

# 立法會

## *Legislative Council*

LC Paper No. CB(2)1737/18-19

Ref : CB2/PL/HS

### **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 2018-2019 session of the Legislative Council ("LegCo"). It will be tabled at the Council meeting of 3 July 2019 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 22 members, with Dr Hon Pierre CHAN and Prof Hon Joseph LEE elected as Chairman and Deputy Chairman respectively. The membership list of the Panel is in **Appendix II**.

#### **Major work**

##### Governance and development of public hospitals

##### *Corporate governance and resource management of the Hospital Authority*

4. Since its establishment nearly three decades ago, the Hospital Authority ("HA") has been playing a linchpin role in the provision of a full range of healthcare services to the population of Hong Kong. With the rapid ageing of the population and increased aspiration for quality public healthcare services,

there has been a call in the community for HA to enhance its effectiveness and service capability to cope with the challenges. The heavy workload that doctors, nurses and care-related supporting staff of HA were facing amid the manpower shortfall became an issue of wide public concern when Hong Kong entered the 2018-2019 winter influenza season in early January 2019. A focus of the Panel in the session was the corporate governance and human resource management of HA. Interested parties were invited to give views on the subject at a special meeting of the Panel.

5. Many members shared the view of the depositions that there was a need to address the mismanagement problem which had partly resulted in disparity of quality of services among hospital clusters and hospitals and long service waiting time at certain hospitals. Holding the view that human resources were an important asset in the public healthcare system, members were concerned about whether the exiting working environment of public hospitals was optimal for attracting and retaining its healthcare professionals. There was also a call for HA to improve the entry pay and career prospects for its care-related supporting staff. Members were advised that efforts had been and would continuously be made by HA to retain staff and strengthen its manpower in the short, medium and longer terms. A study was currently underway to address the recruitment and retention difficulties of supporting staff and was expected to complete in the fourth quarter of 2019. The above apart, the Government had provided an additional recurrent funding of \$721 million in the 2019-2020 Budget for HA to implement enhancement measures to boost staff morale and retain talents. The Administration was requested to revert to the Panel on the action plan of HA for using the above additional funding, as well as the \$400 million and the \$5 billion earmarked in the 2019-2020 Budget for expanding the scope of HA's Drug Formulary and expediting the upgrading and acquisition of medical equipment of HA.

#### *Infrastructure development*

6. Hong Kong is facing the challenge of an ageing population which puts tremendous pressure on the healthcare services. Entering the fourth year since the commencement of the first 10-year Hospital Development Plan ("the first Development Plan") in early 2016, for which \$200 billion has been earmarked for the implementation of a total of 16 projects to meet the service needs up to 2026, the Panel examined in detail four public hospital projects under the Plan in this session. They were the phases 2 and 3 redevelopment of Kwai Chung Hospital; demolition and foundation works for stage 1 of the phase 2 redevelopment of Prince of Wales Hospital; preparatory works for the expansion of North District Hospital; and preparatory works for the expansion of Lai King Building in Princess Margaret Hospital. Members were in general supportive

of these projects which would enhance the service capacity of the public healthcare system for addressing future service needs. There was a view that HA should enhance its day rehabilitation facilities to facilitate patients' recovery in the community with appropriate support from community health partners.

7. To facilitate timely commencement and completion of major hospital development projects for meeting the projected service demand up to 2036, the Financial Secretary announced in the 2018-2019 Budget that the Government would kick-start the planning on the second 10-year Hospital Development Plan ("the second Development Plan") instead of waiting for the mid-term review of the first Development Plan to be conducted in 2021. At the Panel's request, the Administration briefed the Panel on its work in this regard. Members noted that the second Development Plan would cover a total of 18 hospital projects and one Community Health Centre project for a budget of \$270 billion. Upon its completion, there would be a planned capacity of over 9 000 additional beds and other additional hospital facilities. Members were concerned that while the general bed capacity would be increased to 4.8 beds per 1 000 persons by 2036, the ratio still fell short of the planning standard of 5.5 beds per 1 000 population as set out in the Hong Kong Planning Standards and Guidelines, which Hong Kong had lagged behind for years. Concern was also raised about the escalating healthcare service demand arising from population growth and ageing in the territory as a whole and in the Kowloon West and New Territories West Clusters in particular. Against the above, the Panel passed a motion urging the Government to expedite the expansion of North Lantau Hospital, Tin Shui Wai Hospital and Yan Chai Hospital, and the redevelopment of Princess Margaret Hospital.

8. In the session, the Panel also gave views on the phased service commissioning of the Hong Kong Children's Hospital, the first and foremost tertiary referral centre for complex, serious and uncommon paediatric cases requiring multidisciplinary management. Members considered that facilities providing support for parents and carers to take care of their hospitalized children should be available in the vicinity of the Hospital and a consultation committee should be set up under the governance structure of the Hospital with the participation of, among others, service users and their parents. Given its nature of being a hospital to provide territory-wide services, there was also a need to improve the transport connectivity of the Hospital. Having regard to members' views, the Transport Department subsequently assured members that it would continue to closely liaise with the relevant works departments in the road development in the vicinity of the Hospital and review the passenger demand of the Hospital with HA, and would adjust the public transport services as and when needed.

## Healthcare manpower

### *Enhancement of healthcare teaching facilities*

9. Apart from the number of hospital beds, another major factor affecting the capacity of public healthcare services is the manpower supply of healthcare professionals. It was announced in the Chief Executive's 2018 Policy Address that in preparation for the foreseeable tight manpower situation of the healthcare profession and taking into consideration the long training cycle, the number of healthcare-related publicly-funded first-year-first-degree intake places in full-time-equivalent terms would be increased by 153 per annum from 1 776 to 1 929 in the 2019-2020 to 2021-2022 triennium. To cope with the increase in training places, the Government has earmarked about \$20 billion for short, medium and long-term works projects to upgrade and increase the healthcare teaching facilities of The Chinese University of Hong Kong ("CUHK"), The Hong Kong Polytechnic University ("PolyU") and the University of Hong Kong ("HKU"). The Panel was consulted on the Administration's funding proposals for CUHK to carry out pre-contract consultancy for the construction of a teaching-research complex in Tai Po Area 39, for PolyU to construct an academic and administration building at Ho Man Tin Slope, and for HKU to carry out conversion works and enablement of telepresence solution across different teaching venues.

10. Members were in general supportive of these projects. However, they criticized the Administration for not submitting the funding proposals at an earlier time as the maximum capacity of the teaching facilities for the two medical schools of CUHK and HKU, as well as the healthcare-related departments of PolyU had already reached if not far exceeded their respective design capacity. They noted with particular concern that the projects proposed by CUHK and PolyU would take more than six years to complete. Members strongly urged the Administration to work with the three universities to actively plan for medium and long-term expansions so that adequate spaces for teaching, learning, research and related student support could be provided in a timely manner. On the healthcare manpower planning front, some members were concerned about the arrangement for capping the total number of University Grants Committee-funded first-year-first-degree intake places at 15 000 per annum. Under the arrangement, an increase in the number of intake places for programmes of healthcare-related professions with manpower shortage would inevitably result in a reduction in intake places of other programmes.

### *Non-locally trained medical practitioners as a source of manpower supply*

11. Apart from maintaining a steady stream of locally-trained medical graduates as the primary source of medical manpower supply, there are views

from some quarters in the community that measures should be put in place to attract more non-locally trained medical practitioners to practise medicine in HA under limited registration so as to ease the medical manpower shortage constraint currently faced by HA in the short term. In the session, the Panel was briefed by Dr CHIANG Lai-wan on her proposed Member's Bill to amend the Medical Registration Ordinance (Cap. 161) to the effect that those non-locally trained medical practitioners who had been in employment with HA under limited registration for not less than five years and had been certified by HA that the performance was to the satisfaction of HA would be qualified to apply for full registration as a medical practitioner without the need to pass the Licensing Examination.

12. Members noted that the Medical Council of Hong Kong had considered at its Policy Meetings held in April and May 2019 respectively various proposals on relaxation of internship assessment for non-locally trained medical practitioners with specialist status. It was approved at the May meeting that non-locally trained medical practitioners with specialist status who passed the Licensing Examination would be exempted from the internship assessment if they had served in HA, the Department of Health ("DH"), HKU and CUHK for three years. The above apart, the extension of the maximum term of limited registration and renewal of such registration from a period of not exceeding one year to a period of not exceeding three years had only been implemented since April 2018. Some members held the view that more time was needed to observe the effectiveness of the above measures in attracting more non-locally trained medical practitioners to serve in HA with limited registration before considering the next step forward. Some other members were concerned that the proposal might open the gate for medical practitioners who received their medical training in the Mainland to come to practise medicine in Hong Kong. According to the statistics of the Medical Council of Hong Kong, the Licensing Examination passing rate of those candidates holding qualification from the Mainland was far lower than those candidates holding qualification from other jurisdictions. Those members who supported the legislative proposal considered that the proposed arrangement could help to alleviate medical manpower shortage of HA.

#### *Pilot Accredited Registers Scheme for Healthcare Professions*

13. Of equal concern to members in the session was the implementation progress of the Pilot Accredited Registers Scheme for Healthcare Professions. The Scheme was launched in late 2016 to enhance the society-based registration arrangements of those healthcare professions which were currently not subject to statutory registration, with a view to assuring the professional competence of these healthcare professionals and providing more information for the public to

make informed decisions. Interested parties were invited to give views on the subject at a special meeting of the Panel. Members were pleased to note that among the five healthcare professions which were assessed by the accreditation agent appointed by the Administration as being able to meet the criteria for accreditation process under the Scheme, the accreditation assessments for the speech therapist, audiologist, dietitian and educational psychologist professions were conducted smoothly under the "one profession, one professional body, one register" principle. However, they were concerned that for the clinical psychologist profession, two professional bodies in operation had divergent views on the educational and training requirements to be adopted as the standards for accreditation and could not come up with a single professional body to represent the profession and apply for accreditation. Members urged the Administration, together with the accreditation agent, to engage members of the clinical psychologist profession in the accreditation process to address their concerns on registration standards for the profession. Upon completion of the accreditation of the above five healthcare professions, the accreditation agent should also conduct a comprehensive review of the effectiveness of the Scheme and recommend improvement measures for the Administration to pave the way for mapping out a statutory registration regime for these professions.

### Prevention, control and treatment of diseases

#### *Seasonal influenza*

14. Influenza winter surge has posed a recurrent challenge to the Accident and Emergency ("A&E") departments and medical, paediatrics and other wards of certain public hospitals. In the session, the Panel continued its effort to examine before the start of the 2018-2019 winter influenza season the preparatory work carried out by the Administration and HA to tackle the expected influenza winter surge. Members welcomed the introduction for the first time outreach free seasonal influenza vaccination activities provided by Government outreach teams or public-private partnership teams for the school children of 184 participating primary schools. Given that vaccination was one of the effective means to prevent seasonal influenza and its complication and the positive response received, there was a strong call that the Administration should expand the coverage of the initiative to cover kindergartens and child care centres and more primary schools. There was a view that the nasal-spray influenza vaccine should be used to enhance the acceptance of vaccination by school children of younger ages. In response, the Administration undertook to come up the best mode in conducting outreach school vaccination activities in the future in the light of the experience gained. On the surge capacity of HA, there was a suggestion that specific measures should be implemented to address the serious access block problem of the A&E Departments of two public

hospitals, one located in Kowloon and the other located in the New Territories, to cope with the anticipated increase in service demand during the winter surge.

### *Measles*

15. An increased number of measles cases have been reported in many parts of the world, including those places with elimination of measles, since 2018. Locally, there is an upsurge of measles cases in 2019 with an outbreak took place at the Hong Kong International Airport starting in March. This prompted the Panel to discuss with the Administration the measures it adopted to prevent and control measles. Members noted that vaccination was the most effective way to prevent measles. Given that the overall coverage rate of measles vaccination had been maintained at very high level in Hong Kong, the immunity to measles in the local population should be very high. Expressing concern that many grown-ups had lost their immunization records which were in paper form, members were of the view that the Administration should consider retrieving the relevant records kept by DH for uploading onto the registered healthcare recipients' health records kept under the Electronic Health Record Sharing System ("eHRSS"). In view of the ongoing outbreak of measles in other places, there were suggestions from some members that the Administration should enhance health surveillance at all boundary control points and step up publicity to advise foreign domestic helpers from Philippines to receive measles-containing vaccine before they came to Hong Kong.

### *Mosquito borne diseases*

16. Dengue fever, Japanese encephalitis, malaria and Zika virus infection are common mosquito borne diseases in Hong Kong. In the summer of 2018, Hong Kong saw an outbreak of dengue fever. Of equal concern to members in the session was the measures adopted by the Administration to prevent and control mosquito-borne diseases. Members called on the Administration to strengthen its work in mosquito control so as to guard against mosquito-borne diseases, as both imported and locally-acquired cases of dengue fever and Japanese encephalitis were recorded in Hong Kong in recent years. There were views that the Administration should monitor and release real-time ovitrap indices for *Aedes albopictus*, which was a vector of dengue fever, by application of modern technologies so as to facilitate timely implementation of mosquito prevention and control measures. The coverage of the mosquito surveillance programmes should also be extended to Lamma Island, Peng Chau, Hung Shui Kiu and Yuen Long South.

*Rare diseases*

17. The Panel was consulted by Dr Fernando CHEUNG on his proposed Member's Bill on rare diseases to provide for, among others, a Commission on Rare Disease Policy and an Evaluative Committee on Rare Diseases; recognition of a disease or malfunction as rare diseases; register for rare diseases drugs, treatments or products; a statutory subsidy scheme for rare diseases; and a Rare Disease Information System. Pointing out that the Government had failed to take heed of members' repeated calls to establish an official definition of rare diseases and set out specific policy on provision of support for patients with rare disease, many members expressed support for the legislative proposal. The Administration advised that measures were already in place to support patients with uncommon disorders, along the lines of some of the proposals in the proposed Member's Bill. In its view, the statutory regime as proposed for rare disease would introduce an unnecessary legal divide between rare and non-rare disease patients and would complicate clinical treatment processes.

*Drug subsidies for patients with financial difficulties*

18. The standard fees and charges in public hospitals and clinics managed by HA do not cover the self-financed drugs and privately purchased medical items. To relieve the financial burden of patients and their family members in the course of treatment, members of the Panel have long been calling for relaxing the criteria for assessing the eligibility of applicants for financial assistance under the Samaritan Fund and the Community Care Fund Medical Assistance Programmes ("the two safety nets") for purchasing self-financed drugs. As undertaken by the Administration in the last session, the Panel was briefed on the enhancements to be adopted by the Administration to the existing means test mechanism of the two safety nets having regard to the final recommendations of the consultancy study to review the mechanism. Interested parties were invited to give views on the subject at a subsequent special meeting of the Panel.

19. Members in general welcomed the enhancement measures which included modifying the calculation of annual disposable financial resources ("ADFR") for drug subsidy applications by discounting 50% of patients' household net assets (whereas patients' actual contribution to the drug expenses would continue be determined in accordance with the sliding formula which was capped at 20% of ADFR), and refining the definition of "household" in financial assessment. However, they considered that the means test of the two safety nets should be further relaxed to benefit more patients. There were suggestions that the financial protection for patients' household net assets should



be further enhanced; the maximum patient contribution under the sliding scale should be lowered to 10% of the patient's household ADFR; adult patients who were not receiving full-time education but were unemployed should be classified as a dependent patient; parents who received financial support from a non-dependent adult patient should not be excluded from the definition of "household", and the transparency of the clinical criteria for prescription of the safety net drugs should be enhanced. The Panel passed three motions at the meetings urging the Administration to further improve the means test mechanism of the two safety nets at various fronts. The Administration was requested to revert to the Panel on the progress of and feedback received on the implementation of the proposed enhancement measures after 12 months of implementation.

### Development of Chinese medicine

20. Following up its work in the last session, the Panel discussed with the Administration the latest progress of the Administration's various initiatives on the development of Chinese medicine. Members were pleased to note that their previous concerns over the Administration's proposed arrangement that the future Chinese Medicine Hospital would be run by a non-governmental organization on a self-financing basis would be eased, as the latest proposal of the Administration was that it would provide recurrent funding to subsidize the Chinese Medicine Hospital's defined outpatient and inpatient services focused on disease treatment, as well as training and scientific research. The Hospital would also be allowed flexibility to provide market-oriented Chinese medicine services. It was expected that the construction of the Hospital would be completed by end of 2024 for commencement of service by phases. The role of the 18 existing Chinese Medicine Centres for Training and Research would also be transformed in 2020 to become Chinese medicine clinics at district level to provide subsidized outpatient Chinese medicine services in addition to their original functions as teaching and research centres. On members' repeated call for improving the remuneration packages and training for Chinese medicine practitioners at all levels at these 18 Centres, the Administration had agreed to provide recurrent funding in this regard and would continue to review the arrangements to ensure that talents would be attracted to work in these Centres. There was a view that Chinese medicine pharmacists should be involved in the operation of the Chinese Medicine Hospital and the Chinese medicine clinics to help enhance their professionalism.

21. As regards the problem concerning the slow progress of registration of proprietary Chinese medicines since the enactment of the Chinese Medicine Ordinance (Cap. 549) in 1999, members noted that subsidy would be provided under the \$500 million Chinese Medicine Development Fund to assist the trade

to acquire the necessary technical support and testing service, and to complete the related requirements for the formal registration. Members urged the Administration to work with the trade to set a target timeframe for the traders concerned to complete the registration process. Separately, the Administration had undertaken to brief the Panel in the second half of 2019 on its proposed amendments to the definition of proprietary Chinese medicines under the Ordinance to improve the regulation of these products.

22. The Subcommittee on Issues Relating to the Development of Chinese Medicine appointed under the Panel in the 2016-2017 legislative session is currently on the waiting list and will commence work when a vacant slot becomes available to accommodate its activation.

### Hong Kong Genome Project

23. Pursuant to the Chief Executive's 2017 Policy Address, the Steering Committee on Genomic Medicine was established in November 2017 to map out the strategies for developing genomic medicine in Hong Kong. It was subsequently announced in the Chief Executive's 2018 Policy Address that the Government had accepted the Steering Committee's recommendation to provide funding to introduce a large-scale genome sequencing project in Hong Kong. In the session, the Panel was briefed on the details of the project. Members in general expressed support for the project which would enhance clinical application of genomic medicine to benefit patients and their families in terms of diagnosis of rare diseases and provision of more personalized cancer treatment, and enable big data analysis for biomedical research and healthcare policy planning. Some members were of the view that as a step forward, the Administration should consider collaborating with the Mainland and other places to achieve synergy in the development of a genome database of Chinese population. Concerns were raised about the proposed setting up of a limited by guarantee company wholly owned by the Government to coordinate the implementation of the project, as well as the privacy issues arising from access to the genomic and clinical data generated under the project, in particular that belonged to patients with rare diseases whom were small in case numbers and hence, could be easily identified. The Administration assured members that it would ensure that the project would be implemented in a transparent manner and in compliance with privacy laws.

### Primary care and other health services

24. Of equal concern to members in this session were the outcomes of the review conducted by DH on the Elderly Health Care Voucher Scheme. Members supported the measures to be implemented by the Administration to

enhance the Scheme having taken into consideration the review findings. These included allowing the use of vouchers at future District Health Centres, empowering elders to make informed choices and use vouchers wisely, stepping up monitoring efforts, and regularization of the pilot scheme to allow eligible elders to use the vouchers to pay for designated outpatient services at the University of Hong Kong – Shenzhen Hospital. However, they had reservation over the Administration's plan to introduce in the second quarter of 2019 a cap at the level of \$2,000 every two years on the amount of vouchers that could be spent on optometry services. The Administration explained that the review found a disproportionate number of claims with exceptionally high amounts made by optometrists under the Scheme over the past few years. Over-concentration of voucher use on a particular type of service might render the elders not having vouchers for other types of services that they might need and would undermine the Scheme's effectiveness in promoting the use of a variety of private primary healthcare services by elders. The proposal would allow an elder the flexibility to use optometry services whilst preserve a decent balance for use on other primary healthcare services. If aberrant claiming patterns were also observed in other types of healthcare services in future, the Administration would not rule out the possibility of imposing conditions on these as well. Some members were of the view that an alternative way to address the problem was to remove the financial cap on the unspent voucher amount to be carried forward and accumulated by an eligible elder.

25. In view of the increasing concern from patients over the effectiveness of the collaboration-referral mechanism between DH and HA in respect of the dermatological services provided by DH, the Panel discussed with the Administration ways to enhance the mechanism for the benefit of patients. Suggestions made included extending the service hours of the biologic outpatient clinic at Pamela Youde Nethersole Eastern Hospital, enabling DH to prescribe the biologic agents concerned directly, relaxing the referral criteria under the collaboration-referral mechanism, and increasing the number of doctors in the Social Hygiene Service of DH so as to shorten the long waiting time of new cases for first appointment for the public dermatological services. The Administration should also take measures to enable patients with psoriasis to make informed choices of treatment options available and ensure patients suitable and eligible for biologic therapy would receive timely referral.

26. In this session, members also followed up with the Administration on the obstetric services provided in public hospitals which covered prenatal services, antenatal check-ups and postnatal care specialist outpatient services, and medical procedures for termination of pregnancy. Some members considered that arrangement should be made for high-risk pregnant women, such as those already had a child with Down syndrome, to receive Non-invasive

Prenatal Test (which was planned to be introduced in Hong Kong Children's Hospital within 2019) directly without having to first undergo the relevant first-tier prenatal screening test, so that appropriate treatment could be provided as early as possible. Separately, the Panel passed a motion urging the Administration to, among others, shorten the waiting time for treatment for termination of pregnancy in public hospitals, so that the psychological stress of and the fees payable by women in need of such treatment can be reduced. In addition, by providing them with early support, they might refrain from seeking illegal abortion services or purchasing drugs without medical practitioners' prescription.

27. The World Health Organization and the United Nations Children's Fund have emphasized the importance of maintaining the practice of breastfeeding as a way to improve the health and nutrition of infants and young children. When receiving the Administration's briefing on its measures to protect, promote and support breastfeeding as the culture norm, members urged the Administration to step up its efforts in creating a breastfeeding-friendly environment in the workplace and public places; enhancing the provision of baby care facilities and lactation rooms in the community; and providing support for mothers, in particular working mothers, in sustaining exclusive breastfeeding. There was an inquiry as to the effectiveness of the Hong Kong Code of Marketing of Formula Milk and Related Products and Food Products for Infants and Young Children which was promulgated in June 2017 in protecting breastfeeding. According to the Administration, DH had commissioned in late 2018 a survey to examine marketing practice of formula milk with reference to the Code. The survey was expected to be completed within 2019. The Administration would take into account the survey findings in mapping out the way forward of the Code.

#### Re-organization of DH

28. The Panel was consulted on the Administration's staffing proposals to re-organize DH. Members in general agreed that there was a need to augment the directorate support for the Director of Health for the taking forward of new statutes being introduced to step up protection of public health, as well as the initiatives and expanded services relating to Chinese medicine, health prevention and promotion, and strategic information technology development in DH. There was a view that DH should formulate indicators to assess its work performance in terms of various service areas after re-organization. Concern was raised over the proposal that only a supernumerary directorate post would be created (to be held against the Dental Consultant post for the Special Oral Healthcare Programmes) for meeting the needs of enhancing special dental care services. In members' view, the Administration should formulate as early as

possible the long-term manpower arrangements for Special Oral Healthcare Programmes and hospital dental service.

### Regulation of advanced therapy products

29. The rapid scientific advancement in the research and development of advanced therapy products, being innovative medical products based on genes, cells and tissue, offers great medical potential for benefiting patients. At the same time, due to their complicated nature, the risks and long-term side effects of these products need to be carefully managed. Following an adverse incident took place in October 2012 whereby the deceased underwent infusion of processed blood products provided by a beauty service company, there was wide public concern over the health risk brought by premises where products for advanced therapies were stored and/or processed for human application. The Panel was consulted on the Administration's proposals for the regulation of advanced therapy products formulated on the basis of the recommendations put forth by the Working Group on Regulation of Premises Processing Health Products for Advanced Therapies in its report in 2014. Members generally supported the introduction of a clear regulatory framework on the research and therapeutic use of advanced therapy products in order to safeguard public health and facilitate their development. Noting that the plan of the Administration was to introduce the relevant bill into LegCo within the current session, members requested the Administration to maintain close communication with relevant stakeholders and ensure that sufficient time would be provided for the industry to get prepared for the regulation.

### Progress of the Stage Two Development of eHRSS

30. With the commencement of operation of the territory-wide eHRSS in March 2016, the Administration has taken forward the development of the Stage Two eHRSS from July 2017. In the session, the Panel was briefed by the Administration on the latest work progress in this regard, which covered enabling the sharing of radiological images and Chinese medicine information; developing a Patient Portal to facilitate patient access to eHRSS; enhancing patient's choice over the scope of data sharing; and improving the core functionalities and security or privacy protection of eHRSS. Members requested the Administration to provide the Patient Portal as early as practicable to facilitate registered healthcare recipients to more conveniently access or upload their data to eHRSS. According to the Administration, its latest view was that the Patient Portal should be positioned as public health portal of Hong Kong so as to better leverage the eHRSS infrastructure, in addition to just providing eHRSS-related functions as originally envisaged. In this way, target users could include not only patients, but also health-conscious citizens, participants or users of

government health programmes such as public-private-partnership and the upcoming District Health Centres, and even the carers of patients, etc. There was a view that the Administration should conduct a public consultation exercise to seek the public's view on the parameters of Patient Portal.

### Subcommittees in operation under the Panel

#### *Joint Subcommittee on Issues Relating to the Regulation of Devices and Development of the Beauty Industry*

31. The Joint Subcommittee established under the Panel and the Panel on Commerce and Industry commenced its work in December 2018 to study issues relating to the regulation of devices and development of the beauty industry and make timely recommendations. The Joint Subcommittee held six meetings to discuss with the Administration various issues including the Administration's measures and initiatives to regulate beauty devices and develop beauty industry, the regulation and use of beauty devices, and the implementation of Qualifications Framework in the beauty industry, including one meeting to receive public views on the relevant issues. The Joint Subcommittee would continue its work in the 2019-2020 session.

#### *Subcommittee on Issues Relating to the Support for Cancer Patients*

32. The Subcommittee established under the Panel has commenced operation since March 2019 to study issues relating to the support for cancer patients. The Subcommittee held four meetings from March to June 2019 to discuss with the Administration various issues of concern including the Administration's overall strategy for the prevention and treatment of cancer, the current situation of cancer in Hong Kong, measures on prevention and screening of cancer, and the role of Hong Kong Cancer Registry in the cancer surveillance system. Interested parties were invited to give views on the issues concerned at two meetings. The Subcommittee would continue its work in the 2019-2020 session.

### Meetings

33. From October 2018 to June 2019, the Panel held a total of 13 meetings, including a joint meeting with the Panel on Education. The Panel will continue to hold meetings in July 2019, which include a joint meeting with the Panel on Food Safety and Environmental Hygiene, to discuss various issues including review of dental care services, accident and emergency service provided by HA, responses taken by HA in relation to mass gathering and confrontation incidents in the community, and follow-up actions on emerging

cases of human infection of rat Hepatitis E virus and the territory-wide rodent control work.

Council Business Division 2  
Legislative Council Secretariat  
25 June 2019

**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 2018-2019 session\***

<b>Chairman</b>	Dr Hon Pierre CHAN
<b>Deputy Chairman</b>	Prof Hon Joseph LEE Kok-long, SBS, JP
<b>Members</b>	Hon Tommy CHEUNG Yu-yan, GBS, JP Hon WONG Ting-kwong, GBS, JP Hon CHAN Kin-por, GBS, JP Hon Mrs Regina IP LAU Suk-ye, GBS, 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 Hon SHIU Ka-fai Hon SHIU Ka-chun Hon KWONG Chun-yu Hon CHAN Hoi-yan

(Total : 22 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

<b>Member</b>	<b>Relevant date</b>
Dr Hon Junius HO Kwan-yiu, JP	Up to 15 October 2018
Hon Paul TSE Wai-chun, JP	Up to 15 October 2018
Dr Hon Elizabeth QUAT, BBS, JP	Since 19 November 2018
Hon CHAN Hoi-yan	Since 5 December 2018