立法會
Legislative Council

LC Paper No. CB(2)2134/16-17
(These minutes have been seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Tuesday, 25 April 2017, at 3:00 pm
in Conference Room 3 of the Legislative Council Complex

Members present	:	Prof Hon Joseph LEE Kok-long, SBS, JP (Chairman) Dr Hon Pierre CHAN (Deputy Chairman) Hon Tommy CHEUNG Yu-yan, GBS, JP Hon WONG Ting-kwong, SBS, JP Hon CHAN Kin-por, BBS, JP Hon Mrs Regina IP LAU Suk-yee, GBS, 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 Hon POON Siu-ping, BBS, MH Hon CHU Hoi-dick Dr Hon Junius HO Kwan-yiu, JP Hon SHIU Ka-fai Hon YUNG Hoi-yan Hon Jeremy TAM Man-ho
Member attending	:	Hon Michael TIEN Puk-sun, BBS, JP

Members absent	:	Hon CHAN Han-pan, JP Hon SHIU Ka-chun

[According to the Judgment of the Court of First Instance of the High Court on 14 July 2017, LEUNG Kwok-hung, Nathan LAW Kwun-chung, YIU Chung-yim and LAU Siu-lai have been disqualified from assuming the office of a member of the Legislative Council, and have vacated the same since 12 October 2016, and are not entitled to act as a member of the Legislative Council.]

Public Officers attending	:	Item IV Prof Sophia CHAN Siu-chee, JP Under Secretary for Food and Health Miss Amy YUEN Wai-yin Deputy Secretary for Food and Health (Health) 2 Food and Health Bureau Dr Tina CHAN Siu-mui Assistant Director of Health (Special Health Services) Department of Health Dr Eddy NG Kwok-po Principal Medical & Health Officer (Non-Communicable Disease) Department of Health Dr Jeff LEE Pui-man Head (Tobacco Control Office) Department of Health Item V Dr KO Wing-man, BBS, JP Secretary for Food and Health Mr Howard CHAN Deputy Secretary for Food and Health (Health) 1 Food and Health Bureau Dr LEUNG Pak-yin, JP Chief Executive Hospital Authority

Dr Ian CHEUNG
Deputizing Director (Cluster Services)
Hospital Authority

Dr H W LIU
Chief Manager (Financial Planning & Revenue Management)
Hospital Authority

Ms Ivis CHUNG
Chief Manager (Allied Health)
Hospital Authority

Item VI

Dr KO Wing-man, BBS, JP
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 and Health (Health) 3

Dr Anne FUNG Yu-kei
Assistant Director of Health (Health Promotion)

Mr FONG Kai-leung
Assistant Director of Social Welfare (Rehabilitation & Medical Social Services)

Ms PANG Kit-ling
Assistant Director of Social Welfare (Elderly)

Dr LEUNG Pak-yin, JP
Chief Executive
Hospital Authority

Dr Linda YU Wai-ling
Chief Manager (Integrated Care Programs)
Hospital Authority

		Dr Eva DUNN Lai-wah Chairperson, Coordinating Committee (Psychiatry) Hospital Authority
		Item VII
		Prof Sophia CHAN Siu-chee, JP Under Secretary for Food and Health
		Miss Linda LEUNG Principal Assistant Secretary for Food and Health (Health) 2 Food and Health Bureau
		Dr Tony KO Cluster Chief Executive, New Territories West Cluster Hospital Authority
		Dr Ian CHEUNG Chief Manager (Cluster Performance) Hospital Authority
		Mr Donald LI Chief Manager (Capital Planning) Hospital Authority
		Mr Andrew WONG Chief Project Manager (Capital Projects) 2 Hospital Authority
Clerk in attendance	**:**	Ms Maisie LAM Chief Council Secretary (2) 5
Staff in attendance	**:**	Miss Kay CHU Senior Council Secretary (2) 5
		Ms Priscilla LAU Council Secretary (2) 5
		Miss Maggie CHIU Legislative Assistant (2) 5

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I. Information paper(s) issued since the last meeting

[LC Paper Nos. CB(2)1079/16-17(01), CB(2)1092/16-17(01), CB(2)1108/16-17(01), CB(2)1240/16-17(01), CB(2)1250/16-17(01) and CB(2)1277/16-17(01)]

Members noted that the following papers had been issued since the last meeting:

(a) Referral from the Public Complaints Office of the Legislative Council Secretariat on policy issues relating to healthcare services for grass-roots women;

(b) Letter dated 28 March 2017 from Mr SHIU Ka-fai requesting the Administration to provide a response to issues concerning the legislative proposal to amend the health warnings on packets and retail containers of tobacco products;

(c) Letter dated 30 March 2017 from Mr LEUNG Che-cheung on issues relating to diseases directly transmitted by rodents and rodent infestation problems in Yuen Long district;

(d) Administration's response to issues raised in the letter dated 10 March 2017 from Dr Helena WONG concerning the regulation of Chinese herbal medicines;

(e) Administration's response to issues raised in the letter dated 8 March 2017 from Mr CHAN Han-pan concerning the registration and monitoring of health food products; and

(f) Administration's response to issues raised in the letter dated 28 March 2017 from Mr SHIU Ka-fai regarding the legislative proposal to amend the health warnings on packets and retail containers of tobacco products.

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)1228/16-17(01) and (02)]

2. The Chairman informed members that in response to the Panel's request made at the special meeting on 11 April 2017, the Research Office of the Information Services Division of the Legislative Council ("LegCo") Secretariat was in the process of preparing some supplementary information on rare disease policies in selected places to facilitate members' consideration of the proposal for conducting an overseas duty

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visit to study rare disease policies as raised by Mr CHAN Han-pan at that meeting. The Chairman suggested and members agreed that the Panel would consider whether to conduct the proposed duty visit at the next regular meeting scheduled for 15 May 2017 at 4:30 pm.

3. Members also agreed that the Panel would discuss the subjects "New acute hospital at Kai Tak Development Area – Preparatory works" and "Inpatient Medication Order Entry" as proposed by the Administration at the May regular meeting.

(*Post-meeting note*: At the request of the Administration and with the concurrence of the Chairman, a new discussion item on "Redevelopment of Prince of Wales Hospital, phase 2 (stage 1) – Preparatory works" has been added to the agenda for the May regular meeting of the Panel.)

III. Proposal for setting up a subcommittee under the Panel on Health Services on issues relating to the development of Chinese medicine

[LC Paper No. CB(2)1133/16-17(01) and CB(2)1261/16-17(01)]

4. Members raised no objection to the proposal from Mrs Regina IP for setting up a subcommittee under the Panel on issues relating to the development of Chinese medicine, and the work plan of the subcommittee set out in the proposal (LC Paper No. CB(2)1133/16-17(01)). Members also agreed to incorporate into the terms of reference of the subcommittee as set out in the proposal Mr CHAN Han-pan's suggestion as set out in his letter dated 21 April 2017 (LC Paper No. CB(2)1261/16-17(01)).

5. Members noted that there were currently 10 subcommittees on policy issues appointed by Panels or the House Committee in operation, which had reached the maximum number of such subcommittees that might be in operation at any one time. The subcommittee would be put on the waiting list of subcommittees on policy issues to be activated. The Chairman drew members' attention that according to the board principles adopted by the House Committee for activation, operation and extension of period of work of subcommittees on policy issues, no more than two subcommittees under each Panel should be in operation at the same time. At present, the Joint Subcommittee on Long-term Care Policy appointed under the Panel on Welfare Services and the Panel was in operation. Apart from the above newly appointed subcommittee, another subcommittee appointed under the Panel (i.e. the Joint Subcommittee on Issues Relating to the Regulation of

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Devices and Development of the Beauty Industry appointed under the Panel and the Panel on Commerce and Industry) was on the waiting list.

IV. Dutiable Commodities (Amendment) Bill 2017
[LC Paper Nos. CB(2)1228/16-17(03) and (04)]

6. Under Secretary for Food and Health ("USFH") briefed members on the Administration's proposal to amend the Dutiable Commodities Ordinance (Cap. 109) and its subsidiary legislation to prohibit commercial sale and supply of intoxicating liquor to minors (i.e. persons under the age of 18) ("the legislative proposals"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1228/16-17(03)).

7. Members noted the information note entitled "Dutiable Commodities (Amendment) Bill 2017" prepared by the LegCo Secretariat (LC Paper No. CB(2)1228/16-17(04)).

Rationale for the legislative proposals

8. Dr Pierre CHAN expressed support for the legislative proposals, under which an age requirement of 18 years was proposed for commercial sale and supply of intoxicating liquor. Pointing out that the community recently had different views on the existing requirement under the Human Organ Transplant Ordinance (Cap. 465) that living donor for a restricted organ removal or transplant had to have reached the age of 18 years, he sought information about whether the same age requirement was provided for in other legislation under the purview of health.

9. USFH advised that cases in point included the liquor licensing system as provided for in the Dutiable Commodities (Liquor) Regulations (Cap. 109B) which restricted licensees to permit any person under the age of 18 years to drink any intoxicating liquor on any licensed premises; and no person could sell any cigarette, cigarette tobacco, cigar or pipe tobacco to any person under the age of 18 years under the Smoking (Public Health) Ordinance (Cap. 371).

10. Mr Jeremy TAM said that he supported the board direction of limiting the minors' access and exposure to alcohol. However, he cast doubt as to whether prohibiting the commercial sale and supply of intoxicating liquor to minors was the best means of achieving the above target. Referring to the three "best buy" interventions for reducing harmful use of alcohol (i.e. tax increase; restricting access to retailed alcohol; and bans on alcohol advertising) identified by the World Health Organization

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("WHO"), which were similar to the measures currently adopted by the Administration under the tobacco control regime, he asked whether the Administration had assessed the effectiveness of its tobacco control measure of prohibiting the sale of cigarette, cigarette tobacco, cigar or pipe tobacco to persons under the age of 18 years in reducing the smoking prevalence of young people. Ms Alice MAK raised a similar question. Assistant Director of Health (Special Health Services) ("ADH(SHS)") advised that with the implementation of the prohibition against the sale of tobacco products to minors and the public education conducted in this regard, the rate of being daily cigarette smokers amongst all persons aged 15 to 19 had decreased from 2.5% in 2010 to 1.1% in 2015.

11. Dr Helena WONG was of the view that the alcohol-attributable health and social burden in Hong Kong was much less than the burden caused by drug abuse. She saw no pressing social need to introduce the proposed regulatory regime to prohibit commercial sale and supply of intoxicating liquor to minors. Citing his observations about the high level of alcohol consumption among young people in countries such as Australia which might partly explain their needs to impose age restrictions for purchase of alcoholic beverage for off-premise consumption, Mr Paul TSE opined that the findings of a survey commissioned by the Department of Health ("DH") to The University of Hong Kong in 2013 which revealed that only 9.9% of upper primary school ever-drinkers and 27.4% of secondary school ever-drinkers had bought alcohol themselves did not justify the efforts for introducing a new requirement in Hong Kong to prohibit the commercial sale and supply of intoxicating liquor to minors in the course of business. Dr Pierre CHAN sought information on the annual number of new alcohol abuse cases involving patients aged under 18 receiving treatment at the relevant clinics managed by the Hospital Authority ("HA") (such as the Tuen Mun Alcohol Problems Clinic) in the past five years, and the age of the youngest patient(s) involved; and the annual number of these cases who were referred to receive inpatient alcohol treatment services at public hospitals. Dr Fernando CHEUNG expressed support for the legislative proposals.

12. USFH stressed that adolescence was a key time of behavioural change and brain development. Alcohol consumption during this period would adversely affect these developmental changes. In addition, young people could develop dependence on alcohol more quickly than adults. The earlier a person engaged in drinking, the greater the likelihood of alcoholism developing in his or her later life. It should be noted that according to WHO, only 21 of 166 reporting economies had no age restrictions for off-premise purchase of any type of alcoholic beverage in 2012. It should be noted that the existing liquor licensing system had

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already restricted licensees to permit any person under the age of 18 to drink any intoxicating liquor on any licensed premises. USFH undertook to provide the information requested by Dr Pierre CHAN in writing.

13. Mr POON Siu-ping asked whether surveys on the prevalence of local underage drinking would be conducted on a regular basis so as to keep track of the trend in this regard. USFH replied in the positive.

Enforceability of the proposed new requirements

14. Dr Helena WONG enquired whether it was a must for salespersons of retail premises to ask for proof of age of a purchaser or recipient before selling or supplying intoxicating liquor to customers in a face-to-face distribution. While expressing support for regulating the sale and supply of liquor to minors, Dr Elizabeth QUAT said that the Administration should ensure that the implementation of the proposed new prohibition would not overburden the trade. USFH advised that for face-to-face distribution, salespersons might take steps to ask for proof of age unless it was beyond doubt that a purchaser or recipient was over 18 years of age.

15. Mr SHIU Ka-fai in principle raised no objection to introducing a new requirement to prohibit the commercial sale and supply of intoxicating liquor to minors. However, he expressed concern that the inspection by the salespersons of the proof of identity of a purchaser or recipient if in doubt in a face-to-face distribution might give rise to disputes between the above two parties, in particular if there was not enough publicity by the Administration for the proposed restriction. While expressing support for the proposed restriction, Ms Alice MAK enquired about the legal backing for frontline salespersons to inspect the proof of identity of the purchaser or recipient of the liquor in a face-to-face distribution.

16. USFH and ADH(SHS) advised that similar to the relevant requirements under the Smoking (Public Health) Ordinance, the legislative proposals required, among others, that a sign containing the prescribed notice, which stated that intoxicating liquor could not be sold or supplied under the law of Hong Kong to a minor in the course of business, to be displayed in a prominent position at the places concerned. Such requirement would facilitate salespersons to inspect the proof of identity of a purchaser if in doubt. The salespersons concerned should not sell any intoxicating liquor if they were not reasonably satisfied that the purchaser or recipient was not a minor.

17. Dr Helena WONG noted that while the retail industry had been refraining from selling intoxicating liquor to minors on a voluntary basis

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for a number of years, some test-purchasing operations conducted by stakeholders in the community in the past showed that teenagers could purchase alcohol products in different retail outlets without much obstacle. She was of the view that it would be difficult to ensure compliance by the retailing premises with the proposed new requirements in the absence of a licensing system for premises selling and supplying intoxicating liquor for off-premises consumption. Mr Paul TSE held a similar view. Drawing reference to the experience of implementing the prohibition that no person could sell any tobacco products to any persons under the age of 18 years whereby no licensing system for retailers of tobacco products had been put in place, USFH advised that there was no cause for such concern.

18. Noting that it was proposed that public officers of DH would be empowered to carry out enforcement actions under the new regulatory regime, Ms Alice MAK expressed concern on the effectiveness of the enforcement actions taken by the Tobacco Control Office ("TCO") under DH against retail stores selling tobacco products to minors. Mr Jeremy TAM and Dr Fernando CHEUNG expressed a similar concern. Mr Jeremy TAM asked whether TCO had conducted any decoy operations. Head (TCO) advised that TCO would conduct compliance check and conduct inspections upon receipt of complaints. ADH(SHS) and Head (TCO) added that the fact that the annual number of complaint cases concerning the sale of tobacco products to minors had decreased from around 100 cases in 2010 to around 10 cases in recent years had reflected the effectiveness of the enforcement actions taken so far.

19. Mr SHIU Ka-fai was concerned that under the legislative proposals, it was not clear as to whether the person responsible for delivering the intoxicating liquors purchased through remote distribution had to check the proof of identity of the purchaser or recipient of the liquor concerned. ADH(SHS) advised that for remote distribution, the prescribed notice, which stated that intoxicating liquor could not be sold or supplied under the law of Hong Kong to a minor in the course of business, had to be published in electronic form (e.g. visual image). This apart, a requirement to receive a declaration of age from the purchaser or recipient would be imposed. Expressing support for the legislative proposals, Mr YIU Si-wing asked whether the Administration would conduct decoy operations to ascertain whether operators of those businesses offering the sale or supply of intoxicating liquor by way of remote distribution had complied with the relevant notice and declaration requirements. ADH(SHS) advised that DH would conduct compliance checks on remote distribution.

20. Dr Helena WONG considered that the legislative proposals could not effectively restrict the minors' access to intoxicating liquor if there was no

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active enforcement, particularly in the case of remote distribution as the purchasers or recipients only needed to make a self-declaration that he or she had reached the age of 18 years. Mr Paul TSE said that he would not support the legislative proposals at this stage as he could not see how the new requirement could be enforced effectively.

21. USFH assured members that after the passage of the relevant bill, the Administration would provide additional manpower and resources for DH to enhance public education and take enforcement actions in respect of the new restriction. Specifically, DH officers would conduct inspections and carry out enforcement actions upon receipt of intelligence and complaints. They might inspect, either randomly or targeted, places selling or supplying intoxicating liquor by way of face-to-face distribution to ascertain whether a sign containing the prescribed notice had been displayed in a prominent position at the places, and would strengthen inspection of black spots. Compliance check would also be conducted on businesses offering the sale or supply of intoxicating liquor by way of remote distribution as to whether the relevant notice and declaration requirements had been complied with.

22. Mr POON Siu-ping asked whether any employees had been convicted of selling cigarette, cigarette tobacco, cigar or pipe tobacco to persons under the age of 18 years pursuant to the Smoking (Public Health) Ordinance. Head (TCO) advised that there had been around 30 convicted cases in this regard since the coming into force of the relevant provisions in 2007. Most of the convicted persons were employees. Expressing support for the legislative proposals, Dr KWOK Ka-ki remarked that the business operators should be held liable for failing to comply with the proposed new restriction to enhance deterrent effect. In response to Mr POON Siu-ping's enquiry about the penalty for the proposed offence of selling or supplying, in the course of business, intoxicating liquor to minors, USFH advised that a person who committed the offence would be liable on summary conviction to a maximum penalty at level 5 (i.e. a fine of $50,000).

23. Mr SHIU Ka-fai was of the view that sanctions should also be imposed on purchasers or recipients of intoxicating liquor who were under the age of 18 in order to deter under-age drinking. ADH(SHS) advised that the legislative proposals aimed to, among others, protect the well-being of minors by limiting their access and exposure to alcohol. The Administration would strengthen public education on alcohol-related harm. She appealed to parents and teachers to raise the awareness of young people in this regard. Mr YIU Si-wing suggested that consideration could be given to requiring the display of a prescribed label showing information on the harms of alcohol use and the prohibition of the sale and supply of intoxicating liquor to minors on the retail containers of intoxicating liquor

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by drawing reference to a similar requirement for tobacco products. USFH took note of the suggestion.

Consultation exercise

24. Noting that the Administration had conducted briefing sessions on the legislative proposals for relevant stakeholders between January and February 2017 and invited stakeholders to provide written submission on the legislative proposals, Mr SHIU Ka-fai remarked that not all relevant members of the retail trade had been consulted on the legislative proposals. He said that he could, in his capacity as the Member returned from the functional constituency of wholesale and retail, help seek the views of members of the retail trade if the Administration had communicated with him on the legislative proposals at that time. USFH advised that DH would further meet with the relevant stakeholders to facilitate their understanding of the operational details of the new requirements. It would also provide a set of guidelines to facilitate compliance of the trade.

25. In response to Mr SHIU Ka-fai's question about the avenue of the Administration for consulting the Chairmen and Vice-Chairmen of the District Councils on the legislative proposals, USFH advised that the Chairmen and Vice-Chairman of the 18 District Council had expressed in-principle support for the legislative proposals at one of their monthly meetings with the Director of Home Affairs.

Other proposals for minimizing alcohol-related harm

26. Referring to the three "best buy" interventions for reducing harmful use of alcohol, Dr KWOK Ka-ki urged the Administration to increase liquor duty and require advertisements of liquor to include a health warning message and the message that intoxicating liquor could not be sold or supplied to minors. Dr Fernando CHEUNG opined that an increase in liquor duty could help combat the problem of alcohol consumption among young people.

27. USFH advised that the legislative proposals would be a first step to strengthen control of alcohol-related harm. As regards advertising of liquor or alcoholic liquor, Deputy Secretary for Food and Health (Health) 2 advised that the codes of practice issued by the Communications Authority to television programme service licensees and sound broadcasting licensees required that such advertising should only target the adult audience; should not be shown in proximity to children's programmes, or programmes which targeted minors; should not be broadcasted between the hours of 4:00 pm

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and 8:30 pm; and such advertisements could not encourage or depict immoderate drinking.

Conclusion

28. In closing, the Chairman said that the majority of members present had no objection to the legislative proposals. He urged the Administration to take into account the concerns raised by members on the enforceability of the legislative proposals in drawing up the relevant bill.

V. Review of the fees and charges for public hospital services

[LC Paper Nos. CB(2)1224/16-17(01) and CB(2)1228/16-17(05)]

29. Secretary for Food and Health ("SFH") briefed members on the views of the Food and Health Bureau ("FHB") on the findings of the review conducted by HA on the level of fees and charges for public healthcare services in HA, details of which were set out in the Administration's paper (LC Paper No. CB(2)1224/16-17(01)).

30. Members noted the updated background brief entitled "Fees and charges for public hospital services" prepared by the LegCo Secretariat (LC Paper No. CB(2)1228/16-17(05)).

Level of the new fees and charges

31. While expressing appreciation that the Administration had taken into account the feedback received and would lower the original level of increase in fees and charges of the public hospital services for Eligible Persons ("EP") as proposed by HA, Dr Helena WONG asked whether there was any room to withhold, or further cut down the magnitude of, the fee and charge revision for certain services, such as the increase in the charge of the accident and emergency ("A&E") services and the drug charge of the specialist outpatient clinics ("SOPCs").

32. SFH explained that as was the case when the A&E charge was first introduced in 2002, the increase in the A&E charge of public hospitals for EP was aimed at narrowing the fee gap between the A&E charge and the median charge of private doctors in order to encourage patients of semi-urgent and non-urgent A&E cases (i.e. triage categories 4 and 5) to seek private healthcare services, thereby easing the A&E workload to benefit those patients triaged as critical, emergency and urgent cases (i.e. triage categories 1, 2 and 3). As regards the drug charge of SOPCs, the introduction of a separate charge for medications prescribed at SOPCs in

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2003 was aimed at addressing the problem of wastage due to unnecessary requests for medication and poor compliance of medication use. SFH further advised that in the present fee and charge revision exercise, HA had made reference to, among others, the Government's existing subsidy level in setting the proposed level of increase in fees and charges of the public hospital services concerned. That said, it should be noted that cost recovery was not an Administration's guiding principle in setting and reviewing the fees and charges of public hospital services for EPs. Having taken into account the feedback received, in particular public's affordability and acceptance of the magnitude of increase, the Administration had suitably adjusted the proposed level of increase as set out in Annex E to the Administration's paper.

33. Dr Pierre CHAN sought information about the mechanism for HA to revise its fees and charges. SFH advised that HA was required under the HA Ordinance (Cap. 113) to recommend appropriate policies on fees for the use of hospital services by the public. Under the prevailing fee review mechanism, fees and charges of HA would be reviewed biennially by the HA Board and, where appropriate, for consideration of FHB. In response to Dr Pierre CHAN's follow-up enquiry, the Chairman advised that the revision of the fees and charges of public hospital services did not require the approval of LegCo. SFH stressed that the Panel had provided a platform for a thorough and constructive discussion on the proposal prior to its being put forth for consideration by the Executive Council.

Revision of the charge for public A&E services

34. Citing his recent personal experience of seeking A&E services at a public hospital as an example, Dr Fernando CHEUNG said that many patients were in genuine medical need for A&E service while waiting in the long queue for public specialist outpatient services. In his view, the proposed increase in the A&E charge for EP should only be applied to those patients triaged as semi-urgent and non-urgent cases (i.e. triage categories 4 and 5). Mr Michael TIEN noted that the problem of A&E overcrowding and long waiting time was getting worse especially during the winter surge periods. He said that he in principle supported to increase the A&E charge, which had not been revised since 2003. However, he considered that the charge for patients being triaged as critical, emergency and urgent cases should only be increased from $100 to $110 (i.e. 11%), same as the magnitude of increase in the charge of the general outpatient clinics ("GOPCs"). As regards patients being triaged as semi-urgent and non-urgent cases, the charge should be increased from $100 to $180 in order to encourage these patients to use public general outpatient services or private healthcare services.

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35. SFH said that he noted the rationale for the proposal of introducing different charges for A&E patients of public hospitals according to their emergency conditions. He added that there had already been a wide discussion of the feasibility of doing so in 2002 with a view to encouraging appropriate use of the much overloaded A&E services. However, there was an operational concern that to do so would unavoidably give rise to disputes between the frontline healthcare professionals and patients over the categories the latter were being triaged. Dr Pierre CHAN shared a similar concern. Mr Michael TIEN remarked that there was no cause for such concern, as the triage was based on the professional judgement of the healthcare professionals. SFH stressed that it would be highly undesirable if the operation of the triage stations of the A&E Departments of public hospitals was affected by any such disputes.

36. Dr Pierre CHAN opined that for semi-urgent and non-urgent cases, private clinic service would not be comparable to A&E service of public hospitals even if the A&E charge was increased to a level on par with the median charge of private doctors, as the A&E service was a one-stop and round-the-clock service. Holding the view that no person should be prevented from seeking A&E services, he asked whether the A&E services provided under other public healthcare systems was same as that of Hong Kong that no person in non-serious conditions would be denied from obtaining treatment. SFH responded that it might not be appropriate to make comparison on the hospital service of Hong Kong with that of other places as the public healthcare systems of different places varied. In his view, it was widely accepted by the healthcare professionals and the public in Hong Kong that all persons should be able to have equitable access to public healthcare services. The triage system for classifying patients attending the A&E Departments was only aimed at ensuring that patients in serious conditions would receive timely treatment.

37. Referring to the increase in the A&E charge for non-eligible persons ("NEP") from $990 to $1,230 per attendance, Dr Fernando CHEUNG expressed concern that a higher A&E charge might deter NEPs who were suffering from communicable diseases from seeking medical consultation because of lack of means, resulting in an adverse impact on public health. He called on the Administration to consider lowering the A&E charge for those NEPs who were in urgent medical needs or had financial difficulties. SFH explained that public hospital services were charged at a full cost recovery basis to NEP. That said, it was the Government's long established policy that no one should be denied adequate healthcare, including A&E service, through lack of means.

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Measures to supplement the increase in A&E charge

38. Dr Elizabeth QUAT cast doubt about the effectiveness of the increase in A&E charge for EPs in encouraging appropriate use of A&E services by the grass root and elderly patients. She expressed concern that not all public GOPCs provided evening clinic services and there were not many private clinics in some districts such as Tuen Mun and Sham Shui Po. In addition, some private clinics had already increased the consultation fees in view of the forthcoming increase in A&E charge. In the Democratic Alliance for the Betterment and Progress of Hong Kong's view, the above target could only be achieved if HA would in tandem strengthen the public general outpatient services by increasing the service quota and providing evening or even round-the-clock services.

39. Ms Alice MAK said that given the inadequacy in the provision of primary care services, many patients with limited means had no choice but to seek consultation at A&E Departments of public hospitals. Hence, the Hong Kong Federation of Trade Unions objected to increasing the A&E charge for EPs as a means to address the high A&E service demand. She was particularly concerned that public GOPCs had to take care of not only episodic disease patients but also chronic disease patients requiring follow-up consultations, the number of community health centres which provided multi-disciplinary health services was limited, and the waiting time for enrolment at elderly health centres was unduly long. She called on the Administration to strengthen the primary care services in the long run. In the meantime, the Administration should take measures to facilitate more needy patients to benefit from medical fee waiver of HA by streamlining the application procedures and stepping up publicity in this regard, and increase the annual amount of Elderly Health Care Voucher ("EHV") to encourage eligible elders to seek private healthcare services.

40. SFH stressed that the increase in A&E charge was not aimed at deterring the needy patients, who could, where necessary, apply for medical fee waiver of HA, as well as patients with pressing medical needs from seeking medical care, but to encourage those patients who were in relatively mild conditions and could afford private healthcare services to use the A&E services more appropriately. This was supported by the experience that there was a reduction in the number of semi-urgent and non-urgent cases following the introduction of the A&E charge in 2002, which narrowed the fee gap between using the A&E service and the private healthcare service. It should also be noted that the Hong Kong Medical Association had earlier assured that charges of private clinics mainly depended on the operation cost but not the A&E charge of public hospitals.

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41. SFH further advised that the Administration had already provided additional resources to HA to enable it to increase the service quota for GOPCs, including in evening clinics and public holiday clinics, and extend the coverage of the GOPC Public-Private Partnership ("PPP") Programme to more areas. Efforts had been and would continuously be made to enhance the EHV Scheme. To support the revision of the fees and charges of public hospital services, the Administration would explore with HA on ways to enhance the medical fee waiver mechanism and step up publicity to raise patients' awareness of the mechanism.

42. Mr POON Siu-ping sought details of the plan of HA to gradually increase the consultation quota in GOPCs in 2017-2018 and 2018-2019 as set out in paragraph 17 of the Administration's paper. Chief Executive, HA ("CE, HA") advised that the preparation for increasing the consultation quota for GOPCs, including evening clinics, was underway. The plan of HA was to increase the quota for GOPCs in the New Territories East and New Territories West Clusters by 27 500 attendances in the 2017-2018 financial year and a total of 44 000 attendances in the 2018-2019 financial year. HA would explore the feasibility to further increase the consultation quota for GOPCs when the number of local medical graduates started to go up in 2018.

43. While not objecting to increasing the A&E charge, Dr KWOK Ka-ki was of the view that the inadequacy in the evenings, Sundays and public holidays' public general outpatient services in some districts such as Tung Chung and Tin Shui Wai, and the long waiting time for public specialist outpatient services were the underlying reasons for patients of semi-urgent and non-urgent cases to seek medical care through the A&E Departments of public hospitals. To address the problem of the much overloaded A&E services squarely, HA should provide round-the-clock general outpatient services in those districts which were in lack of primary care services, engage non-governmental organizations ("NGOs") to fill the gap between the public and private primary care services, and introduce PPP schemes for specialist outpatient services. Mr Michael TIEN considered that public GOPCs should provide round-the-clock services in the long run. However, Dr Pierre CHAN was wary that if this was the case, there might be a rise in staff wastage of HA as one of the reasons why some of the healthcare staff would opt to work in GOPCs was because of their relatively stable working hours.

44. SFH agreed that HA should explore the possibility of providing round-the-clock general outpatient services when its healthcare manpower constraint was improved such that to do so would not affect the provision of other healthcare services, and referring suitable patients to the private

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sector for continual medical follow-ups to help reduce waiting time for HA's specialist outpatient services. He also agreed that efforts could be made by the Administration to encourage and facilitate those NGOs currently providing healthcare services to members of the public to provide primary care services, which could be in the form of mobile clinic services, to meet the service demand in districts with such a need. He would follow up with HA and the NGOs concerned accordingly.

Medical fee waiving mechanism for public hospital services

45. Noting that the Administration would extend the medical fee waiver for public healthcare services to cover those Old Age Living Allowance ("OALA") recipients aged 75 years or above whose assets did not exceed the prescribed limit, Mr POON Siu-ping asked whether consideration could be given to lowering the age threshold so as to benefit more needy elders. Mr CHAN Chi-chuen was concerned that the increase in the A&E charge would impose a financial burden on needy elders, in particular those OALA recipients who were not eligible for the enhanced medical fee waiver.

46. SFH advised that this was the first time that eligible elders who were not in receipt of assistance under the Comprehensive Social Security Assistance ("CSSA") would be waived from payment of public healthcare expenses. Eligible OALA recipients were not required to make application separately and would be waived for the standard fees and charges of public healthcare services. It was estimated that the arrangement would benefit about 140 000 elders. Separately, the eligibility age for the EHV Scheme would be lowered to 65 in 2017, so that more elders could make use of the vouchers to use private primary care services.

47. In response to Mr CHAN Chi-chuen's question about the number of elderly A&E patients granted with medical fee waivers, CE, HA advised that around 30% of the A&E attendances were elders aged 65 or above, out of which around 28% were granted with medical fee waivers. These patients included CSSA recipients who were waived from payment of their public healthcare expenses; and non-CSSA recipients who were granted, upon assessment and on a case-by-case basis, full or partial waiving of their medical fees due to financial or non-financial reasons. For the latter, the waiver granted would either be one-off or valid for a period of time with the longest period being 12 months.

Conclusion

48. In closing, the Chairman said that some members had reservation on the revision of fees and charges of public hospital services, in particular

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that of the A&E services. He called on the Administration to take into account the various concerns expressed by members and put in place measures to support the revision.

VI. Review on mental health

[LC Paper Nos. CB(2)1220/16-17(01), CB(2)1228/16-17(06) and CB(2)1270/16-17(01)]

49. SFH briefed members on the findings of the review on mental health conducted by the Review Committee on Mental Health ("the Review Committee"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1220/16-17(01)).

50. Members noted the updated background brief entitled "Mental health policy and services" prepared by the LegCo Secretariat (LC Paper No. CB(2)1228/16-17(06)); and a submission from Alliance on Advocating Mental Health Policy (LC Paper No. CB(2)1270/16-17(01)).

51. The Chairman suggested and members agreed that the Panel would hold a special meeting to receive views from members of the public on the review on mental health.

(*Post-meeting note*: The special meeting for the above purpose has been scheduled for 22 May 2017 from 10:30 am to 1:00 pm.)

Policy and long-term development on mental health services

52. Dr Fernando CHEUNG expressed disappointment that the mental health policy statement ("the Policy Statement"), which was a preamble to the Mental Health Review Report ("the Report"), provided neither a vision nor any concrete measures with timetables and resources required to address the estimated future demand for mental health services. SFH advised that the Policy Statement had been drawn up to outline the approach and directions of mental health services in Hong Kong. The measures for enhancing the services in this regard had been set out in the Report. The Administration was preparing for the setting up of a standing advisory committee on mental health ("the advisory committee") to monitor the implementation of the recommendations in the Report, and give advice on further service enhancement to address the changing needs of society, including the need to review the Policy Statement as and when appropriate.

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53. Dr Fernando CHEUNG was concerned about the level of the advisory committee in view of its responsibility to, among others, facilitate the collaboration amongst relevant bureaux and departments for enhancing the planning and provision of mental health services. Dr Pierre CHAN considered that the advisory committee should be led by the Chief Secretary for Administration. SFH advised that the advisory committee, which would be served by FHB, would comprise representatives from relevant bureaux and departments and stakeholders. The Administration would take into account members' views on the composition of the advisory committee, and would give consideration to appointing a person of high standing in the community as the Chairman of the advisory committee. In response to the Chairman's enquiry about when the terms of reference of the advisory committee would be available, SFH advised that the Administration would listen to the views of the public on the scope of work of the advisory committee.

54. Dr Pierre CHAN asked whether the Administration would examine the economic burden of mental illness in Hong Kong. SFH advised that as recommended by the Review Committee, epidemiological studies would be conducted on a regular basis to understand the state of mental health of the population in Hong Kong and the local prevalence of respective mental health problems with a view to facilitating service planning. The studies could be supported by, where necessary, the Health and Medical Research Fund under FHB.

55. Mrs Regina IP called on the Administration to consider setting up a database on carers of mentally ill and ex-mentally ill persons, which would be accessed by the Police, relevant government departments and community organizations with a view to facilitating their provision of swift response for emergency calls from these carers. In addition, a card setting out the contact information of relevant government departments and community organizations should be provided to carers to facilitate their seeking of support. SFH said that the suggestions would be relayed to the advisory committee for consideration.

Community treatment order

56. Dr Helena WONG noted with concern that among the cases which were ordered by the Court for compulsory admission to hospital in 2015, the number of old cases (i.e. patients who had received psychiatric services at HA in the previous two years), which stood at 2 012 cases, was more than one fold of the number of new cases (i.e. patients who had not received any psychiatric services at HA in the previous two years). In her view, the introduction of community treatment order ("CTO") to mandate a

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person with mental illness who met the specified criteria to follow a prescribed course of treatment while living in the community, non-compliance of which might cause the person to be recalled to a hospital for treatment, could help to prevent the person concerned from deteriorating to the point of requiring compulsory admission. While the Review Committee considered it not appropriate to introduce CTO in Hong Kong at the moment, she was of the view that the Administration should consider the issue afresh having regard to the need to further safeguard the health and safety of persons with mental illness and others in the community.

57. SFH advised that the Review Committee had thoroughly discussed the applicability and practicability of introducing CTO in Hong Kong. It was noted that service users and patient rights groups had reservations on introducing CTO in Hong Kong as it might give rise to concerns such as curtailment on civil liberties. As an alternative to CTO, the Review Committee recommended that the existing conditional discharge mechanism as provided for under the Mental Health Ordinance (Cap. 136), which, same as CTO, was aimed at protecting the health and safety of the patient and others in the community by way of mandatory treatment, should be reviewed. That said, the Review Committee considered it prudent to further study the applicability of CTO when needs arose. SFH further advised that without adequate community care support and effective social-medical collaboration, application of CTO might be in vain.

58. Chairperson, Coordinating Committee (Psychiatry), HA ("C/CoC(Psy), HA") supplemented that CTO came in different names and forms across jurisdictions. The conditional discharge mechanism of Hong Kong was, in a sense, similar to the preventive model of CTO. However, compared to CTO legislation in some jurisdictions, the existing conditional discharge mechanism had a more restrictive design. For instance, it only applied to patients who were under compulsory admission, and the only requirement for putting a patient on conditional discharge was having a medical history of criminal violence or a disposition to commit such violence. As regards the efficacy of CTO, an expert of the United Kingdom had shared with HA the findings of a study on the effectiveness of CTO on clinical outcomes of psychotic patients, which revealed that in well-coordinated mental services the imposition of compulsory supervision did not reduce the rate of readmission of psychotic patients. At the request of the Chairman, she undertook to provide information on the aforesaid study after the meeting.

Admin/ HA

59. In response to Dr Pierre CHAN's question about how a patient on conditional discharge could revoke the initial court order for hospitalization, C/CoC(Psy), HA advised that a patient on conditional discharge had to

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appeal to the Mental Health Review Tribunal, which would arrange for a review of the case.

Mental health case management

60. Dr Helena WONG noted that a recommendation of the Review Committee was that as an alternative to CTO, HA should conduct a review on the case manager to patients ratio under its Case Management Programme in order to provide better support to and closer monitoring of the conditions of patients with severe mental illness in the community, so that relapse or other problems could be detected earlier. Noting that the current ratio was about 1:47 on average, she sought information about the target ratio in this regard. SFH advised that the Review Committee had recommended that the ratio should be improved to around 1:40 in three to five years' time. Subject to the progress of HA in the recruitment and training of case managers, further review would be conducted on whether the ratio could be further improved in the long run.

61. Mrs Regina IP noted that HA had introduced a peer support element into the Case Management Programme to enhance community support for patients through the recruitment of 10 peer support workers, who had rehabilitated from past mental illness, to assist case managers in supporting patients in the recovery process through experience sharing. She called on the Administration and HA to allocate more resources to recruit more peer support workers in view of the positive response in this regard. SFH agreed. Assistant Director of Social Welfare (Rehabilitation & Medical Social Services) ("ADSW(R&MSS)") supplemented that the Social Welfare Department ("SWD") also had implemented a two-year Pilot Project on Peer Support Service in Community Psychiatric Service Units in March 2016, under which around 50 full-time or part-time peer supporters were hired by the NGO service operators to offer emotional and recovery support to ex-mentally persons in need. The Administration had earmarked a provision of about $8 million for regularizing the Pilot Project from 2017-2018 onwards.

Services for children and adolescents with mental health needs

62. Dr Fernando CHEUNG expressed grave concern about the long waiting time for assessment and intervention for children with mental health needs due to healthcare manpower shortage. The Chairman suggested that consideration could be given to addressing the problem through PPP.

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63. SFH agreed that HA should give priority to allocating more resources to strengthen mental health services for children and adolescents when its healthcare manpower constraint was alleviated. He further said that while HA was exploring the possibility of referring suitable and stable adult patients with common mental disorder to family doctors in the private sector for continual medical follow-ups in order to help shorten the waiting time for the HA's psychiatric SOPC services, it might not be feasible to implement PPP in the area of child and adolescent psychiatric services given the current limited supply of psychiatrists in this area. CE, HA supplemented that a better way to address the problem was to adopt a school-based multi-disciplinary intervention approach involving healthcare, education and social welfare professionals to strengthen support at school for the provision of support services to students with mental health needs. A two-year pilot programme, namely Student Mental Health Support Scheme had been put in place in this regard to test the effectiveness in extending the support to students in need in the school setting.

64. While welcoming the plan of HA to take steps to clear up the waiting list for the infirmary and rehabilitation inpatient services of Siu Lam Hospital by, among others, strengthening its healthcare manpower in this regard, Dr Pierre CHAN expressed concern on why no similar steps would be taken to clear up the waiting list for mental health services for children and adolescents. SFH explained that children and adolescents with mental health needs could receive dynamic support and care from the educational, medical and social sectors. Infirmary and rehabilitation inpatient services for patients with severe and profound intellectual disability were only provided at Siu Lam Hospital. Most of these patients had a need to stay in the Hospital for years. As such, the waiting list could only be cleared up through the provision of additional hospital beds and manpower support.

65. Dr Fernando CHEUNG was concerned that the number of places provided by special child care centres ("SCCCs"), which offered special training and care for moderately to severely disabled pre-school children, was far from adequate to meet the service demand in this regard. ADSW(R&MSS) advised that starting in 2017-2018, the Administration would provide a non-means-tested monthly training subsidy of $5,995 for children on the waiting list of subvented SCCCs to enable them to receive the services run by recognized service providers as soon as possible. This apart, there was a planned provision of about 2 000 additional SCCC places in the longer term. Based on the projects in hand, about 600 places would be provided in the next five years.

66. Dr Pierre CHAN expressed concern about inadequate support for teachers of ordinary schools to implement integrated education. SFH

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advised that additional resources had been provided to ordinary schools to help provide better support to students with special education needs.

Services for high-risk pregnant women and mothers

67. Dr Helena WONG called on the Administration to provide mental health-related statistics with a breakdown by gender in relevant discussion in the future so that members could have a better understanding of the issues of concern from a gender perspective. She noted that in 2015-2016, HA's obstetric clinics and DH's Maternal and Child Health Centres ("MCHCs") had respectively identified 2 311 at-risk pregnant women and 8 086 mothers having probable antenatal or postnatal depression. However, only 4 985 cases were referred by MCHCs to appropriate health and/or social service units for follow-up management in the same period. She was concerned about the handling of the remaining cases.

68. C/CoC(Psy), HA advised that as a part of the Comprehensive Child Development Service implemented by the Education Bureau, DH, HA and SWD, MCHCs and public hospitals served as platforms to identify at-risk pregnant women (e.g. teenage pregnant women, those with suspected maternal mental health problems or on illicit drugs) and mothers with postnatal depression. Appropriate follow-up services, such as referrals for psychiatric services at public hospitals or social services at social service units, would be provided for all cases identified.

VII. Extension of Operating Theatre Block of Tuen Mun Hospital – Main works

[LC Paper Nos. CB(2)1228/16-17(07) and (08)]

69. The Chairman reminded members that in accordance with Rule 83A of the Rules of Procedures, they should disclose the nature of any direct or indirect pecuniary interests relating to this funding proposal before they spoke on the subject.

70. USFH briefed members on the proposed main works of the project on the extension of the Operating Theatre ("OT") Block of Tuen Mun Hospital ("TMH") ("the proposed project"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1228/16-17(07)).

71. Members noted the background brief entitled "Extension of Operating Theatre Block of Tuen Mun Hospital" prepared by the LegCo Secretariat (LC Paper No. CB(2)1228/16-17(08)).

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72. Dr Pierre CHAN expressed support for the proposed project. Pointing out that many public hospitals did not have adequate car parking spaces for staff and visitors, he was concerned that the construction of an OT extension block in the TMH's open car parking area would result in inadequate provision of car parking spaces for visitors. Chief Manager (Capital Planning), HA ("CM(CP), HA") advised that the planning for car parking spaces of public hospitals was based on, among others, the standard provision ratio of one car parking space to three to 12 beds in the hospital (which depended on the accessibility of the hospital concerned by public transport) as set out in the Hong Kong Planning Standards and Guidelines. Upon completion of the proposed project, car parking spaces of TMH's open car parking area would be relocated to the area under the link bridge proposed to be constructed for connecting the extension block with the existing OT Block. In response to Dr Pierre CHAN's question about the length of the bridge, CM(CP), HA advised that the bridge would be about 10 to 20 metres long.

73. Dr Fernando CHEUNG expressed support for the proposed project. Expressing concern that the overcrowding situation of some public hospital wards would adversely affect the emotions of patients, he urged HA to improve the environment of public hospital wards to become more spacious with enhanced natural illumination and greening, including, among others, expanding TMH in the longer term.

74. Cluster Chief Executive, New Territories West Cluster, HA advised that in view of the growing service demand, HA had initially examined and taken into account the long-term development of TMH in the course of planning for the proposed project. He further advised that the 20 OTs to be accommodated in the OT extension block would be designed to meet modern standards with an area of 60 square meters each, as compared with many of the existing OTs which only had an area of around 40 square meters each.

75. In closing, the Chairman concluded that the Panel did not object to the submission of the proposal to the Public Works Subcommittee for consideration.

VIII. Any other business

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

Council Business Division 2
Legislative Council Secretariat
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