

立法會
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Panel on Health Services

Minutes of policy briefing
held on Thursday, 26 January 2017, at 9:00 am
in Conference Room 1 of the Legislative Council Complex

- Members present** : Prof Hon Joseph LEE Kok-long, SBS, JP (Chairman)
Dr Hon Pierre CHAN (Deputy Chairman)
Hon James TO Kun-sun
Hon WONG Ting-kwong, SBS, JP
Hon CHAN Kin-por, BBS, JP
Hon Paul TSE Wai-chun, JP
Hon LEUNG Kwok-hung
Hon YIU Si-wing, BBS
Hon Charles Peter MOK, JP
Hon CHAN Chi-chuen
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
Dr Hon Junius HO Kwan-yiu, JP
Hon SHIU Ka-fai
Hon SHIU Ka-chun
Hon YUNG Hoi-yan
Hon HUI Chi-fung
Hon Jeremy TAM Man-ho
- Members absent** : Hon Tommy CHEUNG Yu-yan, GBS, JP
Hon CHAN Han-pan, JP
Hon POON Siu-ping, BBS, MH
Hon CHU Hoi-dick
Hon Nathan LAW Kwun-chung

Public Officers: Dr KO Wing-man, BBS, JP
attending Secretary for Food and Health

Mr Patrick NIP Tak-kuen, JP
Permanent Secretary for Food and Health (Health)

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

Dr Constance CHAN Hon-yea, JP
Director of Health

Dr LEUNG Pak-yin, JP
Chief Executive
Hospital Authority

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

Clerk in : Ms Maisie LAM
attendance Chief Council Secretary (2) 5

Staff in : Ms Janet SHUM
attendance Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Miss Maggie CHIU
Legislative Assistant (2) 5

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- I. Briefing by the Secretary for Food and Health on the Chief Executive's 2017 Policy Address**
[LC Paper No. CB(2)655/16-17(01), The 2017 Policy Address booklet and The 2017 Policy Agenda booklet]

Members noted the Administration's paper which set out the new initiatives in respect of health matters of the Food and Health Bureau and

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gave an account of the progress of the on-going initiatives (LC Paper No. CB(2)655/16-17(01)), as well as the speaking note of the Secretary for Food and Health ("SFH") (LC Paper No. CB(2)712/16-17(01)) which was tabled at the meeting. SFH highlighted that the recurrent provision for the Hospital Authority ("HA") would be increased by \$2 billion annually from the 2017-2018 financial year onwards to enhance the provision of public healthcare services.

[At this juncture, the Chairman informed members of his decision to extend the meeting for 10 minutes beyond its appointed time.]

Public healthcare service provision

2. Dr KWOK Ka-ki noted with concern that in the face of a rapidly ageing population with a greater demand for hospital services, the share of public expenditure under the health policy area as a percentage of the Gross Domestic Product ("GDP") had, however, decreased to around 2.5%. In 2015-2016 and 2016-2017, the recurrent Government expenditure on health accounted for less than 17% of the Government's total recurrent expenditure. He asked whether increasing the recurrent provision for HA by \$2 billion annually from 2017-2018 would result in the recurrent health expenditure reverted back to account for 17% of the Government's total recurrent expenditure as pledged by the previous-term Government.

3. SFH clarified that the public health expenditure as a percentage of GDP had maintained at the level of around 2.5% in recent years. To improve the public healthcare infrastructure to meet the long-term healthcare needs of the population, the current-term Government had earmarked a total provision of \$200 billion for the implementation of a 10-year public hospital development plan which would increase the number of public hospital beds from around 27 000 at present to around 32 000. At the request of Dr KWOK Ka-ki, SFH undertook to provide in writing information on the increase in public health expenditure in the light of a growing number of elders aged 65 or above under an ageing population.

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Healthcare manpower planning

4. Dr Elizabeth QUAT expressed concern about whether there would be adequate supply of medical and nursing manpower to meet the rising demand for public healthcare services. Dr Junius HO considered that in view of the current medical manpower constraint, HA should engage more non-locally trained doctors under limited registration to serve in the public healthcare sector to meet service needs. He was concerned that while the new Tin Shui Wai Hospital had a planned capacity of 300 inpatient and day

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beds, the beds would need to be opened in phases subject to availability of manpower and other resources.

5. SFH advised that the significant reduction of the number of local medical graduates in the early years had partly contributed to the medical manpower shortage in HA in recent years. The shortfall was expected to continue in the coming few years as it took considerable time to train doctors. In the past few years, HA had implemented a series of measures to attract and retain doctors and nurses in order to address manpower needs. For instance, a Special Retired and Rehire Scheme to re-employ suitable serving clinical doctors, nurses and allied health staff upon their retirement and a Special Honorarium Scheme to encourage healthcare staff to work extra hours on a voluntary basis had been implemented. The report of the first territory-wide strategic review of healthcare manpower planning and professional development, which aimed to formulate recommendations on, among others, ways to meet the projected demand for healthcare manpower (including doctors and nurses), would be published in the first half of 2017.

Disease prevention and control

Preventive care

6. Dr KWOK Ka-ki considered that the Administration should target at the middle-aged group in promoting preventive and primary care. While welcoming that Community Care Fund had launched a three-year pilot scheme to provide free cervical cancer vaccination for teenage girls from eligible low-income families, Dr Elizabeth QUAT asked whether consideration could be given to providing cervical cancer vaccination for all girls in the appropriate age group and population-based breast cancer screening.

7. SFH advised that the current-term Government had introduced a Colorectal Cancer Screening Pilot Programme to provide subsidized screening for asymptomatic eligible persons. As regards the provision of free cervical cancer vaccination, the Government would target at teenage girls from low-income families having regard to the finite public resources. For breast cancer, there was insufficient evidence to recommend for or against population-based breast cancer screening for asymptomatic women at average risk in Hong Kong. Hence, the Government had commissioned a study to develop a locally validated risk prediction tool in order to identify individuals who were more likely to benefit from screening. On primary care, eligible patients currently taken care of by HA general outpatient clinics could receive subsidized visits, covering both chronic and acute care, at participating service providers of their choices under the

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General Outpatient Clinic Public-Private Partnership Programme, which would be extended to cover all 18 districts in the coming two years. At the request of the Chairman, SFH undertook to provide in writing information on the programmes to promote preventive care for middle-aged adults in primary care setting and the expenditure involved.

8. Ms Alice MAK expressed concern about the Administration's determination to promote vaccination to the public of various age groups for protecting population health against infectious diseases. Director of Health ("DoH") advised that the Scientific Committee on Vaccine Preventable Diseases under the Centre for Health Protection, which comprised experts from different specialities, would provide science-based advice on vaccine use at the population level.

Protection of breastfeeding

9. Mr SHIU Ka-fai noted that the Administration planned to implement the Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children ("the Hong Kong Code") to protect breastfeeding and support the optimal feeding of infants and young children. Pointing out that the regulation of marketing practices of formula milk adopted by New Zealand and Singapore, and Australia only covered infant formula milk for infants up to six and 12 months of age respectively, he was concerned that the Hong Kong Code would be applicable to designated products for infants and young children up to 36 months of age, a practice similar to that adopted by developing economies such as Brazil, Ghana, Lebanon, Nigeria and Philippines. While expressing support for breastfeeding, he remarked that there were mothers who chose not to breastfeed for various reasons. He called on the Administration to strike a proper balance between the concerns of the trade and the interest of the community when implementing the Hong Kong Code.

10. SFH advised that according to the guidance on ending the inappropriate promotion of foods for infants and young children issued by World Health Organization in 2016, a breastmilk substitute should be understood to include any milk, in either liquid or powdered form, that are specifically marketed for feeding infants and young children up to age of three years. It was expected that more member states of WHO would put in place some form of regulation in this regard in the future. That said, some developed economies might encounter strong resistance from their local infant and follow-up formula manufacturers. Mr SHIU Ka-fai asked whether the Administration had set a target breastfeeding rate. Replying in the negative, SFH said that it was worthy to note that while the local ever-breastfeeding rate on hospital discharge had increased to more than 80% in

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recent years, the exclusive breastfeeding rate for infants at four months of age was only about 20%, which was still considered relatively low. The Hong Kong Code, which would be voluntary in nature, was one of the multi-pronged strategies adopted by the Administration to protect and promote breastfeeding. Other strategies in place included to support working mothers to sustain breastfeeding by encouraging the community to adopt breastfeeding friendly workplace policy, and to promote and support breastfeeding in public places through promotion of breastfeeding friendly premises and provision of babycare facilities. Dr Elizabeth QUAT appreciated the efforts of the Administration in promoting breastfeeding.

Primary care and dental care for the elderly

11. Dr KWOK Ka-ki and Dr Elizabeth QUAT welcomed the plan of the Administration to lower the eligible age for the Elderly Health Care Voucher ("EHV") Scheme from 70 to 65 within 2017. Dr Elizabeth QUAT asked whether consideration could be given to allowing eligible elderly couples to share between themselves the amount of vouchers in their voucher accounts. SFH said that the Administration had introduced various enhancement measures to give elders greater flexibility in using the vouchers in the past few years. It would look into the suggestion.

12. Mr SHIU Ka-chun expressed concerned that only 11 government dental clinics currently provided emergency dental treatments for members of the public in designated sessions. Referring to the result of a survey which revealed that 30% of elders aged 70 or above had fewer than 10 teeth, he asked whether the Administration would take steps to achieve the goal of 80/20 (i.e. everyone having 20 teeth at the age of 80) promoted by WHO since 1982. Dr Elizabeth QUAT called on the Administration to provide, apart from emergency dental treatments, curative dental care services to elders in all 18 districts, as many elders with limited means could not afford the filling services provided by the private sector.

13. SFH advised that it would be difficult to provide public dental care services to the whole population given the significant resources required. Nevertheless, the current-term Government would endeavor to strengthen the dental care support services provided to needy elders. At present, the Outreach Dental Care Programme for the Elderly and the Community Care Fund ("CCF") Elderly Dental Assistance Programme respectively provided free outreach dental services for elders in residential care homes for the elderly, day care centres and similar facilities in 18 districts, and free removable dentures and related dental services for low-income elders who were users of the home care services or home help service schemes subvented by Social Welfare Department as well as those who were Old

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Age Living Allowance ("OALA") recipients. For OALA recipients, the age requirement of beneficiaries had been lowered to those aged 75 or above in late 2016, and would be further lowered in due course. Mr LEUNG Kwok-hung was of the view that the Administration should, in the course of planning for recreation and community facilities, reserve sites for setting up government dental clinics in the remaining seven districts. It should also increase the number of University Grants Committee-funded degree places in dentistry to meet the demand for dental manpower.

Implementation of the Voluntary Health Insurance Scheme

14. Mr CHAN Kin-bor expressed support for the Administration's decision to first implement the refined Voluntary Health Insurance Scheme ("VHIS") with 10 Minimum Requirements and re-examine the proposed establishment of a High Risk Pool ("HRP") under VHIS. He called on the Administration to pursue the establishment of HRP after reviewing its financial sustainability, so as to enable some of the high-risk individuals to purchase private hospital insurance in order to relieve the pressure on the public healthcare system. He was, however, concerned about whether the tax deduction under VHIS could provide enough incentive to encourage the uptake of VHIS-compliant products.

15. SFH assured members that the Administration had not abandoned the HRP proposal. The HRP proposal would be dealt with at a later stage. In the meantime, a VHIS Office would be established in the Food and Health Bureau to take forward VHIS, including examination of the annual ceiling on claimable premiums under the tax deduction arrangement to ensure its incentive to attract more people to take out hospital insurance under VHIS, and the issuance of a set of VHIS practice guidelines to set out the Minimum Requirements and related arrangements. In parallel, the future Independent Insurance Authority would be invited to issue a Guidance Note to provide guidance on various aspects of underwriting individual hospital insurance business, under which insurers would be recommended to comply with the VHIS practice guidelines. Subject to the progress of the above work, the tax deduction would be introduced in 2018-2019.

Medical incidents

16. Noting that several maternal death incidents had taken place in public hospitals in recent months, Mr CHAN Chi-chuen expressed concern as to whether healthcare manpower constraint and hence, human error was the root cause of the incidents. Dr Elizabeth QUAT expressed a similar concern. Ms Alice MAK was concerned about whether healthcare medical

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manpower constraint or attitude of the healthcare staff concerned was the underlying cause for the above incidents and the recent incidents of alleged indecent assault involving inpatients of psychiatric wards of public hospitals. She asked whether HA had conducted any investigation and put in place measures to prevent recurrence of similar incidents.

17. SFH advised that HA had put in place an established mechanism to make mandatory the reporting of sentinel and serious untoward events and the setting up of a root cause analysis panel to identify root causes and contributing factors of the reported incidents. Through the arrangement, HA aimed to minimize harm and provide necessary support to patients, family and staff, and encourage open disclosure of the incidents so that lessons could be learnt from the events to prevent similar medical incidents from happening in the future. Chief Executive, HA ("CE, HA") supplemented that the overall number of medical incidents of HA was not high when compared to other places. At the central level, the clinical coordinating committee of the specialty concerned would look into each incident to review whether relevant systems and work procedures needed to be improved. It should be noted that the root cause of each incident varied, which covered areas such as experience of doctors, communication amongst disciplines for emergency management of critically ill patients and manpower shortage issues. Remedial measures would be implemented to address the leading causes of the medical incidents. Lessons learnt and improvement measures identified would be shared among the healthcare professionals.

Use of information technology to improve public healthcare services

18. Mr YIU Si-wing suggested that the Administration should ride on the advancement in information technology to facilitate the dissemination of instant public health messages to members of the public registered on the relevant mobile applications and make use of mobile applications to provide real time information on waiting time for accident and emergency ("A&E") services at public hospitals and for new case booking at public specialist outpatient clinics ("SOPCs") covering all specialties, and enable patients to make outpatient appointment and access to their own medical records.

19. SFH advised that further to the launch of the Public Private Interface - Electronic Patient Record Sharing Pilot Project in 2006, the stage one Electronic Health Record Sharing System ("eHRSS") had come into operation since March 2016 to facilitate the sharing of the electronic health records of voluntary participants among public and private healthcare providers. Subject to the funding approval from the Finance Committee of

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the Legislative Council ("LegCo"), the development of the stage two eHRSS would commence to further enhance its functionalities in supporting healthcare delivery which included, among others, enabling the sharing of radiological images among healthcare providers and patients' access to certain health data in eHRSS. CE, HA advised that HA had provided patients with handy access to information such as waiting time for A&E services and waiting time for specialist outpatient services new case booking through its website and the HA Touch mobile application. For the latter, the scope would be extended to cover more major specialties in 2017-2018. Its TouchMed mobile application would alert patients as soon as their medicines were ready for collection.

[At this juncture, the Chairman informed members of his decision to further extend the meeting for 5 minutes.]

Mental health services

20. Ms YUNG Hoi-yan expressed concern that substance abuse was a common risk factor for mental disorders. Separately, findings of the Hong Kong Mental Morbidity Survey which was conducted between 2010 and 2013 revealed that about 12% of adolescents were suffering from common mental disorders. However, only about 6% of them had sought mental health services during the previous year. She urged the Administration to strengthen mental health services for adolescents as well as support for schools and families having students with mental health needs, and step up health education on substance abuse.

21. SFH advised that child and adolescent psychiatry was currently a sub-specialty under the specialty of psychiatry. Mechanisms were in place to facilitate early identification of and intervention for adolescents with mental health needs. Director (Cluster Services), HA supplemented that a Student Mental Health Support Scheme was launched in the 2016-2017 school year on a pilot basis, under which a school-based multi-disciplinary communication platform involving healthcare, education and social care professionals was set up in each participating school to co-ordinate and provide support services to students with mental health needs and their families. DoH advised that a three-year pilot programme on promotion of mental health had been launched by DH, which, together with DH's Student Health Service, provided health promotion and disease prevention services for primary and secondary school students through centre-based services and school-based programmes.

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Medical-social collaboration

22. Dr Fernando CHEUNG remarked that in the face of an ageing population, there were increasing policy and service areas which required medical-social collaboration. Cases in point were community support for patients recovering from mental illness, and the taking care of residents of residential care homes for the elderly and persons with disabilities. He asked whether the policy responsibilities on health and welfare should be placed under the same policy bureau to enable a closer interface between the health and welfare policies. SFH pointed out that the portfolios of health, welfare and food had been placed under a single policy bureau under different combinations at different times, and each combination had its own merits and demerits. In his view, it was more important to improve cross-sectoral collaboration in the delivery of the services concerned.

Legislative proposals

Controversy over various legislative proposals

23. Mr Paul TSE expressed concern that there were strong views against the controversial legislative proposals concerning amendments to health warning on packets and retail containers of tobacco products and regulation of medical devices. In his view, efforts of the Administration should be targeted at policies and measures which were more easily implementable.

24. SFH responded that it was understandable that some major public health issues were controversial in nature. The Administration was open-minded to different views expressed by the relevant stakeholders. However, it would be difficult, if not impossible, to have a complete consensus if the stakeholders concerned did not give due regard to the overall interest of the community. As a responsible Government, the relevant officials would endeavour to take forward these policies in the interest of public health.

Tobacco control

25. Mr CHAN Chi-chuen asked whether the Government would increase tobacco duty in 2017-2018. SFH responded that he would not comment on this at this stage.

26. Mr Paul TSE held the view that the marginal efficiency of the Administration's proposal to strengthen its tobacco control efforts through changing the prescribed form of health warning and indication of tar and nicotine yields on packet or retail container of tobacco products was low, as the smoking prevalence rate in Hong Kong was only 10.5% which was

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considered very low. Expressing a similar view, Mr LEUNG Kwok-hung considered that resources should instead be allocated for addressing the problems of alcohol consumption and substance abuse. In his view, the tobacco control efforts of the Administration in recent years had resulted in imposing a stigma on smokers. Dr Junius HO considered it meaningless to increase the coverage of health warning to at least 85% of the areas of the two largest surfaces of the packet or retail container of tobacco products unless the Administration's plan was to impose a total ban on smoking if the above measure could effectively lower the smoking prevalence rate to single digit. He urged the Administration to step up its efforts in taking enforcement actions against the offence of smoking in statutory indoor no smoking areas

27. SFH advised that the Administration would not be complacent with the 10.5% smoking prevalence rate. Its target was to reduce the smoking prevalence rate to single digit. To protect both smokers and non-smokers, it was necessary for the Administration to, from the perspective of public health, strengthen its tobacco control efforts as tobacco consumption was the single most important preventable risk factor responsible for main causes of death and many chronic diseases such as cardiovascular diseases, and young people were particularly prone to being influenced by the marketing strategies of the tobacco trade. It should be noted that plain (standardized) packaging of tobacco products had already been adopted by countries such as Australia and the United Kingdom. The current proposal of the Administration of increasing the area of the graphic health warning to a size that covered at least 85% of the two largest surfaces of the packet or the retail container was considered appropriate for the local context.

Regulation of medical devices

28. Mr CHAN Chi-chuen remarked that since members had raised various concerns on the recommendations of the consultancy study on the control of use of selected medical devices at the meeting of the Panel on 16 January 2017, the Administration should carefully consider whether the bill for setting up the proposed regulatory framework for medical devices should be introduced into LegCo in the latter half of 2016-2017 legislative session as originally scheduled. Dr Elizabeth QUAT remarked that the proposed regulatory framework for medical devices as put forth by the Administration would stifle the development of the beauty industry.

29. SFH stressed that while it was understandable that the stakeholders would raise various concerns over the regulatory measures to be introduced, there was a need to respond to the public requests for ensuring the safety of medical devices to protect public health.

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30. Given the continuous advancement in technology, Mr Paul TSE cast doubt as to whether healthcare professionals would be more competent than the well-trained beauty practitioners in using the devices for cosmetic purposes. He considered that Pilot Scheme of Accredited Registers for Healthcare Professions should cover these beauty practitioners to recognize the competency of these personnel in using selected devices for cosmetic purposes. Dr Junius HO remarked that the Administration should explain clearly the risk levels for medical devices under the proposed use control of selected medical devices.

Operation of the Medical Council of Hong Kong

31. Noting that the plan of the Administration was to re-introduce a Medical Registration (Amendment) Bill into LegCo in the first half of 2017, Mr CHAN Chi-chuen enquired whether the amendments involved would only cover those less controversial issues having taken into account the divergent views held by members and the various stakeholders over the Medical Registration (Amendment) Bill 2016.

32. SFH advised that it was expected that the Tripartite Platform on Amendments to the Medical Registration Ordinance, which was set up by the Government to provide a platform to promote communication among doctors, persons representing patients' and consumers' interests and LegCo Members on the legislative proposals to improve the operation of the Medical Council of Hong Kong, planned to hold four meetings in total. Afterwards, the Administration would consider the timing of introducing the amendment bill into LegCo. Members' concerns, if any, could be further examined by the bills committee to be formed to study the bill.

II. Any other business

33. The Chairman reminded members of the local visit on 21 February 2017 to an elderly home with on-site demonstration and experience sharing by users of eHRSS, and that the February regular meeting of the Panel had been rescheduled for 28 February 2017 from 10:30 am to 1:00 pm.

34. There being no other business, the meeting ended at 10:45 am.