立法會
Legislative Council

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Report of the Panel on Health Services for submission to the Legislative Council

Purpose

This report gives an account of the work of the Panel on Health Services ("the Panel") during the 2015-2016 session of the Legislative Council ("LegCo"). It will be tabled at the Council meeting of 13 July 2016 in accordance with Rule 77(14) of the Rules of Procedure of the Council.

The Panel

2. The Panel was formed by resolution of the Council on 8 July 1998 and as amended on 20 December 2000, 9 October 2002, 11 July 2007 and 2 July 2008 for the purpose of monitoring and examining Government policies and issues of public concern relating to medical and health services. The terms of reference of the Panel are in **Appendix I**.

3. The Panel comprises 17 members, with Prof Hon Joseph LEE Kok-long and Dr Hon LEUNG Ka-lau elected as Chairman and Deputy Chairman respectively. The membership list of the Panel is in **Appendix II**.

Major work

Public healthcare infrastructure

4. Being the safety net for the whole population, the public healthcare sector is the predominant provider of secondary and tertiary healthcare services in Hong Kong. The adequacy of public healthcare infrastructure to meet the significant increase in service demand arising from a growing and ageing population had all long been of considerable concern to the Panel. Following the Chief Executive's announcement in the 2016 Policy Address of the earmark of a total provision of $200 billion for the implementation of a

10-year public hospital development plan ("the 10-year plan"), members were briefed on the public hospital development projects under the 10-year plan for meeting the healthcare needs of the population.

5. Members welcomed the 10-year plan which would increase the number of public hospital beds by about 20% from about 27 000 at present to about 32 000. Since about half of the 5 000-odd additional hospital beds would be provided at the new acute general hospital in the Kai Tak Development Area, some members urged the Administration to ensure that the 10-year plan could address the inpatient capacity shortage issue of the under-provided hospital clusters in terms of the population size of their catchment districts, including the Kowloon East ("KE") and the New Territories West ("NTW") Clusters. Given that development and construction of healthcare facilities was a long process, some members went further to suggest that the Administration should start mapping out the public hospital development in the long term beyond the 10-year plan, which could in turn facilitate early and better planning in healthcare manpower projection. Members were assured that the Administration and the Hospital Authority ("HA") had been formulating longer-term strategies with a view to creating an additional 9 000-odd public hospital beds in total in the coming 20 to 30 years to meet the long-term healthcare needs of the community.

6. The Panel examined in detail two of the proposed capital works projects under the 10-year plan. They were the demolition and substructure works for phase one of the redevelopment of the Kwong Wah Hospital and the expansion of the Haven of Hope Hospital. Members were supportive of the proposals which would respectively augment the role of Kwong Wah Hospital as a major acute hospital providing a comprehensive range of services in the Kowloon West Cluster and enhance the capacity of Haven of Hope Hospital as the key provider of sub-acute, convalescent, rehabilitation and infirmary services in the KE Cluster. There was a request from members for expediting the completion of these two projects.

Regulatory regime for private healthcare facilities

7. Of equal concern to members in the session was the progress of the Administration in hammering out the details of the robust facilities-based regulatory regime for private healthcare facilities as recommended by the Steering Committee on Review of Regulation of Private Healthcare Facilities and was put to public consultation from December 2014 to March 2015. Members were briefed that the views received during the public consultation exercise revealed broad public support for adopting a risk-based regulatory approach and covering hospitals, day procedure centres and clinics under the management of incorporated bodies under the revamped regulatory regime. There was also general consensus in the community that the 19 proposed

regulatory requirements pertaining to the five broad areas of corporate governance, standards of facilities, clinical quality, price transparency and sanctions were essential elements for the new regulatory regime.

8. Members urged for the early implementation of the new regulatory regime so as to strengthen regulation of private healthcare facilities. They requested the Administration to strive to forge consensus amongst the relevant stakeholders and introduce the bill into LegCo as early as possible in the 2016-2017 legislative session. Some members shared the view of the public that the proposed complaints management system should cover, apart from unresolved complaints against private hospitals, unresolved complaints against day procedure centres and clinics under the management of incorporated bodies. They were pleased to note that the Administration would explore the possibility of establishing an independent Committee on Complaints against Private Healthcare Facilities to look into complaints unresolved at service delivery level by these three types of private healthcare facilities in ironing out the details of the new regulatory regime.

9. In view of the complexity and sensitivity of the legislative exercise as well as the wide spectrum of professional responsibilities relating to the regulation of PHFs, the Department of Health ("DH") would set up a new Office for Regulation of Private Healthcare Facilities on a time-limited basis for three years, and the existing Office for Registration of Healthcare Institutions would become one of the two Sections of the new Office. The Panel was consulted on the Administration's proposals to create two supernumerary directorate posts in DH for three years to respectively head the new Office and the new Planning and Development Section to be set up under the new Office.

10. Some members did not agree with the stance of the Administration that the new Office and its Planning and Development Section had to be headed by medical professionals. In their view, non-medical personnel with ample administrative or healthcare services management experiences were competent to take up the posts. Some members raised concern on whether the two posts would be retained after 2018-2019. The Administration advised that it would review the workload and consider the manpower needs and the future operation of the new Office in 2018-2019.

Healthcare services for the elderly

The Elderly Health Care Voucher Scheme

11. Hong Kong is facing the challenges of an ageing population. As the demand of the elderly for healthcare services was much higher than that of

the non-elderly, another focus of the Panel in the session was the provision of public healthcare services for the elderly. It continued to follow up with the Administration on the implementation of the Elderly Health Care Voucher Scheme ("the EHV Scheme") which subsidized eligible elders to use primary care services provided by the private sector that best suited their needs. Members noted that since more elders had made use of their vouchers, there was a need for the Administration to seek a supplementary provision of $380.7 million to meet the higher than anticipated expenditure for the EHV Scheme in 2015-2016.

12. Members continued to call on the Administration to lower the eligible age for the EHV Scheme from 70 to 65, if not to 60, years old and revise upward the financial cap on the cumulative amount of the vouchers in the account of the eligible elders. Separate dental care vouchers should also be provided to facilitate elders to make use of the dental care services in the private sector, as the limited scope of public dental care services was far from adequate to meet the dental care needs of the elderly. Apart from the above issues which had long been called for by members, of particular concern to members was the launch of a pilot scheme in October 2015 to allow eligible Hong Kong elders to use their vouchers to meet the fees for outpatient services provided by the University of Hong Kong – Shenzhen Hospital. Pointing out that the Hospital was not located in the vicinity of the areas where most of the Hong Kong elders on the Mainland resided, members in general cast doubt about the cost-effectiveness of the pilot scheme. The Panel had requested the Administration to revert to members on the comprehensive review of the EHV Scheme being conducted by DH, including the implementation of the pilot scheme and the way forward, in the next legislative term.

The Elderly Health Assessment Pilot Programme

13. The Government launched a two-year Elderly Health Assessment Pilot Programme in July 2013 to provide, through collaboration with nine non-governmental organizations ("NGOs") on a public-private partnership ("PPP") basis, subsidized health assessment service for up to 10 000 eligible elders. The Pilot Programme was particularly targeted at those elders who lived alone, who did not have health assessment before, or who did not have regular follow-up by medical services. Members were briefed that a review of the Pilot Programme showed that the lack of long-term curative and clinical follow-ups under the Pilot Programme had made it less attractive to elders, with only about 80% of the quotas used up at the end of the two-year pilot period. This apart, participating NGOs faced operational difficulties in various areas, including, among others, recruitment of hidden elders and employment of suitable healthcare professions to provide the services.

Against the above, the Administration considered that this new service delivery model should not be further pursued.

14. Some members were of the view that there was no reason for not further pursuing the new service delivery model, which had proven to be effective in detecting previously unidentified health risks or problems among those elders whose health problems were not under proper care due to poor social network and lack of regular medical care. They urged the Administration to channel the available resources into other service areas for enhancing primary care for elders. Members were assured that having critically reviewed the strategic direction of the Elderly Health Centres ("EHCs") which provided similar primary health services in the public sector, DH would implement a pilot collaborative model at those EHCs with comparatively shorter waiting lists to reach the hard-to-reach elders; review the existing health assessment protocol of EHCs to channel more resources into first-time health assessments for new members; and seek additional resources to enhance the service capacity of EHCs.

Services for elders with hearing impairment

15. At present, more than 117 000 elders aged 65 or above perceived themselves as having long-term difficulty in hearing or were using specialized hearing aids or rehabilitation tools. The Panel had requested a briefing from the Administration on the public healthcare services provided for elders with hearing difficulty. There was a call from members that the restriction of the EHV Scheme for not allowing the use of vouchers solely for the purchase of medical items should be relaxed to enable elders to use the vouchers to purchase hearing aids. HA should, in addition to the telephone appointment system and the short message service booking service, devise a more user-friendly system to facilitate elders with hearing impairment to make their appointments for public general outpatient services. Members also stressed the need to ensure an adequate supply of audiologists and audiology technicians to shorten the waiting time for HA's ear, nose and throat specialist outpatient service and meet the rising service demand from an ageing population.

<u>Colorectal Cancer Screening Pilot Programme</u>

16. The Chief Executive announced in his 2014 Policy Address that high risk groups would be subsidized for colorectal cancer screening and preparatory work had been commenced since then. The Panel discussed with the Administration the progress of its preparation for the launch of a three-year Colorectal Cancer Screening Pilot Programme in September 2016 for eligible Hong Kong residents aged 61 to 70 at the time when the Pilot

Programme was launched. There were views that the age threshold of the Pilot Programme should be lowered to 50 years old. In addition, service priority should be accorded to those higher-risk individuals with a family history of colorectal cancer. Some members raised concern about the additional fee that might be charged by the enrolled colonoscopy specialists for the provision of services outside the subsidized standard package, such as management of complications arising from the removal of polyps found during colonoscopy examination.

17. According to the Administration, the aim of the Pilot Programme was to provide a basis for assessing whether and, if so, how to provide colorectal cancer screening service to wider populations. It was expected that the Pilot Programme would attract a total of about 300 000 attendances for Faecal Immunochemical Test screening. Among them, some 10 000 participants would require colonoscopy assessment for a positive stool test result. The level of fees for the provision of services outside the standard package would be subject to the agreement between the participants and the colonoscopy specialists concerned. Members were further advised that under the existing referral mechanism of HA, family members of colorectal cancer patients would be arranged to undergo regular colonoscopy examination as and when necessary.

Issues relating to HA

Recommendations of the Steering Committee on Review of HA

18. The Steering Committee on Review of HA published its report in July 2015 with 10 recommendations on five priority areas in HA's operation for enhancing the cost-effectiveness and quality of the services of HA, with a view to providing HA with increased capability to cope with the future challenges. In response, HA had formulated an Action Plan setting out a series of actions corresponding to each recommendation for implementation within three years' time. Following up its work in the last session, the Panel requested the Administration to update members on the progress of HA in implementing the recommendations of the Steering Committee.

19. Members were particularly concerned about HA's progress in developing a refined population-based resource allocation model which would take 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. Members were advised that HA had been making good progress in implementing the recommendations. On the development of the population-based resource

allocation model, it was expected that the consultancy commissioned by HA to develop and validate the model would work out a prototype for further deliberation in HA Board by the third quarter of 2016. HA would then consult the relevant stakeholders on the proposed model. Given that it took time for HA to finalize the model, members called on HA to allocate additional resources to the under-provided hospital clusters, in particular the NTW Cluster, to enhance the existing services of these hospital clusters.

Management of seasonal influenza

20. Seasonal influenza would affect large segments of the community and had posed a recurrent challenge to the public healthcare system. Of note was that the upsurge in inpatient service demand in public hospitals was particularly severe in the 2016 winter influenza season. Measures taken by HA to tackle the winter surge was of considerable concern to the Panel. Members noted that HA had opened new hospital beds and enhanced its healthcare manpower to strengthen the inpatient services in 2015-2016 in order to cope with the increase in service demand due to the prevalence of seasonal influenza. It had also formulated a series of step-up measures to provide support for discharged patients and emergency services, and to enhance bed deployment and patient flow. There was a view that DH, HA and the Social Welfare Department should enhance collaboration to ensure the hygiene conditions of the residential care homes for the elderly so as to reduce avoidable admission. Members were also concerned that the step-up measures of HA would intensify the already very heavy workload of the frontline staff. The Panel passed a motion at its meeting on 21 March 2016 urging the Government to take forward a series of suggestions to alleviate the plight confronted by frontline healthcare personnel and maintain the quality of public healthcare services.

21. Of equal concern to members was the service provided by HA for urgent testing for severe influenza cases outside office hours. While pleased to note that HA had, in response to public concern, designated two laboratories with 24 hours service in the Prince of Wales Hospital and the Queen Mary Hospital to conduct urgent testing for severe influenza cases during night time starting from 6 June 2016, some members considered that more laboratories should be made available for conducting such testing during winter surge. This could help to shorten the time required for the delivery of the specimen and testing results between the hospitals and the laboratories concerned.

Patient safety management

22. Arising from several incidents taking place at the Tuen Mun Hospital, Pamela Youde Nethersole Hospital and Queen Mary Hospital in the

second half of 2015, the Panel had deliberated on the measures put in place by HA to ensure patient safety. Members noted that similar to overseas experience, local clinical incidents were mainly caused by system and process factors rather than mere human error. Some members were of the view that medical manpower constraint and sectarianism among hospital clusters might be root causes for some clinical incidents in public hospitals. The Administration advised that the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development would formulate recommendations on, among others, how to cope with anticipated demand for healthcare manpower in both the public and private sectors. HA had also put in place various systems and procedures at both hospitals and corporate level to ensure high clinical standards. Members were further assured that risk assessment in respect of medication, surgical and device safety as well as infection control in HA would be carried out by the committees and clinical departments concerned on a regular and need basis.

Provision of private patient services at public hospitals

23. Given HA's primary role as a public healthcare service provider, the Panel attached great importance to ensuring the proper use of public funds by HA in the latter's provision of private patient services at certain public hospitals. Members were concerned that the provision of such services at public hospitals would adversely affect the public healthcare services. There was a view from members that private patient services should only be provided at public hospitals if they were proved to be of value to the teaching and research of the clinical professors concerned.

24. According to HA, the majority of the private patient services was provided at the two teaching hospitals. The University of Hong Kong, the Chinese University of Hong Kong and HA had set up a Private Service Review Working Group to, among others, identify priority areas for improvement in the administration of private services. The Working Group had agreed that there was a need to make it clear that the offering of private patient services at the two teaching hospitals should strictly be based on the rationale for the public to access, by means of these services, specialized expertise and facilities in the public healthcare sector which were not generally available in the private sector. The Panel requested the Administration and HA to revert to members on the implementation of the recommendations of the Working Group in the next legislative term.

Implementation of PPP initiatives

25. The Panel also gave views on the proposal of the Administration to allocate to HA an endowment fund of $10 billion as seed money to generate

investment return for funding clinical PPP programmes and initiatives. Members in general were supportive of the proposal which, in their view, could help to alleviate pressure on the public healthcare system. However, concern was raised about the arrangement that the $10 billion would be placed with the Exchange Fund ("the Placement"). Given that the actual investment return on the Placement would fluctuate from year to year, there might be cases that the annual rate of return was less than 4.3% as assumed by the Administration for the purpose of financial planning. In such circumstances, the investment return might not be adequate to finance the continued operation of the existing PPP programmes as well as implementation of the new initiatives. The Administration advised that the seed capital might also be used in response to special needs that might arise. Members requested the Administration to ensure transparency on the use of the investment returns, and monitor the effectiveness of the various PPP initiatives introduced by HA.

Regulating the healthcare professionals

Regulatory regime for the medical practitioners

26. In November 2015, Hon Tommy CHEUNG consulted the Panel his proposed Member's Bill to amend the Medical Registration Ordinance (Cap. 161) ("the Ordinance") to increase the number of lay members appointed by the Chief Executive to the Medical Council of Hong Kong ("the Medical Council") from four to eight, and the respective number of lay members of the Medical Council appointed to the Preliminary Investigation Committee and the Health Committee from one to two.

27. The Administration briefed the Panel in February 2016 on its legislative proposals to amend the Ordinance and its subsidiary legislation, which covered Hon Tommy CHEUNG's proposal and sought to enable the Medical Council to establish more than one Preliminary Investigation Committee; extend the term of registration of medical practitioners with limited registration; change the quorum for disciplinary inquiries and increase the number of assessors; enable solicitor or counsel to be appointed to carry out the statutory duties of the Secretary of the Medical Council in inquiries; and increase the number of legal advisers to the Medical Council.

28. Members generally supported the legislative proposals, but raised concerns on certain issues, including the criteria for selecting the lay persons to be appointed by the Chief Executive on the Medical Council, the change in the ratio of appointed members to elected members in the Medical Council and the implication on professional autonomy, and the effectiveness of the legislative proposals in enhancing the efficiency of the complaint

investigation and disciplinary inquiry mechanism of the Medical Council. The Administration introduced the Medical Registration (Amendment) Bill 2016 into LegCo on 2 March 2016. The Bills Committee formed to scrutinize the Bill had completed its work.

Healthcare personnel not subject to statutory regulation

29. Following the Chief Executive's announcement in the 2016 Policy Address that the Government would launch a voluntary accredited registers scheme for supplementary healthcare professions, members were briefed on the proposed framework of the scheme which would be of a voluntary nature and would initially cover the existing 15 non-statutorily regulated healthcare professions within the health services functional constituency of LegCo.

30. Many members stressed the need to put these 15 healthcare professions under statutory regulation in the longer term to safeguard the interest of the public. Pointing out that it was not uncommon that there were more than one professional body for each of the healthcare professions concerned, members were gravely concern that for each profession, the Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong, being the accreditation agent of the scheme, would accredit only one professional body which would then be responsible for administering the register of the profession. The Administration advised that where necessary, DH would provide assistance to those professions which encountered difficulties in reaching a consensus as to which professional body should become the accredited professional body. The Panel had requested the Administration to revert on further details of the scheme in the next legislative term prior to its launch.

Measures for the prevention and control of Zika virus infection

31. The World Health Organization ("WHO") declared on 1 February 2016 that the association between Zika virus infection, a mosquito-borne disease caused by Zika virus which was primarily transmitted to humans through bites of Aedes mosquitoes, and the cluster of microcephaly cases in newborns and other neurological disorders (including Guillain-Barré syndrome) reported in Brazil, following a similar cluster in French Polynesia, constituted a Public Health Emergency of International Concern. With effect from 5 February 2016, Zika virus infection had been made a statutorily notifiable infectious disease in Hong Kong. In view of the public concern that Aedes albopictus was widely present locally and there was possibility of secondary spread of imported Zika virus infection in Hong Kong, the Panel requested the Administration to brief members on its measures for the prevention and control of Zika virus infection.

32. Members noted that the Administration had enhanced surveillance for early identification of confirmed cases, put in place a series of port health measures to reduce the risk of disease transmission, and had been closely communicating with WHO and other health authorities about the latest developments of Zika virus infection in other places. Members called on the Administration to enhance publicity to keep the public, in particular pregnant women and women preparing for pregnancy who were travelling to and returning from the affected countries and areas, alert of the need to take suitable preventive and response measures against Zika virus. Members also saw a need for the Administration to step up its mosquito control and elimination work, and conduct laboratory studies to examine if local Aedes albopictus carried the Zika virus as and when necessary.

Organ donation

33. The Panel discussed with the Administration the promotion of organ donation. Members were concerned that while there was an overall increase in both the number of persons registered with the Centralized Organ Donation Register and the organ donation rate in recent years, the number of cases of organ donation was still much lower than the number of patients waiting for organ and tissue transplantation. Members urged the Administration to strengthen its promotional effort to foster and fortify the culture of organ donation in the community. There was a suggestion that organ donors could be entitled to priority in the allocation of niches at public columbaria, so as to motivate individuals to donate their organs. Some members went further to suggest introducing an opting out system through legislation, which presumed consent unless an individual expressed their refusal to become a potential donor, as an intervention to increase the pool of potential organ donors.

34. As explained by the Administration, adopting an opting out system by legislative approach was very different from the existing organ donation regime under which family members of organ donors had the right to refuse the request for organ donation on behalf of the donors. Before making any substantial changes to the existing regime, the Administration would assess more in-depth the public's understanding and acceptance of organ donation, say, via the Thematic Household Survey conducted by the Census and Statistics Department. In the meantime, the newly set up Committee on Promotion of Organ Donation would formulate strategies and directions for organ donation promotion, and co-ordinate relevant work by various Government departments and organizations to augment public education and publicity on organ donation.

Implementation of electronic health record sharing

35. As part of the healthcare service reform proposed in 2008, the Government launched a two-stage Electronic Health Record Programme to develop an Electronic Health Record Sharing System ("eHRSS") to enable two-way health data sharing between public and private healthcare providers subject to patients' consent. The eHRSS developed under the stage one of the Programme commenced operation on 13 March 2016. Members noted that applications for joining the Public-Private Interface - Electronic Patient Record Sharing Pilot Project ("the PPI-ePR Pilot Project"), a one-way sharing pilot, had ceased to be accepted the day before the coming into operation of eHRSS. Members were concerned that some patients might need more time to consider whether to register for eHRSS, as the provision of some form of new device or arrangement to give patients additional choices over the disclosure of their health data would only be studied during the stage two of the Programme. They considered that the above arrangement would undermine the interest of those patients who wished to join the PPI-ePR Pilot Project to enjoy the benefit of one-way health data sharing.

36. Notwithstanding the Administration's explanation that the above arrangement was aimed at facilitating gradual phasing out of the PPI-ePR Pilot Project which would eventually be decommissioned after the launch of eHRSS, members in general remained of the view that the arrangement was not to the best interest of patients. The Panel passed a motion at its meeting on 18 April 2016 urging the Government and HA to expeditiously resume the original operation of the PPI-ePR Pilot Project, including accepting enrolment from new patients and healthcare providers.

Injection into the Health and Medical Research Fund

37. The Panel was consulted on the Administration's proposal to inject $1,500 million into the Health and Medical Research Fund ("HMRF") to sustain its operation for another five years from 2017-2018 to 2021 to 2022, and expand the scope of HMRF to incorporate that of the Health Care and Promotion Fund. Whilst not objecting to increase the approved commitment for HMRF, some members considered that funding support should be dedicated to research projects which sought to enhance local clinical practice as well as address the health and medical needs of the local population. There was a suggestion that for investigator-initiated studies, funding priority should be accorded to those applications from local academics or healthcare practitioners so as to enhance local healthcare-related research capability.

38. Members were assured that applicability to local context was one of the criteria in assessing the scientific merit of each grant application for

HMRF. For the investigator-initiated studies, all principal applicants to HMRF's open call for invitations should be based in a Hong Kong institution throughout the project period and be employed by the administering institution at the time of submission of application. Some members raised concern about the possible duplication of funding scope between HMRF and the research funding schemes of the University Grants Committee and its Research Grants Council. They also considered it important for the Administration to monitor the evaluation outcomes of the HMRF-funded projects to ensure that the objectives of HMRF had been attained.

Subcommittees set up under the Panel

39. The Subcommittee on Health Protection Scheme established under the Panel in December 2012 continued to examine the proposed Voluntary Health Insurance Scheme (formerly known as the Health Protection Scheme). The Subcommittee had held two meetings in the session to discuss with the Administration the latest progress in taking forward the Voluntary Health Insurance Scheme, and the latest progress on the strategic review on healthcare manpower planning and professional development. Subject to the availability of the Administration's written response to certain outstanding issues, the Subcommittee would complete its work and provide a report to the Panel.

40. The Subcommittee on Issues Relating to the Development of Chinese Medicine established under the Panel in November 2014 continued to study the long-term development of Chinese medicine. The Subcommittee had held two meetings in the session to discuss with the Administration the policy and direction for supporting the development of proprietary Chinese medicines in Hong Kong; the latest progress and future work regarding the registration of proprietary Chinese medicines; continuing education arrangement for registered Chinese medicine practitioners; and the way forward for the development of Chinese medicine specialization. The Subcommittee had completed its work and provided a report to the Panel.

Meetings held

41. During the period between October 2015 and June 2016, the Panel held a total of 10 meetings.

Council Business Division 2
Legislative Council Secretariat
6 July 2016

Appendix I

Legislative Council

Panel on Health Services

Terms of Reference

1. To monitor and examine Government policies and issues of public concern relating to medical and health services.

2. To provide a forum for the exchange and dissemination of views on the above policy matters.

3. To receive briefings and to formulate views on any major legislative or financial proposals in respect of the above policy areas prior to their formal introduction to the Council or Finance Committee.

4. To monitor and examine, to the extent it considers necessary, the above policy matters referred to it by a member of the Panel or by the House Committee.

5. To make reports to the Council or to the House Committee as required by the Rules of Procedure.

Appendix II

Panel on Health Services

Membership list for 2015-2016 session

Chairman	Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN
Deputy Chairman	Dr Hon LEUNG Ka-lau
Members	Hon Albert HO Chun-yan Hon Vincent FANG Kang, GBS, JP 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 Helena WONG Pik-wan Dr Hon Elizabeth QUAT, JP Hon POON Siu-ping, BBS, MH Hon Christopher CHUNG Shu-kun, BBS, MH, JP (Total : 17 members)
Clerk	Ms Maisie LAM
Legal adviser	Ms Wendy KAN
Date	4 July 2016