

立法會
Legislative Council

Ref : CB2/HS/2/16

LC Paper No. CB(2)1586/16-17
(These minutes have been seen
by the Administration)

Subcommittee on Rights of Ethnic Minorities

Minutes of the meeting
held on Monday, 10 April 2017, at 2:30 pm
in Conference Room 1 of the Legislative Council Complex

Members present : Hon Paul TSE Wai-chun, JP (Chairman)
Hon Alice MAK Mei-kuen, BBS, JP (Deputy Chairman)
Hon Abraham SHEK Lai-him, GBS, JP
Hon LEUNG Kwok-hung
Hon Claudia MO
Hon Dennis KWOK Wing-hang
Dr Hon Fernando CHEUNG Chiu-hung
Dr Hon Helena WONG Pik-wan
Hon IP Kin-yuen
Hon POON Siu-ping, BBS, MH
Dr Hon CHIANG Lai-wan, JP
Hon Andrew WAN Siu-kin
Hon CHU Hoi-dick
Hon Holden CHOW Ho-ding
Hon SHIU Ka-fai
Hon SHIU Ka-chun

Members absent : Hon LEUNG Che-cheung, BBS, MH, JP
Hon KWOK Wai-keung
Dr Hon Junius HO Kwan-yiu, JP

Public Officers attending : Item I

Food and Health Bureau

Ms Grace KEI
Acting Principal Assistant Secretary for Food and
Health (Health) 2

Hospital Authority

Dr Ian CHEUNG
Chief Manager (Cluster Performance)

Mr Antony LUI
Senior Manager (Business Support Services)

Department of Health

Dr Kellie SO
Principal Medical and Health Officer (2)

Item II

Home Affairs Department

Mr Howard YAM
Assistant Director (3)

Mr CHENG Kwan-yam
Chief Executive Officer (3)

Clerk in attendance : Ms Joanne MAK
Chief Council Secretary (2) 3

Staff in attendance : Miss Cindy HO
Senior Council Secretary (2) 3

Ms Avil MA
Clerical Assistant (2) 3

Action

The Subcommittee deliberated (index of proceedings attached at **Annex I**).

I. Issues relating to the use of healthcare services by ethnic minorities
[LC Paper Nos. CB(2)1119/16-17(01) to (02) and CB(2)229/16-17(01)]

Follow-up actions required of the Administration/Hospital Authority

Admin/
HA

2. The Administration/ Hospital Authority ("HA") was requested to:

- (a) address the concerns raised by the Deputy Chairman regarding the failure of ethnic minorities ("EMs") to gain access to various kinds of public healthcare information including the availability of interpretation services in public hospitals and clinics of HA;
- (b) provide information on the deployment of the 70 interpreters by the HKSKH Lady MacLehose Centre, as well as a breakdown of the 70 interpreters by languages and a breakdown of the 10 449 interpretation services provided by HA in 2015-2016 by hospitals and by languages;
- (c) consider the various suggestions of the Equal Opportunities Commission as detailed in its submission [LC Paper No. CB(2)1148/16-17(02)] as requested by Mr Holden CHOW;
- (d) consider the suggestions of (i) including in the telephone booking system for general out-patient clinics with pre-recorded EM language options; (ii) including a checkbox in each patient's profile of the Electronic Health Record Sharing System to indicate if the patient requires interpretation service; and (iii) providing translation of drug labels in EM languages;
- (e) consider the suggestion of providing a direct line for HA doctors to request an interpreter in the course of medical consultation; and
- (f) consider the suggestion of including symbols or pictures in drug labels in light of international practices.

3. The Administration/HA was also requested to provide a written response to the list of questions provided by Mr Dennis KWOK [LC Paper No. CB(2)1192/16-17(01)] at the meeting.

(Post-meeting note: The supplementary information provided by the Administration/HA was issued to members vide LC Paper No. CB(2)1315/16-17(01) on 4 May 2017.)

Motion

4. A motion (at **Annex II**) was moved by Ms Claudia MO at the meeting. The Chairman put the motion to vote. All members present voted for the motion. The Chairman declared that the motion was passed. The Administration was requested to provide written response to the motion.

II. Support Service Centres for Ethnic Minorities

[LC Paper Nos. CB(2)1119/16-17(03) to (04) and CB(2)116/16-17(01)]

Follow-up action required of the Administration

- Admin 5. The Administration undertook to refer to the findings of the 2016 Population By-census which included the latest household data of EMs regarding the need for setting up additional support service centres for EMs in future.

III. Any other business

6. Members agreed to invite deputations to give views on difficulties encountered by EMs in gaining access to housing and healthcare services, and the services provided by Support Service Centres for EMs at the next meeting scheduled for 8 May 2017.

7. There being no other business, the meeting ended at 4:25 pm.

Council Business Division 2
Legislative Council Secretariat
8 June 2017

**Proceedings of the meeting of the
Subcommittee on Rights of Ethnic Minorities
on Monday, 10 April 2017, at 2:30 pm
in Conference Room 1 of the Legislative Council Complex**

Time marker	Speaker(s)	Subject(s) / Discussion	Action required
<i>Agenda item I - Issues relating to the use of healthcare services by ethnic minorities</i>			
000334 - 000850	Chairman Administration	Opening remarks Briefing by the Administration [LC Paper No. CB(2)1119/16-17(01)]	
000851 - 001403	Chairman Deputy Chairman Hospital Authority ("HA")	<p>The Deputy Chairman expressed the following views:</p> <p>(a) noting that the number of interpretation services provided by HA in 2015-2016 was 10 449, the Deputy Chairman considered it necessary to know the total number of ethnic minority ("EM") patients in public hospitals and clinics of HA in 2015-2016 in order to assess whether the number of interpretation services provided by HA was in proportion or whether the interpretation service demands were met;</p> <p>(b) many EM patients had reflected that they were unable to fill in the HA's interpretation service request form which was provided in English;</p> <p><i>(Post-meeting note: HA subsequently clarified that patients were not required to fill in request forms for application of interpretation services. The request form was completed by HA staff only.)</i></p> <p>(c) the front-line staff of HA did not take the initiative to advise EM patients the availability of interpretation services but rather advised EM patients to bring along their family members/spouse to do the translation for them. However, such arrangement was most inappropriate in domestic violence cases where the victims' spouses were the batterers; and</p> <p>(d) she had also come across a case involving an EM patient being uninformed of the availability of a subsidized drug that was desperately needed by the patient and, as a result, the patient had to borrow money to purchase the drug.</p> <p>HA made the following response:</p> <p>(a) the information required to be provided by patients had to be justified on the basis of medical needs, therefore, to</p>	

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		<p>include the race or ethnic origin of a patient or not was on individual patient basis;</p> <p>(b) the HA staff would arrange on-site or telephone interpretation services according to the needs of each case or upon requests of patients;</p> <p>(c) for scheduled service (such as medical appointment at general out-patient and specialist clinics), EM patients could request the hospital or clinic concerned to arrange interpretation services in advance. The front-line staff would provide suitable assistance including the arrangement for interpretation services;</p> <p>(d) for non-scheduled service, such as hospital admission during emergency, hospital staff would make immediate arrangements where necessary or at the request of EM patients, so that telephone interpretation service or on-site interpretation service could be delivered as soon as possible. The staff might also use response cue cards, which were available in 18 EM languages, to communicate with the patients to ensure timely provision of medical treatment; and</p> <p>(e) regarding the issues brought up by the Deputy Chairman, HA considered that they concerned communication problem and HA would review the relevant arrangements to ensure that EM patients were provided with the necessary services and information.</p>	<p>HA (paragraph 2 of minutes)</p>
001404 - 001937	Chairman Mr Andrew WAN Hospital Authority	<p>Mr Andrew WAN considered that medical interpretation involved difficult medical terminology and he expressed doubt whether the interpreters had received adequate training to ensure that they were able to provide interpretation services for EM patients in an accurate manner. He suggested that in-house interpreters should be stationed in hospitals located in areas where many EMs resided to provide emergent interpretation service and on-site interpretation for in-patient treatment.</p> <p>HA made the following response:</p> <p>(a) interpretation services covering 18 EM languages were provided in public hospitals and clinics under HA primarily through the HKSKH Lady MacLehose Centre ("the HKSKH Centre") (i.e. the interpretation service contractor) round-the-clock. The HKSKH Centre employed more than 70 interpreters who had received training as detailed in paragraph 8 of the paper under discussion;</p>	

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		<p>(b) for urgently arranged telephone interpretation service, the waiting time ranged from about a few minutes to less than half an hour; and</p> <p>(c) the option of stationing in-house interpreters had been considered but was not adopted. In general, most interpreter was conversant with one EM language only, but EM patients who spoke different EM languages might visit a hospital at different time of a day. Hence, it was preferable to have a group of 70 interpreters pooled under one roof to provide language support for different hospitals.</p>	
001938 - 002305	Chairman Mr POON Siu-ping Hospital Authority	<p>In response to Mr POON Siu-ping's enquiry, HA advised that the number of interpreters of the HKSKH Centre had increased from 30 to 40 in 2008 to over 70 in 2017.</p> <p>HA was requested to provide a breakdown of the 70 interpreters by languages and a breakdown of the 10 449 interpretation services provided by HA in 2015-2016 by hospitals and by languages.</p>	HA (paragraph 2 of minutes)
002306 - 002825	Chairman Ms Claudia MO Hospital Authority	<p>With reference to the submission from Health in Action [LC Paper No. CB(2)1148/16-17(01)], Ms Claudia MO expressed concern that EM people were affected by the language barrier in gaining access to healthcare services. She had heard from EM patients that they normally needed to wait for about two to three hours for on-site interpretation service in public hospitals and clinics. She suggested that HA should consider stationing in-house interpreters on a hospital cluster basis to address the problem of long waiting time for providing interpretation services.</p> <p>HA advised that its staff would arrange on-site or telephone interpretation services according to the needs of each case or at the request of patients. To facilitate EM service users, consideration was being given to providing an option for EM patients to make a service request with the interpretation service contractor directly.</p>	
002826 - 003410	Chairman Dr Helena WONG Hospital Authority Administration	<p>In response to Dr Helena WONG's enquiry about the procedures and criteria for arranging emergency interpretation service for EM patients seeking treatment at Accidents and Emergency ("A&E") departments in HA hospitals, HA advised that its staff would arrange on-site or telephone interpretation services according to the needs of each case or at the request of patients.</p> <p>With reference to the submission from KELY Support Group [LC Paper No. CB(2)1199/16-17(01)], Dr WONG pointed out</p>	

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		<p>that according to a research study on youth and drug related issues, 60% of EM youth respondents displayed a critical lack of knowledge about drugs and their effects. She enquired about the measures to promote understanding of drug abuse issues and health education.</p> <p>The Administration advised that the Student Health Service of the Department of Health ("DH") launched the Adolescent Health Programme in 2001 aiming to provide quality health promotion services for adolescents using a multi-disciplinary team approach. It was an outreaching service for secondary schools implemented by professional staff including doctors, nurses, dietitians, social workers and clinical psychologists. Topics including sex education, drug abuse, anxiety and adversity management etc. were included in the programme for secondary school students, teachers and parents which were conducted in both Cantonese and English.</p>	
003411 - 003738	Chairman Mr Holden CHOW Hospital Authority	<p>Mr Holden CHOW declared that he was a member of the Equal Opportunities Commission ("EOC"). He enquired whether HA would take on board the following recommendations of EOC [LC Paper No. CB(2)1148/16-17(02)] :</p> <ul style="list-style-type: none"> (a) drawing up clear guidelines and protocol on when and how to offer and arrange interpretation services for EM patients for dissemination to all HA staff; (b) providing a designated office at an easily accessible and identifiable location at individual hospitals for coordinating all requests for interpreters; and (c) encouraging the use of telephone interpretation in A&E and in-patient treatment. <p>HA advised that it would give thought to the above suggestions.</p>	HA (paragraph 2 of minutes)
003739 - 004327	Chairman Mr SHIU Ka-chun Hospital Authority Administration	<p>Mr SHIU Ka-chun enquired about the number of mental patients who were EMs. HA reiterated that there was no such classification of mental patients on the basis of the race or ethnic origin.</p> <p>Mr SHIU also expressed concern about the availability of interpretation services for EM users at the Integrated Community Centres for Mental Wellness under the Social Welfare Department. He urged the Administration to ensure that these users' needs for language support were fully met.</p>	

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004328 - 004924	Chairman Dr Fernando CHEUNG Hospital Authority	<p>Dr Fernando CHEUNG requested HA to consider the following suggestions:</p> <p>(a) to include in the telephone booking system for general out-patient clinics with pre-recorded EM language options;</p> <p>(b) to include a checkbox in each patient's profile of the Electronic Health Record Sharing System to indicate if the patient required interpretation service and if it was needed, interpretation service should be arranged in all subsequent medical appointments; and</p> <p>(c) to provide translation of drug labels in EM languages, if required.</p> <p>HA agreed to consider the above suggestions and explore feasible ways of implementation.</p>	<p>HA (paragraph 2 of minutes)</p>
004925 - 005410	Chairman Mr Abraham SHEK Hospital Authority	<p>Mr Abraham SHEK suggested providing a direct line for doctors to request an interpreter in the course of medical consultation. He expressed disappointment with the inadequacies of the interpretation service provided by HA for EMs.</p>	<p>HA (paragraph 2 of minutes)</p>
005411 - 005927	Chairman Mr CHU Hoi-dick Hospital Authority	<p>Mr CHU Hoi-dick expressed the following views:</p> <p>(a) hospitalized EM patients were not provided with interpretation services and many of them did not know how to request an interpreter or the availability of interpretation services;</p> <p>(b) the Administration/HA might make reference to the submission from Catholic Diocese of Hong Kong - Diocesan Pastoral Centre for Workers (Kowloon) [LC Paper No. CB(2)1148/16-17(04)] and make improvements to their interpretation services; and</p> <p>(c) it was doubtful whether or not the 40-hour training provided to the interpreters engaged by HA was adequate.</p>	
005928 - 010612	Chairman Mr Dennis KWOK Mr LEUNG Kwok-hung Hospital Authority	<p>Mr Dennis KWOK stressed that appropriate measures should be put in place to ensure that EM could receive proper public healthcare services and health information. The Administration/HA was requested to provide a written response to the list of questions provided by Mr KWOK [LC Paper No. CB(2)1192/16-17(01)] at the meeting. Mr LEUNG Kwok-hung requested HA to tackle the difficulties encountered by EM patients in gaining access to healthcare services and ensure that their demands for interpretation services were met.</p>	<p>Admin/HA (paragraph 3 of minutes)</p>

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010613 - 011336	Deputy Chairman Hospital Authority Mr Andrew WAN	<p>The Deputy Chairman and Mr Andrew WAN considered that:</p> <ul style="list-style-type: none"> (a) the collection of information on the ethnicity of all patients would be useful to facilitate studies on public healthcare needs as some ethnic groups might be prone to certain health problems; (b) on drug labeling, consideration should be given to providing symbols or pictures to illustrate how the drug should be taken; and (c) HA should consider hiring in-house or part-time interpreters to accompany doctors to facilitate the treatment of hospitalized EM patients. <p>HA advised that:</p> <ul style="list-style-type: none"> (a) the suggestion of including symbols or pictures in drug labels would be further examined in light of international practice; and (b) on the deployment of the 70 interpreters by the HKSKH Centre as enquired by members, HA agreed to provide additional information in writing. 	<p>HA (paragraph 2 of minutes)</p>
011337 - 011743	Deputy Chairman Ms Claudia MO Hospital Authority	<p>Ms Claudia MO requested HA to establish teams of in-house interpreters to provide interpretation services on a hospital cluster basis, with each team comprising interpreters who spoke the more popular EM languages, namely Urdu, Nepali, or Punjabi. Within each cluster, the interpreters would be deployed amongst hospitals to meet urgent service needs.</p>	
011744 - 012209	Chairman Dr Fernando CHEUNG Administration	<p>Dr Fernando CHEUNG expressed the following views:</p> <ul style="list-style-type: none"> (a) HA should consider hiring in-house interpreters stationed in hospitals in Yau Ma Tei and Yuen Long where more EMs resided; (b) DH should provide translation and interpretation services to facilitate EM mothers to gain access to services of the Maternal and Child Health Centres ("MCHCs") and health information; and (c) the interpretation service available in hospitals/clinics managed by HA and that available in clinics managed by DH should be standardized in terms of service requirements and standards. <p>The Administration advised that interpretation services were offered by DH mainly through the Support Service Centres</p>	

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		<p>for EMs ("SSCs") (i.e. The Centre for Harmony and Enhancement of Ethnic Minority Residents operated by the Hong Kong Christian Service) or part-time interpreters from the Judiciary. EM users of MCHCs operated under the Family Health Service ("FHS") of DH could request interpretation services in advance. Under the antenatal shared-care programme with HA, MCHCs' staff would remind HA's staff to arrange interpretation service for EM clients when these clients were scheduled to attend HA's antenatal clinics. Besides, FHS's health education information on its website was available in five EM languages.</p>	
012210 - 012346	Chairman Ms Claudia MO	<p>Voting on a motion moved by Ms Claudia MO</p> <p>The Administration was requested to provide a written response to the motion.</p>	Admin (Paragraph 4 of minutes)
<i>Agenda item II - Support service centres for ethnic minorities</i>			
012347 - 013001	Chairman Administration	Briefing by the Administration [LC Paper No. CB(2)1119/16-17(03)]	
013002 - 013544	Chairman Deputy Chairman Administration	<p>The Deputy Chairman expressed concern that quite a number of EMs were unable to complete application forms (such as applications for public rental housing) because many EM people were not conversant in English or Chinese. She enquired whether the services provided by the six SSCs and two sub-centres included assisting EMs in completing application forms.</p> <p>The Administration explained that there were various kinds of public services and it was difficult for staff of SSCs to understand the requirements of all these services. Besides, as the personal particulars were required to be provided in the application forms for public services, it was inappropriate for the staff of SSCs to complete the application forms for the applicants.</p>	
013545 - 014045	Chairman Ms Claudia MO Administration	<p>While acknowledging the work of SSCs in providing a variety of services to EM people, Ms Claudia MO considered that some programmes (such as carnivals and dance performance) might not be effective to serve the purpose of facilitating EMs' integration into society.</p> <p>The Administration advised that SSCs organized Cantonese classes to meet EMs' daily needs and facilitate their communication with local residents. SSCs also organized dedicated programmes for EM and local youths as well as</p>	

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		<p>establishing mutual support groups for the elderly, women, etc. to expand their social networks. The Home Affairs Department ("HAD") would continue to closely monitor these services. Adjustments would be made taking into account the actual service demand. Reference would also be made to the findings of the 2016 Population By-census which included the latest household data of EMs.</p>	
014046 - 014630	<p>Chairman Mr Holden CHOW Administration</p>	<p>Mr Holden CHOW declared that he was a member of EOC. He enquired:</p> <ul style="list-style-type: none"> (a) whether an additional SSC would be set up in New Territories East to meet service demands; and (b) whether HAD would enhance provision of funding support to SSCs to strengthen its interpretation services as suggested in paragraphs 6 and 7 of EOC's submission [LC Paper No. CB(2)1148/16-17(05)]. <p>The Administration advised that:</p> <ul style="list-style-type: none"> (a) SSCs had been set up in locations where more EM people were concentrated. Relatively, Shatin, Tai Po and the North districts had a smaller population of EMs. Reference would be made to the findings of the 2016 Population By-census regarding the need for setting up additional SSCs in future; and (b) review of the funding support for SSCs was carried out every two years. Factors such as rents, rates, staff salaries and inflation would be considered in reviewing the financial provision to ensure that SSCs would have sufficient resources to deliver their services. 	<p>Admin (Paragraph 5 of minutes)</p>
014631 - 015032	<p>Chairman Deputy Chairman Administration</p>	<p>The Deputy Chairman reiterated that EMs hoped that SSCs could do more to assist EMs in completing application forms under various poverty alleviation measures (e.g. allowances under the School Textbook Assistance Scheme).</p> <p>The Administration advised that staff of SSCs would assist EMs in applying for allowances as far as practicable, such as providing interpretation services and helping them to enquire with the concerned departments if necessary. However, staff of SSCs could not bear the responsibility that came with completing application forms for EM applicants. The operators of SSCs were also very concerned about this.</p>	
015033 - 015403	<p>Chairman Mr Holden CHOW Administration</p>	<p>Mr Holden CHOW considered that the effective implementation of the Administrative Guidelines on Promotion of Racial Equality ("the Guidelines") promulgated</p>	

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		<p>by the Constitutional and Mainland Affairs Bureau would address most of the problems encountered by EMs in gaining access to various public services. He enquired about the mechanism to monitor the implementation of the Guidelines.</p> <p>The Administration advised that bureaux/departments were responsible for taking suitable measures to ensure EMs' equal access to public services. SSCs would provide assistance, such as interpretation service, seminars to introduce various public services, etc. to help EMs in using public services. EOC would publish reports from time to time on EMs' access to different public services.</p>	
<i>Agenda item III - Any other business</i>			
015404 - 015439	Chairman	<p>Items for discussion at the next meeting</p> <p>Closing remarks</p>	

Council Business Division 2
Legislative Council Secretariat
 8 June 2017

少數族裔權益事宜小組委員會

在 2017 年 4 月 10 日的會議上

就議程第 I 項 "少數族裔人士使用醫療服務事宜" 通過的議案

(議案中文措辭)

本小組委員會促請食物及衛生局和醫院管理局聯合檢討支援少數族裔的醫療政策，並改善現時的翻譯措施，要求提供以醫院聯網為單位的翻譯團隊服務，為少數族裔提供更合適和準確的公營醫療服務。

動議人：毛孟靜議員

(English translation of the motion)

Subcommittee on Rights of Ethnic Minorities

Motion passed under agenda item I

**"Issues relating to the use of healthcare services by ethnic minorities"
at the meeting on 10 April 2017**

This Subcommittee urges the Food and Health Bureau and the Hospital Authority to jointly review the medical policy on providing support for ethnic minorities and improve the existing measures for providing translation and interpretation services, and requests that teams of translators and interpreters be established to provide translation and interpretation services on a hospital cluster basis, so that ethnic minorities are provided with more appropriate and precise public healthcare services.

Moved by: Hon Claudia MO