

立法會 *Legislative Council*

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

Purpose

This report gives an account of the work of the Panel on Health Services ("the Panel") during the 2017-2018 session of the Legislative Council ("LegCo"). It will be tabled at the Council meeting of 11 July 2018 in accordance with Rule 77(14) of the Rules of Procedure of the Council.

The Panel

2. The Panel was formed by resolution of the Council on 8 July 1998 and as amended on 20 December 2000, 9 October 2002, 11 July 2007 and 2 July 2008 for the purpose of monitoring and examining Government policies and issues of public concern relating to medical and health services. The terms of reference of the Panel are in **Appendix I**.
3. The Panel comprises 24 members, with Prof Hon Joseph LEE and Dr Hon Pierre CHAN elected as Chairman and Deputy Chairman respectively. The membership list of the Panel is in **Appendix II**.

Major work

Chinese medicine development in Hong Kong

4. Promoting the development of Chinese medicine in Hong Kong has all long been high on the agenda of the Government in the past two decades or so. The determination of the current-term Government to further take forward the matter could be shown by the setting up of a dedicated unit under the Food and Health Bureau, namely the Chinese Medicine Unit, to oversee the development of Chinese medicine in Hong Kong. During the session, members gave views

on the priority areas where the Government planned to provide funding support to drive the development of Chinese medicine. Members were pleased to note that areas such as applied research, Chinese medicine specialization, knowledge exchange, as well as the production and registration of proprietary Chinese medicines ("pCm") would be covered under this initiative. They urged the Administration to ensure that adequate financial assistance would be provided to local pCm manufacturers to assist them to meet the requirements of good practices in manufacture and quality control of pCm and to pCm traders for their procurement of consultancy services to facilitate the application for formal registration of pCm. Members were advised that the Administration was currently mapping out details of the operation of the funding support schemes in consultation with the Chinese Medicine Development Committee and the industry. The Panel had requested the Administration to revert on further details of the schemes when available.

5. It was announced in the 2014 Policy Address that the Government would reserve a site in Tseung Kwan O for setting up a first-of-its-kind Chinese medicine hospital in Hong Kong. The Government decided in 2017 to finance the construction of the proposed Chinese medicine hospital and invite the Hospital Authority ("HA") to assist in identifying by way of tender a suitable non-profit-making organization to take forward and operate the hospital. Following up its work in the Fifth LegCo, the Panel discussed with the Administration and invited views from deputations on the mode of operation of the Chinese medicine hospital.

6. Since provision of Chinese medicine inpatient services would be unprecedented in Hong Kong, members were concerned about the clinical practice of the hospital at which Chinese medicine would play a predominant role. They urged the Administration to devise clear operational models for collaboration between Chinese medicine practitioners and Western medicine doctors and their respective clinical accountabilities, the clinical pathways, and the arrangements for transferring and following up patients at different stages of illness under the integrated Chinese-Western medicine approach. Members also expressed deep concern about the financial arrangements to support the operation and sustainable development of the hospital. Some members called on the Administration to provide recurrent subvention to the hospital to ensure that its services would be affordable to most patients and it would fulfil fully its role to support the teaching, clinical training and scientific research of the Chinese medicine education institutions in Hong Kong. Making reference to the establishment of HA to manage public hospitals providing Western medical services, some members went further to suggest that the hospital should be a public hospital managed by a statutory body to be established for the purpose.

7. The Administration advised that HA had commissioned an international consultant to conduct a dedicated study on the mode of development of the Chinese medicine hospital covering governance structure, business model, operational model, financial model and contract management. In addition, a Chinese Medicine Hospital Project Office would be set up under the Food and Health Bureau to take forward the development of Chinese medicine hospital. As undertaken by the Administration, it would revert to the Panel on the positioning and the development framework for major areas of the Chinese medicine hospital.

8. Another area of concern to the Panel in this session was the role and operation of the Chinese Medicine Centres for Training and Research, which were established by the Administration in each of the 18 districts in phases since 2003 to promote the development of "evidence-based" Chinese medicine and providing training placements for graduates of local Chinese medicine degree programmes under a tripartite collaboration model whereby each Centre was operated by HA, a non-governmental organization and a local university. Members shared the deputations' concern that the terms of employment and remuneration package of those Chinese medicine practitioners serving in the Centres were determined by the NGOs responsible for the day-to-day operation of the Centres concerned and the annual adjustment to their salary would be based on market conditions. There was a view that since the Centres were operated on a self-financing basis, the support they could provide in the promotion of the development of "evidence-based" Chinese medicine and the provision of training for Chinese medicine practitioners was limited. Some members held the view that the Centres should be operated by the Government to demonstrate its commitment to the development of Chinese medicine in Hong Kong.

9. The Panel passed two motions urging the Government to, among others, incorporate the Chinese Medicine Centres for Training and Research into the public healthcare system with the provision of adequate recurrent funding to support their operation; set up an attractive pay scale and promotion ladder for Chinese medicine practitioners and other staff members employed by the Centres; and establish a designated fund to support the training as well as research and development in Chinese medicine. The Administration assured members that it would strive to enhance the current tripartite collaboration model adopted by the Chinese Medicine Centres for Training and Research.

10. The Subcommittee on Issues Relating to the Development of Chinese Medicine appointed under the Panel in the last session is currently on the waiting list and will commence work when a vacant slot becomes available to accommodate its activation.

Tobacco control

11. The past decade or so has seen a rise in the use of novel cigarette and tobacco products worldwide, noticeably non-combustible electronic cigarettes ("e-cigarettes"), heat-not-burn tobacco products and herbal cigarettes. Locally, the potential health effects of these novel products have provoked discussions about the regulation of these products in recent years. Members were briefed in May 2015 that the Administration would prohibit the import, manufacture, sale, distribution, and advertising of e-cigarettes in a future legislative exercise. When the Administration briefed the Panel on its latest legislative proposal pertaining to the regulation of electronic cigarettes and other novel tobacco products three years later, many members criticized that the Administration had taken a step backward by proposing that the regulatory regime of e-cigarettes, heat-not-burn tobacco products and herbal cigarettes would be similar to the current regulatory regime of cigarettes and tobacco products. In their view, the latest proposal of the Administration could hardly protect people from undue health risk caused by these products which were unlikely to be harmless. In addition, the novel tobacco products were produced with contemporary design and outlook, which might lure non-smoking youth and young adults into trying such products and lead to the development of addiction. Some other members were of another view that while the latest legislative proposal might not be the most desirable, it would be an expeditious option to subject the current unchecked sale and marketing of these products under regulatory control. Some members pointed out that for any legislative proposal on tobacco control, there was a need to strike a balance between the interests of smokers and the need to protect public health as smoking was not totally banned in Hong Kong.

12. At the Panel's request, the Research Office of the LegCo Secretariat had studied the regulatory approaches adopted by the European Union, the United States and South Korea for e-cigarettes and heated tobacco products to facilitate the Panel's follow-up with the Administration. Another study relating to the factual information on health effects of these tobacco products is underway. A motion was passed by a majority vote urging the Government to expeditiously impose a total ban on sale of electronic cigarettes and other novel tobacco products. The Administration advised that it would take into account, among others, the views expressed by members when hammering out the final legislative proposal pertaining to the regulation of e-cigarettes, heat-not-burn tobacco products and herbal cigarettes.

13. In the session, another tobacco control legislative proposal the Panel had given views was the proposed designation of the boarding areas and some adjoining waiting areas and facilities of the Aberdeen Tunnel Bus Interchange,

Lantau Toll Plaza Bus Interchange and Tuen Mun Road Bus Interchange which led to tunnels or expressways as statutory no smoking areas. This was another step taken by the Administration to provide further protection against passive smoking in public places following the designation of the eight bus interchanges at tunnel portal areas and the adjoining facilities as no smoking areas in March 2016, which had received wide public support according to a survey conducted by the Tobacco Control Office in 2017. Members generally expressed support for the legislative proposal. They called on the Administration to ensure that there would be adequate manpower to enforce the smoking ban at the bus interchanges designated as no smoking areas, and to strengthen the publicity of the new smoking ban. The Administration tabled the Smoking (Public Health) Ordinance (Amendment of Schedule 2) Order 2018 before LegCo on 16 May 2018. The Subcommittee formed to scrutinize the Amendment Order has completed its work. The Amendment Order will come into operation on 31 August 2018.

Development of primary healthcare services

14. It was announced in the Chief Executive's 2017 Policy Address that in the face of an ageing population with associated increasing prevalence of chronic diseases, the current term Government would actively promote primary healthcare by stepping up efforts to promote individual and community involvement, enhance co-ordination among various medical and social sectors, and strengthen district-level primary healthcare services. To take forward this initiative, a Steering Committee on Primary Healthcare Development has been set up to formulate the development strategy and devise a blueprint for primary healthcare services. At the Panel's request, the Administration exchanged views with members on its policy direction in this regard, including its plan to set up a pilot District Health Centre in Kwai Tsing District within two years, at two meetings of the Panel. Interested parties were invited to give views on the pilot District Health Centre at one of the meetings.

15. Members were concerned about how the initiative would be different from the past efforts of the Administration in promoting primary care services. Such efforts could be dated back to 1990 when the Working Party on Primary Health Care issued the report entitled "Health for All – The Way Ahead". Various strategies and measures had been put in place since then to strengthen the role of primary care as the first point of contact of the whole healthcare system. These included, among others, the development of Community Health Centres by HA since 2012 in various districts to provide integrated primary care services. The Administration advised that under the initiative, efforts would be made to enhance co-ordination among various medical and social sectors and public-private partnership, encourage the public to take precautionary measures

against diseases, strengthen their capabilities in self-care and home care, and raise their health awareness and promote health management. The pilot District Health Centre would provide services based on the primary healthcare needs and demographic characteristics of the Kwai Tsing District, and make use of the local network to procure services in the areas of health screening, medical, nursing, allied health and drug counselling from organizations and healthcare personnel serving the District. Members urged the Administration to gauge views from different stakeholders, in particular the NGOs concerned and the district service users, in the setting up of the pilot District Health Centre. There were suggestions that the scope of services to be provided by the pilot District Health Centre should include, among others, mental health services, screening and management of osteoporosis, oral health care services, and eye care services. The Panel will receive a briefing from the Administration on the proposed service details of the Centre at its meeting in mid July 2018.

16. In the session, members also deliberated the way forward of HA's General Outpatient Clinic Public-Private Partnership Programme which provided participating patients with hypertension and/or diabetes mellitus (with or without hyperlipidemia) and in stable clinical condition a choice to receive subsidized treatment for both the chronic illnesses in question and episodic diseases provided by participating private doctors. Members were pleased to note that the Programme, which currently covered 16 districts, would be rolled out to the remaining two districts (i.e. Yau Tsim Mong and North District) in 2018-2019. It was estimated that upon the full roll-out to all 18 districts, around 35 000 patients could participate in the Programme. Given the positive feedback from those patients who had participated in the Programme, members called for an expansion of the scope of chronic diseases and number of patients benefitting under the Programme.

Prevention, detection and treatment of diseases

Cancer strategy

17. Many places around the world have implemented cancer control plans or strategies with a view to reducing the number of newly registered cancer cases and cancer deaths and improving the quality of life of cancer patients. In Hong Kong, cancer deaths increased by an annual average of 1.5% between 2005 and 2015 to become the top leading cause of deaths during the period. Lung, colorectal, liver, pancreatic and stomach cancers were major causes of these cancer deaths. Another focus of the Panel in the session was the work of the Administration in cancer prevention and control, as well as the treatment and support for cancer patients. Interested parties were invited to give views on the subject at a special meeting of the Panel. The Research Office of the

LegCo Secretariat had studied the cancer strategies implemented in England of the United Kingdom and New South Wales of Australia to facilitate the Panel's follow-up with the Administration. Concern was raised about the long waiting time for patients with cancer to receive their first treatment after diagnosis, which stood at about two months on average. Members continued to urge HA to expand its Drug Formulary to benefit more cancer patients in the use of efficacious cancer drugs, including targeted therapy drugs, at standard fees and charges, or include the drugs under the safety net if they had to be self-financed. Some members suggested that a fast-track cancer drug appraisal mechanism should be devised under the Drug Formulary to enable patients to benefit from new cancer drugs as soon as possible. Where appropriate, HA should liaise with pharmaceutical companies on the setting up of risk sharing programmes for specific cancer drugs. This apart, population-wide screening programmes should be introduced for the most common cancers.

18. The Panel passed a motion urging the Government to convene a summit on cancer strategy to discuss, among others, issues relating to cancer prevention, evaluation, treatment, rehabilitation, support, manpower training and financing, and engage the community and various stakeholders in formulating a cancer strategy for Hong Kong. Having regard to members' views, the Administration subsequently advised that it was agreed at a meeting of the Cancer Coordinating Committee held in April 2018 that the Government should take forward cancer-related work in a more strategic, coordinated and proactive approach in order to cope with the challenges imposed by the cancer burden on population's health and society. It was further agreed that the Government should consolidate and beef up a comprehensive strategy on cancer prevention and control, and enhance communication and engagement with all stakeholders including the medical sector and patients groups in the process.

19. To enable more focused discussion on the subject, the Panel agreed to appoint a subcommittee to study and review the Government's policies on promoting the short, medium and long-term development and support for prevention and treatment of cancer as well as relevant issues, and make timely recommendations. The Subcommittee will commence work when a vacant slot becomes available to accommodate its activation.

Drug subsidies for patients with financial difficulties

20. Some of the drugs for treatment of cancers and rare diseases that are proven to be of significant benefits or with relatively higher efficacy are ultra-expensive self-financed drugs. Following up its work in the last session concerning drug subsidies provided under the Samaritan Fund and the Community Care Fund Medical Assistance Programmes for patients to purchase

ultra-expensive drugs, the Panel received an update from the Administration on the observations from the consultant team on the means test mechanism of the above two safety nets. Members agreed with the three broad directions proposed by the consultant team to improve the means test mechanism. These included modification of the calculation of patients' annual disposable household financial resources to lower patients' out-of-pocket payments of drug cost by lowering the contribution of asset to the calculation of annual disposable household financial resources; redefining "household" to further remove non-monetary barriers to access to the services and relieve families' financial and emotional burden; and establishment of an appropriate upper limit for patient contribution, especially for patients with recurrent use or in needs of multiple items. Members in general were of the view that patients living with their family members should be allowed to choose to apply for the financial assistance on an individual basis. Some members considered that Trastuzumab emtansine for treatment of HER2 positive advanced breast cancer should be covered under the safety net. The Administration was requested to revert to the Panel on the final recommendations of the consultancy study which was expected to be completed by late 2018.

Mental health

21. According to the World Health Organization, 10% to 20% of children and adolescents worldwide experience mental disorders. Poor mental health can have important effects on the wider health and development of adolescents. It is among the leading risk factors for death, including suicides, and causes of disability-adjusted life years. In view of the growth in the number of local children and adolescents diagnosed with mental health problems in recent years, the Panel joined hands with the Panel on Education and Panel on Welfare Services to request the Administration to brief members on the cross-sectoral and multi-disciplinary support and care it provided for children and adolescents with mental health needs at two joint meetings of the three Panels.

22. While the Administration had, based on the recommendation put forth in the Mental Health Review Report which was released in April 2017, set up a standing Advisory Committee on Mental Health, members were concerned about the composition of the Advisory Committee which lacked representatives from relevant self-help patient organizations. There was a call for the Administration to make public the work plan of the Advisory Committee and to provide the three Panels with quarterly reports on the work progress of the Advisory Committee. At the service level, members called for the allocation of additional resources to enhance professional support for students with mental health needs. In particular, the Administration should address squarely the problems of long waiting time for child assessment service of the Department of

Health ("DH") and children and adolescents psychiatric service of HA; the inadequacy in the number of on-site pre-school rehabilitation service places; and the additional resources required for including students with mental illness in the Learning Support Grant for public sector ordinary primary and secondary schools to cater for students with special educational needs. Members were advised that it was agreed by the Advisory Committee on Mental Health that child and adolescent mental health services would be a key area of discussion for the Advisory Committee. As a step forward, one of the recommendations of the Advisory Committee was to conduct a large-scale mental health survey to understand the mental health status of the population, in particular that of children and adolescents, to assist the relevant bureaux or departments in formulating mental health policies and strengthening services.

23. At present, there are 180 psychiatric beds in the Kowloon Psychiatric Observation Unit for the detention, custody, treatment and care of mentally disordered persons residing in the catchment areas of the Kowloon Central Cluster and the Kowloon East Cluster of HA. The Panel was consulted on the legislative proposal to extend the Kowloon Psychiatric Observation Unit by opening one more gazetted ward, with the addition of 40 gazetted beds, in October 2018 to meet the growing demand for inpatient psychiatric services. Members had no objection to the proposed addition of the new ward which would provide additional floor space for patients to receive more therapeutic activities to enhance their recovery. Given the medical manpower constraint of HA, they considered that there was a need to ensure that there would be additional healthcare manpower for the new ward.

Seasonal influenza

24. Influenza winter surge has posed a recurrent challenge to the Accident and Emergency ("A&E") departments and medical, orthopaedics and paediatrics wards of public hospitals. Hong Kong entered the 2017-2018 winter influenza season in early January 2018. In view of the development of the influenza situation, the Chief Executive announced on 30 January 2018 to allocate an additional one-off \$500 million to HA for implementing additional measures, on top of the response plan for the 2017-2018 winter surge, to meet the services demand and relieve manpower shortage in the winter surge. There also saw a high demand from the community for seasonal influenza vaccine administration in early 2018. In the session, apart from continuing its effort to examine before the start of the 2017-2018 winter influenza season the preparatory work carried out by the Administration and HA to tackle the expected influenza winter surge, the Panel deliberated the effectiveness of the response measures implemented by DH and HA on seasonal influenza during the winter surge.

25. Given that vaccination was one of the effective means to prevent seasonal influenza and its complications, there was a strong call that the Administration should increase seasonal influenza vaccination uptake rate among young school children by providing free outreach vaccination at the primary school setting. As a way to encourage private doctors to organize outreach vaccination activities at the school setting under the Vaccination Subsidy Scheme, assistance should be provided in the maintenance of the cold chain of the vaccines and the handling of clinical waste. The Administration assured members that it would introduce various measures to enhance the outreach arrangement at schools in the 2018-2019 school year with a view to improving influenza vaccination coverage. In view of the wide public concern on vaccine effectiveness in early February 2018 due to a post spread through social media, there was a call that the Administration should make better use of social media in the dissemination of public health information.

HIV and AIDS response measures

26. Of equal concern to members in the session was the response measures formulated in relation to the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021) issued by the Advisory Council on AIDS in May 2017. The Panel discussed with the Administration on two occasions and received views from interested parties on the subject at one of the meetings. Members were concerned that there was an increasing proportion of newly reported HIV infection cases involving men who have sex with men ("MSM"). There was a view that the relatively high HIV prevalence in the MSM community was largely attributable to the increasing use of recreational drugs before and during sex which led to unsafe sex, and efforts should be stepped up to manage the problem of drug use. Some members considered that apart from distributing free male condoms to target populations, the Administration should step up HIV and sex education in the school setting to prevent HIV infection. Members held the view that the AIDS Trust Fund should accord higher priority to programmes targeted at high-risk groups identified by the Advisory Council on AIDS, in particular MSM. Some members suggested that effort should also be made to engage more relevant NGOs, such as local sexual workers concern groups, as active partners in HIV prevention work. There was also a need to extend the service hours of the three designed HIV clinics set up under DH and HA to cover Saturdays and Sundays so as to provide greater flexibility for those HIV infected patients who had to work on weekdays in scheduling their consultations, and address the difficulties faced by elderly HIV infected patients in obtaining residential care service.

Strategy and action plan to prevent and control non-communicable diseases

27. Similar to many places, Hong Kong is facing an increasing threat of non-communicable diseases which are major causes of ill health, disability and premature death. Fortunately, a growing body of evidence shows that leading causes and underlying risk factors for non-communicable diseases can be effectively tackled through population-based interventions that encourage healthy lifestyles. In the session, the Panel discussed with the Administration the document entitled "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong", which was formulated in response to the call of the World Health Organization in this regard. Members agreed that there was a need to reduce the burden of non-communicable diseases, and noted that the focus of the Strategy and Action Plan, which defined a set of nine targets to be achieved by 2025, would be placed on four non-communicable diseases (namely cardiovascular diseases, cancers, chronic respiratory diseases and diabetes) and four shared behaviour risk factors (namely unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol) that were potentially preventable or modifiable. There was a call from members that to take the agenda forward, different government bureaux and departments should join hands in formulating policies favourable to the achievement of the targets and clear indicators should be developed to track the progress and achievements made. Regarding the targets relating to unhealthy diet, there were views that the Administration should make reference to the practice of the United Kingdom and introduce a tax on soft drinks as well as colour-coded front-of-pack nutrition labelling to guide consumers at a glance on the levels of fat, salt and sugar of food products.

Implementation of the 10-year Hospital Development Plan

28. It was announced in the 2016 Policy Address that a total provision of \$200 billion would be earmarked for the implementation of a 10-year Hospital Development Plan. Furthermore, the Financial Secretary announced in the 2018-2019 budget that the Government would start planning for the second 10-year Hospital Development Plan. Given that the projects under these Plans often involve technically complex in-situ redevelopment which has to be completed within tight timeline, they require dedicated directorate support in the quantity surveying discipline so as to provide holistic steer and oversight at the design, planning and implementation stage. In this session, the Panel gave views on the Administration's proposal of creating one supernumerary Chief Quantity Surveyor post in the Architectural Services Department for a duration of nine years from 2018-2019 to 2026-2027 to head a new Division in the Quantity Surveying Branch to cope with the drastic increase in workload in this

regard. Members in general supported the staffing proposal. In view of the escalating construction costs in recent years, members called on HA and the Architectural Services Department to ensure that the project costs would be kept within the cost cap of \$200 billion in the delivery of the public hospital projects concerned.

29. During the session, the Panel also examined in detail five of the hospital development projects under the Plan. They were the foundation, excavation and lateral support, and basement excavation works for the construction of a new acute public hospital at Kai Tak Development Area; the preparatory works for phase one of the redevelopment of Grantham Hospital; the superstructure and associated works for phase one of the redevelopment of Kwong Wah Hospital; the preparatory works for the redevelopment of Our Lady of Maryknoll Hospital; and the main works for the redevelopment of Queen Mary Hospital.

30. Members were in general supportive of these projects which would enhance the service capacity and services of the public healthcare system in order to cope with the rising healthcare demand of the growing and ageing population. However, they were concerned about the lack of the provision of A&E service or overnight general outpatient service at the redeveloped Our Lady of Maryknoll Hospital albeit there was a strong call from residents of the Wong Tai Sin District for years. The Panel passed a motion urging the Administration to, among others, establish an A&E Department or introduce 24-hour outpatient services at the redeveloped Our Lady of Maryknoll Hospital, and conduct a study on the redevelopment of TWGHs Wong Tai Sin Hospital. In response, the Administration undertook that if the A&E service of the new acute hospital at Kai Tak Development Area were yet to commence when the redevelopment of Our Lady of Maryknoll Hospital was completed, HA would, having regard to the service needs, implement a pilot scheme to extend the evening outpatient service hours of the Family Medicine Clinic of Our Lady of Maryknoll Hospital to midnight until the A&E service of the new acute hospital were available.

Implementation of Voluntary Health Insurance Scheme

31. Following up its work in the last session, the Panel gave views on the legislative proposal for introducing tax deduction for taxpayers who purchased certified individual indemnity hospital insurance products under the Voluntary Health Insurance Scheme ("VHIS"). Members supported the broad direction of the legislative proposal. They however raised concern as to whether the level of the maximum deduction for qualifying premiums paid during a year of assessment for each insured person, which was proposed to be \$8,000, could

provide adequate incentive to encourage people, particularly those at a younger age, to take up VHIS-compliant plans so as to alleviate the long-term financing pressure on the public healthcare system. On the phased implementation of a VHIS without the two Minimum Requirements in relation to guaranteed acceptance with premium loading cap and portable insurance policy, which had to be underpinned by a High Risk Pool, question was raised as to when the Administration would re-examine the above issues. Members were advised that time was needed to update the relevant figures for funding the operation of High Risk Pool and gauge the views of the relevant stakeholders. The Administration introduced the Inland Revenue (Amendment) (No. 4) Bill 2018 into LegCo on 18 May 2018. A Bills Committee was formed to scrutinize the Bill.

Review of HA

32. The Steering Committee on Review of HA published its report in July 2015 with 10 recommendations on five priority areas in HA's operation for enhancing the cost-effectiveness and quality of the services of HA. In response, HA had formulated an Action Plan setting out a series of actions corresponding to each recommendation for implementation within three years' time. As undertaken by the Administration during the Fifth LegCo, the Panel was briefed on the latest progress of HA in implementing the recommendations of the Steering Committee. Of considerable concern to members was the implementation of the refined population-based resource allocation model which would take into account, among others, the impact of the population size, demographics, socioeconomic factors, chronic disease burden on the healthcare needs of the population of individual hospital clusters so as to identify the resources requirements of each cluster. Members were advised that starting from the 2018-2019 planning cycle, analysis generated from the refined model would be taken into consideration in the service and capacity planning process. There were views that HA should address its manpower constraint problem by employing more non-locally trained medical practitioners under limited registration and improve the remuneration package and promotion opportunities for its care-related supporting staff. While pleased to note that HA had refined the service models with a view to shortening the waiting time of specialist outpatient clinics, members raised concern that the waiting time of certain specialties, such as Orthopaedics & Traumatology, was still long or had even aggravated. There was a suggestion that HA should set a performance pledge in this regard such that adequate resources would be allocated by the government for HA to meet the target waiting time.

Organ donation

33. Organ transplantation is often the only treatment for end-state organ failure which is a common end result of many common chronic illnesses. Expressing concern about the slow growth in the number of people willing to donate their organs after death, there has long been a call from members that the Administration should assess public understanding and acceptance of an opt-out system for organ donation. Following up its work in the Fifth LegCo, the Panel discussed with the Administration findings of a round of Thematic Household Survey conducted during October 2016 to January 2017 on organ donation and related issues. In the light of the finding that only about 34% respondents of the Survey supported the implementation of an opt-out system, members called on the Administration to allocate more resources to step up the promotion of organ donation, including organizing more outreach campaigns in the community and setting up promotional counters at frontline government offices. Noting that nearly 44% of the respondents did not support the idea that family member(s) could overturn the "registered" wish of the deceased to donate organs after death, members urged the Administration to study the feasibility of giving an option such that a deceased donor's wish to donate organs after death would be respected in all circumstances.

34. Despite the frequent use of organs from deceased donors, donations from living donors are necessary for some types of transplants or to compensate for the limited supply of organs available from deceased donors in order to meet patient needs. The Panel was briefed on the proposal to amend the Human Organ Transplant Ordinance (Cap. 465) to expressly provide for paired and pooled donation arrangements between living non-related persons. Members generally supported the legislative proposal, but raised concerns on whether the definitions for paired and pooled donation arrangements would be clear enough to avoid commercial dealings in organ transplants between living persons, and the consideration of the Human Organ Transplant Board of cases of such arrangement. The Administration introduced the Human Organ Transplant (Amendment) Bill 2018 into LegCo on 27 April 2018. The Bills Committee formed to scrutinize the Bill has completed its work.

Re-organization of Health Branch, Food and Health Bureau

35. The Panel was consulted on the Administration's staffing proposal to re-organize the Health Branch of the Food and Health Bureau in order to provide additional directorate support to take forward the initiatives relating to the development of Chinese medicine and implementation of VHIS; and make permanent three of the four existing supernumerary directorate posts and redeploy two permanent directorate posts for duties relating to the longer term

manpower development for the health sector, the implementation of VHIS and the management of the Electronic Health Record Programme. Members in general supported the staffing proposal. There was a view that given that Chinese medicine was assuming an increasing prominent role in the healthcare system, the directorate post created to head the newly created dedicated unit on the development of Chinese medicine should not be a five-year time-limited post. The Administration advised that the service needs for this post would be reviewed in 2021-2022, having regard to operational experiences at that time.

Information technology enhancement project of DH

36. In the session, the Panel was consulted on a financial proposal concerning the information technology enhancement project of DH. Whilst not objecting to the implementation of the first stage of the Strategic Plan to Re-engineer and Transform Public Services which comprised, among others, enhancement of the Clinical Information Management System, replacement of the System for Managing the Assessment of Student Health, development of an incident reporting system and a departmental enquiry or complaint management system, and the setting up of a robust information technology infrastructure, some members considered that DH should strengthen its data analytics capability and make better use of the health data it kept for identifying information for improving healthcare services, informing healthcare policies and initiatives, and facilitating healthcare innovation. Noting that HA would be engaged as the technical agency for the component concerning clinical services improvement, some members urged the Administration to engage the local information technology sector, in particular the small and medium sized enterprises, in the development and management of the various sub-systems.

Reprovisioning of Fu Shan Public Mortuary

37. The three public mortuaries operated by DH are specialized forensic pathology facilities. The Panel was consulted on the proposed reprovisioning of Fu Shan Public Mortuary at a site located opposite to Po Fook Memorial Hall and adjacent to the existing Fu Shan Public Mortuary. Members in general supported the proposal which would increase the body storage capacity of the Mortuary to cater for the projected caseload of Kowloon and New Territories up to 2031, provide equipment and facilities to meet the hygiene standards, and provide more suitable and spacious space for the bereaved families. Members urged the Administration to ensure that with the reprovisioning of Fu Shan Public Mortuary and Victoria Public Mortuary, the planning of the latter was underway, the overall body storage capacity of the three public mortuaries could meet the future service demand. Opportunity should also be taken to provide more car parking spaces and general lay-bys for vehicles visiting the Fu Shan

Public Mortuary and the funeral parlour and crematorium nearby in order to improve the traffic conditions in the vicinity.

Joint Subcommittee on Long-term Care Policy

38. The Joint Subcommittee on Long-term Care Policy established under the Panel and the Panel on Welfare Services in November 2016 continued to study the long-term care policy and services. The Joint Subcommittee held three meetings between October to December 2017 to discuss with the Administration various issues of concern including ageing of persons with intellectual disabilities or other types of disabilities; support for carers of elderly persons and of persons with disabilities; the prohibition of chronic patients from carrying portable oxygen cylinders to travel on public transport; and hospice services. It has ceased operation upon completion of its 12-month period of work, pending re-activation of work when a vacant slot becomes available. The Joint Subcommittee has provided a report to the two Panels summarizing the deliberations and recommendations it made in the 12-month period.

Meetings

39. During the period between October 2017 and June 2018, the Panel held a total of 17 meetings, including two joint Panel meetings with the Panel on Education and Panel on Welfare Services. The Panel has scheduled another meeting in mid-July 2018 to discuss the proposed regulatory framework for medical devices, the Accredited Registers Scheme for Healthcare Professions and the District Health Centre Pilot Project in Kwai Tsing District.

Legislative Council

Panel on Health Services

Terms of Reference

1. To monitor and examine Government policies and issues of public concern relating to medical and health services.
2. To provide a forum for the exchange and dissemination of views on the above policy matters.
3. To receive briefings and to formulate views on any major legislative or financial proposals in respect of the above policy areas prior to their formal introduction to the Council or Finance Committee.
4. To monitor and examine, to the extent it considers necessary, the above policy matters referred to it by a member of the Panel or by the House Committee.
5. To make reports to the Council or to the House Committee as required by the Rules of Procedure.

Panel on Health Services

Membership list for the 2017-2018 session*

Chairman Prof Hon Joseph LEE Kok-long, SBS, JP

Deputy Chairman Dr Hon Pierre CHAN

Members

Hon Tommy CHEUNG Yu-yan, GBS, JP
Hon WONG Ting-kwong, GBS, JP
Hon Starry LEE Wai-king, SBS, JP
Hon CHAN Kin-por, GBS, JP
Hon Mrs Regina IP LAU Suk-ye, GBS, JP
Hon Paul TSE Wai-chun, JP
Hon YIU Si-wing, BBS
Hon Charles Peter MOK, JP
Hon CHAN Chi-chuen
Hon CHAN Han-pan, BBS, JP
Hon Alice MAK Mei-kuen, BBS, JP
Dr Hon KWOK Ka-ki
Dr Hon Fernando CHEUNG Chiu-hung
Dr Hon Helena WONG Pik-wan
Dr Hon Elizabeth QUAT, BBS, JP
Hon POON Siu-ping, BBS, MH
Dr Hon CHIANG Lai-wan, SBS, JP
Hon CHU Hoi-dick
Dr Hon Junius HO Kwan-yiu, JP
Hon SHIU Ka-fai
Hon SHIU Ka-chun
Hon KWONG Chun-yu

(Total : 24 members)

Clerk Ms Maisie LAM

Legal adviser Ms Wendy KAN

* Changes in membership are shown in Annex.

Annex to Appendix II

Panel on Health Services

Changes in membership

Member	Relevant date
Hon Wilson OR Chong-shing, MH	Up to 23 October 2017
Hon Kenneth LAU Ip-keung, BBS, MH, JP	Up to 26 October 2017