Members noted the paper provided by the Administration (LC Paper No. CB(2)1095/15-16(05)) and the information note prepared by the LegCo Secretariat (LC Paper No. CB(2)1095/15-16(06)) on the subject under discussion.

27. 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.

Scope of the expansion project

28. While expressing support for the proposed expansion of the Haven of Hope Hospital ("HHH"), Dr KWOK Ka-ki and Dr Fernando CHEUNG were concerned about whether the provision of 160 additional extended care beds could meet the service demand from a growing and ageing population of the Kowloon East ("KE") Cluster. Dr Fernando CHEUNG pointed out that the ratio of beds per 1 000 geographical population for the KE Cluster was lower than that for overall HA hospitals. Mr WONG Ting-kwong said that the Democratic Alliance for the Betterment and Progress of Hong Kong supported the proposed expansion project. He sought information about other public hospital works project in the KE Cluster.

29. Under Secretary for Food and Health ("USFH") and Chief Cluster Executive (Kowloon East Cluster), HA ("CCE(KEC), HA") advised that the mains works for the phase one expansion of the United Christian Hospital ("UCH") was currently underway. The expanded UCH would house a new oncology centre and additional number of beds, and provide enhanced convalescent and rehabilitation services. As regards the expansion of HHH, it should be noted that in line with the international trend to develop ambulatory and community care with a view to reducing unnecessary hospitalization, a new day medical and rehabilitation centre ("DMRC") and a new integrated carers' support centre would be established at the new hospital block to be constructed under the expansion project of HHH. The new DMRC, with an estimated number of 11 000 annual attendances, would provide outpatient consultation,

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day medical procedures and day rehabilitation services for patients, in particular those with significant disability, frailty and multiple medical comorbidities. In addition, the 116 existing infirmary beds of HHH, which were currently housed in three aged hospital buildings not connected with each other and were located far away from the hospital main block, would be re-provisioned at the new hospital block. This would facilitate bed deployment in different wards of HHH during peak admission seasons. The above apart, the building services and structural provisions in the new hospital block had catered for a vertical extension of two storeys for the provision of 80 additional beds in the future.

30. Dr Fernando CHEUNG was of the view that efforts should be made to include the construction of the two additional storeys into the scope of the proposed project. Dr KWOK Ka-ki held a similar view. Director (Cluster Services), HA ("D(CS), HA") advised that if this was the case, HA might need to conduct a re-tender for the proposed project. He further advised that apart from the additional beds to be provided at the expanded UCH and HHH, the total bed capacity of the KE Cluster would be increased with the opening of additional beds in the Tseung Kwan O Hospital ("TKOH") in 2016 or 2017. Separately, HA was exploring the expansion of TKOH to meet the long-term healthcare needs of the community. The healthcare service need of residents in the Kwun Tong district, a catchment area of the KE Cluster, could also be partly taken care of by the new general hospital to be constructed in the Kai Tak Development Area. Chief Manager (Capital Planning) ("CM(CP), HA") supplemented that since the works for a vertical extension of HHH would cost less than the financial ceiling of \$75 million under the \$13 billion one-off grant to HA for implementation of minor works projects, there would be no need for HA to submit another funding application to the Finance Committee but could carry out the works in a timely manner when needs arose.

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31. Dr KWOK Ka-ki requested the Administration to provide information on the number of convalescent and rehabilitation beds in the KE Cluster with a comparison of the ratio of such beds per 1 000 geographical population of the catchment districts with the HA-wide figure; and the estimated shortage of convalescent and rehabilitation beds in the KE Cluster before and after the expansion of HHH and UCH, and the long-term plan to address the shortage, if any.

32. The Chairman expressed concern about whether the re-delineation of cluster boundary of HA would affect the estimation on the demand and supply for healthcare services in the three Kowloon clusters (i.e. the KE, Kowloon West ("KW") and Kowloon Central ("KC") Clusters). D(CS), HA advised that HA was currently working on the administrative arrangement to re-group Wong Tai Sin district and Mong Kok area from the KW Cluster to the KC Cluster. The Kwong Wah Hospital, Wong Tai Sin Hospital and Our Lady of Maryknoll

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Hospital would then be re-delineated from the KW Cluster to the KC Cluster in phases. In connection with the clinical service reorganization, demand and capacity gap analysis for the three Kowloon clusters for the next two decades was being conducted. It was expected that results of the analysis would be available in the second half of 2016.

33. Mr YIU Si-wing asked whether the three existing hospital buildings of HHH which accommodated the infirmary wards had to be demolished after the re-provisioning of the 116 infirmary beds at the new hospital block. In his view, these three buildings could be used by other service providers for continuous provision of infirmary services. USFH took note of the suggestion. CM(CP), HA advised that the current plan of HA was to turn the vacated site as a landscaping area. CCE(KEC), HA added that HA would seek the views of Haven of Hope Christian Service in mapping out the long-term use of the site.

Accessibility to HHH

34. Mr POON Siu-ping expressed support for the project. Noting that the expanded HHH would provide 160 additional extended care beds and the estimated annual attendances of the new DMRC would be 11 000, he asked whether there would be any enhanced public transportation arrangement to facilitate public access to HHH. Given the role of HHH as a key provider of convalescent, rehabilitation and infirmary services for the KE Cluster and the frail condition of many patients of HHH, Dr Fernando CHEUNG urged HA to discuss with the Transport Department to ensure that the expanded HHH would be easily accessible by public transport. CM(CP), HA advised that members of the public would be able to access to the expanded HHH through a lift to be installed near the bus stop at Ling Hong Road.

Project implementation

35. Noting that the expansion project was targeted for completion in 2021, Mr YIU Si-wing expressed concern that the environmental nuisance created by the demolition and construction works would adversely affect patients and staff of HHH during the project period. USFH advised that the long time required for completion of the project was due to the fact that the new hospital block would be erected over the slope on the east of the existing main block of HHH. CM(CP), HA advised that HA would incorporate into the works contract mitigation measures to ensure that environmental impacts arising from the construction works would be within established standards and guidelines. Any disruption of services, if unavoidable, would be kept to a minimum.

Conclusion

36. In closing, the Chairman concluded that the Panel did not object to the submission of the proposed expansion project of HHH to the Public Works Subcommittee for consideration.

[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 item.]

V. Healthcare services for elderly with hearing impairment

[LC Paper Nos. CB(2)1095/15-16(07) and (08)]

37. USFH briefed members on the healthcare services for elderly people with hearing difficulty, details of which were set out in the Administration's paper (LC Paper Nos. CB(2)1095/15-16(07)).

38. Members noted the information note prepared by the LegCo Secretariat (LC Paper No. CB(2)1095/15-16(08)) on the subject under discussion.

Purchase of hearing aids

39. Noting that the scope of the Elderly Health Care Voucher Scheme did not cover the sole purchase of medical items, Dr Fernando CHEUNG asked whether consideration could be given to allowing the eligible elders to use the vouchers to purchase hearing aids. The Chairman considered that the annual voucher amount should be increased from \$2,000 to \$4,000 to encourage elders to make use of the vouchers for specialist services. USFH responded that a comprehensive review of the Scheme was in progress. The review would take into account the suggestions.

40. Mr POON Siu-ping noted that needy patients who had met the specified clinical requirements and passed the means test could meet the expenses for self-financed hearing aids or replacement of external speech processor of cochlear implant required in the course of medical treatment which were not covered by the standard fees and charges in public hospitals and clinics through the Samaritan Fund ("SF"). He enquired about the number of applications approved and the corresponding amount of subsidy granted under SF in 2015-2016. USFH advised that as at October 2015, a total of 19 applications, involving a total subsidy amount of \$456,000, had approved since the inclusion of these self-financed items in the scope of coverage of SF on 13 April 2013.

Outpatient services for people with hearing difficulty

41. Dr Fernando CHEUNG urged HA to increase the number of queue display panels in the specialist outpatient clinics for the ear, nose and throat ("ENT") specialty, and provide, as far as possible, sign language translation to patients having hearing difficulty during medical consultation. Chief Manager (Quality and Standards), HA ("CM(Q&S), HA") advised that HA would accord priority to the installation of the queue display system at the ENT clinics.

42. Dr Fernando CHEUNG suggested that HA should devise a more user-friendly system to facilitate elders with hearing impairment to make their appointments for public general outpatient services, as many of them had difficulty in using the existing telephone booking system and the short message service booking service. CM(Q&S), HA took note of the suggestion.

Manpower supply of audiologists

43. The Chairman noted that according to the 2014 health manpower survey on healthcare personnel conducted by the Department of Health, the responding institutions employed a total of 93 audiologists and 31 audiology technicians. Noting from paragraph 13 of the Administration's paper that HA currently employed 29 audiologists and audiology technicians, he surmised that the long waiting time required of patients for receiving first consultation at public ENT clinics and for undergoing the subsequent audiological assessment was due to an inadequate manpower supply in HA.

44. USFH advised that HA would closely monitor the staffing situation to ensure an adequate supply of healthcare manpower to meet the service demand. CM(Q&S), HA supplemented that the bottleneck problem mainly lay with the provision of first consultation at ENT clinics and hearing aid prescription and fitting service, but not the provision of audiological assessment which was conducted by audiology technicians.

VI. Any other business

45. There being no other business, the meeting ended at 6:33 pm.