立法會
Legislative Council

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Panel on Health Services

Minutes of meeting
held on Monday, 16 May 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 Albert CHAN Wai-yip Hon YIU Si-wing, BBS 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 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 Dr Hon Helena WONG Pik-wan
Public Officers attending	:	Item III Professor Sophia CHAN Siu-chee, JP Under Secretary for Food and Health Mr Chris SUN Yuk-han, JP Head, Healthcare Planning and Development Office Food and Health Bureau

Mr FONG Ngai
Principal Assistant Secretary for Food & Health (Health) 3
Food and Health Bureau

Dr Kellie SO Pui-sheung
Principal Medical & Health Officer (2)
Department of Health

Item IV

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

Miss Fiona CHAU Suet-mui
Principal Assistant Secretary for Food & Health (Health)1

Dr T H LEUNG, JP
Controller, Centre for Health Protection
Department of Health

Dr Regina CHING Cheuk-tuen, JP
Head, Surveillance & Epidemiology Branch
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)1375/15-16(01), CB(2)1440/15-16(01) and CB(2)1479/15-16(01)]

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Members noted the following papers issued since the last meeting:

(a) Referral from the Public Complaints Office of the Legislative Council ("LegCo") Secretariat on policy issues relating to the provision of home care services for ex-mentally ill persons;

(b) Referral from the Subcommittee on Smoking (Public Health) Ordinance (Amendment of Schedule 2) Order 2015 concerning the review on the new smoking ban at the bus interchanges located at the eight tunnel portal areas; and

(c) Letter dated 10 May 2016 from Dr KWOK Ka-ki suggesting the Panel to discuss the provision of alternative therapy.

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)1459/15-16(01) and (02)]

2. The Chairman reminded members that the next regular meeting scheduled for 20 June 2016 at 4:30 pm would be the last regular meeting of this legislative session. Members agreed to discuss the following items at the next regular meeting:

(a) Progress report on the implementation of the recommendations of the Steering Committee on Review of Hospital Authority; and

(b) Review of the Elderly Health Assessment Pilot Programme.

3. Referring to a recent influenza-associated death case involving a child admitted to a public hospital during night time and was not given an urgent influenza test until the next day, Dr KWOK Ka-ki considered that the Panel should discuss the management of influenza by the Hospital Authority ("HA"), in particular the service for urgent testing for severe influenza cases, at its June regular meeting. The Chairman suggested that the subject could be covered under the discussion of item (a) above. Members did not raise any queries.

4. Members agreed that the subject on provision of alternative therapy proposed in the letter dated 10 May 2016 from Dr KWOK Ka-ki (LC Paper No. CB(2)1479/15-16(01)) would be included in the list of outstanding items for discussion of the Panel.

5. Miss Alice MAK referred members to her letter dated 16 May 2016 suggesting the discussion on issues relating to the resources requirement for the Medical Council of Hong Kong ("the Medical Council") to handle complaints (LC Paper No. CB(2)1479/15-16(01)) which was tabled at the meeting.

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Pointing out that the regulatory issues covered under the strategic review on healthcare manpower planning and professional development included, among others, the compliant investigation and disciplinary inquiries mechanism for the 13 healthcare professionals subject to statutory regulation (including registered medical practitioners), the Chairman suggested that the scope of the discussion on the subject should cover also that of other healthcare professional regulatory bodies. He further suggested that the subject could be included in the list of outstanding items for discussion of the Panel. Members agreed.

6. Dr KWOK Ka-ki asked whether the Administration was in a position to revert to the Panel on the findings of the review conducted by the Review Committee on Mental Health on mental health services for children and adolescents (i.e. item 8 in the outstanding list for discussion of the Panel). Under Secretary for Food and Health ("USFH") advised that it was expected that the Review Committee would publish its report around the end of June 2016. The Chairman remarked that where necessary, the Panel could hold a special meeting to discuss the matter before the prorogation of the Fifth LegCo.

III. Voluntary accredited registers scheme for healthcare personnel who are currently not subject to statutory regulation

[LC Paper Nos. CB(2)1459/15-16(03) and (04)]

7. USFH briefed members on the proposed framework of the voluntary accredited registers scheme for healthcare personnel who were currently not subject to statutory regulation ("the Scheme"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1459/15-16(03)).

8. Members noted the information note entitled "Voluntary accredited registers scheme for healthcare personnel who are currently not subject to statutory regulation" prepared by the LegCo Secretariat (LC Paper No. CB(2)1459/15-16(04)); and a submission from the Hong Kong Association of Doctors in Clinical Psychology ("HKADCP") (LC Paper No. CB(2)1526/15-16(02)) which was table at the meeting.

Launching the Scheme on a pilot basis

9. Mr POON Siu-ping enquired about the rationale for commissioning the Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong ("CUHK") to launch a pilot scheme to test out the feasibility of the Scheme and be the accreditation agent of the pilot scheme. While welcoming the introduction of the Scheme, Dr KWOK Ka-ki asked whether a timeframe was set for piloting the Scheme.

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10. USFH advised that CUHK was first commissioned by the Government to provide professional input to its strategic review on the regulatory structure for the 13 healthcare professions which were subject to statutory regulation, which was currently underway. For those healthcare professions not statutorily regulated, the strategic review had looked into issues relating to their future development. Subsequently, CUHK was commissioned to conduct a feasibility study on the launching of the Scheme and propose a set of framework and standards for the Scheme, and to launch a pilot scheme in this regard. The pilot scheme was expected to last for one year, and the valid period of the accreditation would last for three years.

Proposed framework of the Scheme

11. Mr POON Siu-ping noted that the pilot scheme would, initially, cover the existing 15 non-statutorily regulated healthcare professions within the health services functional constituency of LegCo ("the target professions"), and would be operated under the "one profession, one professional body, one register" principle. He shared the concern raised by the Hong Kong Association of Doctors in Clinical Psychology in its submission that for some professions, there was currently more than one professional body in operation. He was concerned about how to ensure the openness, fairness and impartiality in the process of the coming up of a single professional body to represent the profession and apply for accreditation. Expressing similar concern, Dr KWOK Ka-ki and Mr CHEUNG Kwok-che sought elaboration about the criteria to be adopted by the accreditation agent to determine which professional body could be granted accreditation. Mr CHEUNG Kwok-che was particularly concerned that professional bodies with a longer history would be given preference.

12. USFH responded that for those healthcare professions with more than one professional body, it would be best, under the principle of professional autonomy, for the profession concerned to reach a consensus on whether the profession would be ready to join the Scheme and determine as to which professional body should apply for accreditation and be responsible for administering the register of the profession. Citing an example that the Division of Clinical Psychology ("DCP") of the Hong Kong Psychological Society had once issued a guide to the non-governmental organizations advising them not to employ any clinical psychologist who was not a member of DCP as they might not be competent to practise, Mr CHEUNG Kwok-che expressed concern that there might be cases that the various professional bodies concerned could not reach a consensus. USFH advised that if this was the case, a new professional body might need to be set up by the healthcare personnel concerned for applying to become the accredited professional body. The Administration would, where necessary, provide assistance to the professions in this regard. She stressed that the Administration and CUHK had

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been maintaining close communication with the target professions about the proposed framework of the Scheme and the pilot scheme.

13. Mr CHEUNG Kwok-che asked whether the pilot scheme would accept application from professions outside the target groups, such as the specialty of industrial and organizational psychology. The Chairman raised a similar enquiry. USFH advised that the Administration was open-minded in this regard. However, priority would be accorded to the existing 15 non-statutorily regulated healthcare professions within the health services functional constituency of LegCo.

14. Mr POON Siu-ping noted from paragraph 12 of the Administration's paper that to help kick start the Scheme, the Government would consider providing some resources to the professions to cover the developmental cost for attaining the standards under the Scheme. He sought elaboration in this regard. USFH advised that the provision of financial resources would depend on a range of factors, including, among others, the number of professions joining the Scheme and whether they had any difficulties in shouldering the developmental costs for attaining the standards under the Scheme. She assured members that in so doing, the Administration would give due regard to the need to ensure proper use of public funds and principle of value-for-money. In response to the Chairman's enquiry about whether financial resources would be provided by the Administration for the operation of the accredited professional bodies, that the professional bodies shall operate on a self-financing basis and be responsible for their daily operating costs.

15. Dr KWOK Ka-ki pointed out that since the Scheme was voluntary in nature, healthcare personnel not on the registers of the accredited professional bodies could continue to practise. He expressed concern about how the Scheme could help to ensure the quality of the services received by the public, and whether the Administration would, in future, only invite those healthcare personnel on the registers of the accredited professional bodies to join its public-private partnership programme. Mr YIU Si-wing was concerned about possible confusion caused by the co-existence of an accredited professional body and other non-accredited professional bodies for a profession in the future.

16. USFH advised that the Department of Health ("DH") would appoint an independent accreditation agent to establish standards for the professional bodies which should ensure that their members possessed the necessary professional competency for delivering healthcare services. The accreditation agent would assess whether a professional body had met the prescribed standards. Accredited healthcare professional bodies would be permitted to use a registered trademark on their websites and on the Certificate of Registration issued to their members so that the public could recognize them easily. In addition, members of the accredited professional organisations could

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use the title "Department of Health Accredited Register of [Profession]" on the name cards. The Administration would step up publicity and public education upon the introduction of the pilot scheme.

17. The Chairman asked whether the public could search for members of the accredited healthcare professional bodies on DH's website. USFH advised that DH's website would provide a hyperlink to the website of the accredited professional bodies which was responsible for administering the register of their respective profession. Mr Albert CHAN suggested that DH should make it clear on its website which non-statutorily regulated healthcare professions were covered under the pilot scheme and which healthcare professions were currently subject to statutory regulation. USFH took note of the suggestion.

Statutory regulation over the target professions

18. Dr KWOK Ka-ki and Mr CHEUNG Kwok-che considered that while the Scheme was a step forward in monitoring the service standards of the currently non-statutorily regulated healthcare professions, statutory regulation should be introduced in the longer term to safeguard public health. Dr Fernando CHEUNG opined that in view of an increasing demand for the services provided by the non-statutorily regulated healthcare personnel, statutory regulation should be introduced to ensure the professional competency of these healthcare personnel and enable members of the public to make an informed choice of providers that suited their need. Mr YIU Si-wing was of the view that the Administration should base on the experience gained from the pilot scheme to introduce a regulatory framework for the currently non-statutorily regulated healthcare professions. Mr Albert HO agreed that the Administration should take a step-by-step approach in introducing statutory regulation over the target profession, as its implementation would make those healthcare personnel not meeting the standards become unable to practice. He, however, considered that the Administration should map out a timetable to introduce statutory regulation over the target professions. Mr Albert CHAN held the view that the introduction of statutory regulation in the longer term would help to safeguard public health.

19. USFH advised that according to the study of CUHK, the putting in place of a voluntary registers scheme for healthcare personnel not subject to statutory regulation was not uncommon. The Administration considered it prudent to first launch a pilot scheme to test out the feasibility of the Scheme. It would decide the way forward taking into account the experience of the pilot scheme.

Healthcare manpower supply

20. Noting the limited number of graduate places in clinical psychologists and educational psychologists in the local tertiary institutions, Mr Albert HO

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considered that the Administration should conduct manpower planning for these two professions to meet the increasing service demand. The Chairman remarked that according to the 2014 health manpower survey on healthcare personnel conducted by DH, a total of 515 clinical psychologists and 246 educational psychologists were employed by the institutions covered in the survey as at 31 March 2014. USFH agreed to relay the view to the Labour and Welfare Bureau and the Education Bureau for consideration and provide a written response to the Panel in this regard after the meeting.

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Conclusion

21. In closing, the Chairman concluded that members in general considered that the Administration should, in the longer term, provide statutory regulation for the healthcare professions currently not subject to statutorily regulation. Mr CHEUNG Kwok-che and Dr KWOK Ka-ki requested the Administration to revert to the Panel on more details of the pilot scheme before its launch by end of 2016. They suggested that the Panel should receive views from the relevant stakeholders on the pilot scheme. The Chairman suggested that to enable members to have a better understanding of the pilot scheme, the Administration should provide after the meeting supplementary information on the details of the accreditation process, the standards for accreditation, the prescribed criteria and compliance requirements to be adopted by CUHK for the pilot scheme; and revert to the Panel on the implementation of the pilot scheme in the 2016-2017 legislative session. Members agreed.

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IV. Colorectal Cancer Screening Pilot Programme

[LC Paper Nos. CB(2)1459/15-16(05) and (06)]

22. USFH briefed members on the progress of preparation for the Colorectal Cancer Screening Pilot Programme ("the Pilot Programme"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1459/15-16(05)).

23. Members noted the background brief prepared by the LegCo Secretariat entitled "Colorectal Cancer Screening Pilot Programme" (LC Paper No. CB(2)1459/15-16(06)).

Target population

24. Dr KWOK Ka-ki welcomed the implementation of the three-year Pilot Programme. Noting that the Pilot Programme aimed to cover eligible Hong Kong residents aged 61 to 70 at the time of programme launch in phases over a period of three years, he called on the Administration to consider lowering the age threshold to people aged 50 or 55 and above and give priority to those in

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the age group with lower income as well as persons of younger age who had a family history of colorectal cancer.

25. USFH advised that the aim of the Pilot Programme was to, among others, devise a screening algorithm with assured quality which fitted the local needs and assess the implications of population-based screening. To achieve the above purposes, it would be more cost-effective for the Pilot Programme to target at people aged 61 to 70. No means test was required for participants of the Pilot Programme. On the suggestion of providing screening to persons of younger age who had a family history of colorectal cancer, Head, Surveillance & Epidemiology Branch, DH ("Head/SEB, DH") advised that the view of the Cancer Expert Working Group in Cancer Prevention and Screening ("the Working Group") was that asymptomatic people who had a first-degree relative with colorectal cancer at age 60 or above should undergo screening as an average-risk people. For those persons who had known inherited genetic mutation that increased the risk for developing colorectal cancer at younger ages, they should be referred to undergo regular colonoscopy examinations under the existing mechanism. Dr KWOK Ka-ki questioned the effectiveness of the referral mechanism. Head/SEB, DH responded that the Working Group would make screening recommendations for the Administration's further consideration.

26. Mr Albert HO maintained the view that the age threshold for the Pilot Programme should be lowered to 50 years of age and above, as screening could help prevent colorectal cancer. He asked whether the Administration would consider lowering the age threshold if, upon rolling out the Pilot Programme, it was found that the participation rate was far less than the originally estimated level of 30%.

27. Head/SEB, DH stressed that an aim of the Pilot Programme was to form the basis for further deliberation of whether and how to provide colorectal cancer screening service to wider populations in the future. While persons older than 50 years of age had an increased risk of colorectal cancer, it should be noted that the incidence rate for colorectal cancer increased with age. Given the finite public resources, the taskforce established by DH to provide professional advice on the scope and content of the Pilot Programme ("the Taskforce") considered that the number of participants joining the Pilot Programme and their disease occurrence should both be representative. Hence, it would be more cost-effective for the Pilot Programme to target at persons aged 61 to 70. Head/SEB, DH further said that the estimation that 30% of the target population would participate in the Pilot Programme was made on the basis of the experience of other places in the Asia Pacific region which had put in place a national colorectal cancer screening programme (i.e. 20% to 30% in South Korea and Japan; 34% in Taiwan and 38% in Australia).

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Screening protocol

28. Mr YIU Si-wing welcomed the Pilot Programme as screening was an effective prevention tool against colorectal cancer. He sought elaboration about the reliability of using faecal immunochemical test ("FIT") as the primary screening tool for colorectal cancer.

29. Head/SEB, DH advised that FIT was an improved version of faecal occult blood test for detecting the presence of blood in the stool. Local and overseas studies showed that FIT had a diagnostic accuracy rate of over 80%. In addition, the process of collecting stool specimens was easy and safe. For participants joining the Pilot Programme, a Participant's Pack, which contained an instruction sheet on specimen collection and two FIT tubes, would be provided to them during their first consultation with the enrolled primary care doctor. If the FIT result was positive, the participants should undergo the subsidized colonoscopy examination to find out the cause of bleeding.

30. Dr LEUNG Ka-lau declared that he was a specialist in colorectal surgery in private practice. He sought clarification as to whether participants with positive FIT result could choose their preferred colonoscopy specialist from the colonoscopy specialists enrolled in the Pilot Programme. Head/SEB, DH replied in the positive, adding that the participating primary care doctors would provide the participants concerned a referral letter and a list of the enrolled colonoscopy specialists. To promote transparency, a list of the participating primary care doctors and colonoscopy specialists, as well as information on the subsidized services (and non-subsidized items), the amount of subsidy provided by the Government and the co-payment fees charged by doctors would be made available at DH's designated website to enable participants to make an informed choice according to personal needs, preferences and affordability.

31. Dr KWOK Ka-ki asked whether participants with negative FIT result would be entitled to undergo FIT annually. USFH advised that participants with negative FIT result would only be required to repeat the FIT screening after two years. However, they should continue to be vigilant and watch out for symptoms of colorectal cancer in order to seek timely medical advice.

Subsidy from the Government

32. Referring to the specified services under the Standard Package of Colonoscopy Service ("the standard package") as detailed in paragraph 10 of the Administration's paper, Dr LEUNG Ka-lau asked whether participants, if they so wished, could pay additional fee for services or items not covered in the standard package, such as provision of general anaesthesia, hospitalization and use of certain medical equipment or consumables, say, larger hemostatic

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forceps for clamping off blood vessels. USFH advised that any payment for additional charges by participating colonoscopy specialists for the provision of services outside the standard package would be subject to the agreement between the participants and the participating colonoscopy specialists.

33. Dr LEUNG Ka-lau noted that participating colonoscopy specialists would receive a fixed subsidy of $7,800 (if no polyp was found during the examination) or $8,500 (if polyp(s) was/were found and removed during the examination) for each case of colonoscopy examination. He sought clarification as to whether an image of the polyp(s) obtained by digital optical biopsy would be accepted as proof of polyp(s) found and removed during the examination. Head/SEB, DH advised that the Taskforce had deliberated and agreed that the participating colonoscopy specialists had to send the removed polyps to the designated laboratory for histopathology examination in order to receive the subsidy. The Administration would evaluate the process regularly with the aim of considering how to improve the screening algorithm in the future.

34. Dr LEUNG Ka-lau enquired about the subsidy redemption arrangement for participating colonoscopy specialists if the participants were covered by private health insurance. Head/SEB, DH explained that the fixed subsidy would be provided to the participating colonoscopy specialists irrespective of whether or not the participants were covered by private health insurance. Whether the additional fee paid by the participants concerned, if any, was claimable would depend on the insurance policy terms and conditions.

35. In response to Dr LEUNG Ka-lau's enquiry as to whether there would be any guidelines on the cost sharing arrangement between the participating colonoscopy specialists and the party renting out the endoscopy rooms to the colonoscopy specialists for the conducting of the colonoscopy examination, Head/SEB, DH replied in the negative.

36. Mr YIU Si-wing noted that participating colonoscopy specialists might, after deducting the subsidy provided by the Government, charge additional fee for the provision of the services specified in the standard package subject to a cap of not more than $1,000. He was concerned that if this was the case, participants would need to meet the cost for post-procedural treatment due to complications arising from the colonoscopy examination on their own.

37. Head/SEB, DH advised that treatment provided by the participating colonoscopy specialists for any complications arising from the colonoscopy examination was not covered in the standard package. As a good practice, the participating colonoscopy specialists should explain to the participants the procedures, benefits, risks and possible complications of colonoscopy before conducting the examination. They should also specify the treatment for complications arising from the procedure and the expenditure for treating the

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complications. The participants could request the participating colonoscopy specialists to transfer them to public hospitals for treatment having due regard to their preferences and affordability. The colonoscopy specialists concerned had to obtain the participants' consent on the above before proceeding with the examination. The Chairman remarked that the Administration should clearly explain the above arrangements to the participating colonoscopy specialists.

Treatment for colorectal cancer

38. Mr Albert HO expressed concern about the waiting time for receiving treatment from HA for confirmed new cases of colorectal cancer detected under the Pilot Programme. Head/SEB, DH advised that new cases of colorectal cancer could be followed up by HA or specialists in private practice. According to HA, patients could receive first consultation in about two weeks' time after the referral.

V. Any other business

39. There being no other business, the meeting ended at 6:29 pm.

Council Business Division 2
Legislative Council Secretariat
28 September 2016