# 立法會
# *Legislative Council*

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**Panel on Health Services**

**Updated background brief prepared by the Legislative Council Secretariat for the meeting on 8 November 2019**

**Preparation for winter surge**

## Purpose

This paper provides background information and summarizes the concerns of members of the Panel on Health Services ("the Panel") on the preparation for winter surge.

## Background

2. Influenza is a highly infectious disease caused by different strains of influenza virus. Three types of seasonal influenza viruses are recognized to cause human infection, namely A, B and C. Influenza A virus can further be subtyped on the basis of two surface antigens: haemagglutinin (H) and neuraminidase (N). For Influenza B virus, there are two important subdivisions: lineages of B/Yamagata and B/Victoria. Antigenic drifts (minor changes) of influenza viruses lead to the emergence of new viral strains every year. According to the World Health Organization ("WHO"), influenza C cases occur much less frequently than influenza A and influenza B.

3. Seasonal influenza affects large segments of the community. For healthy individuals, seasonal influenza is usually self-limiting with recovery in two to seven days. However, seasonal influenza can be a serious illness to the weak and frail or elderly people, and may be complicated by bronchitis, chest infection or even death. In Hong Kong, influenza occurs throughout the year and often displays two seasonal peaks. A smaller summer peak is sometimes observed in July and August. A larger seasonal peak is in winter time, usually from January to March.

4. WHO convenes technical consultations each year to recommend the composition of influenza vaccines for next annual season. It will announce the proposed strains for influenza vaccines to be used in the Northern Hemisphere

(where Hong Kong is located) for the next influenza season, normally in February or March of the year before the season so that vaccines would be available for the winter influenza season of the same year and the summer influenza season of the following year. Locally, the Scientific Committee on Vaccine Preventable Diseases ("SCVPD") under the Centre for Health Protection ("CHP") has been reviewing the scientific evidence of influenza vaccination and recommended the priority groups for influenza vaccinations annually since 2004.

5. The last winter influenza season of Hong Kong lasted for about 14 weeks from the week of 30 December 2018 to the week ending 6 April 2019. The predominating virus was influenza A (H1). According to the Administration, epidemiological experience showed that children were relatively more affected. This was reflected by the large number of outbreaks of influenza-like-illness in kindergartens or child care centres and the high influenza-associated hospitalization rate among children aged below six. During the above period, a total of 601 adult cases of influenza-associated admission to the Intensive Care Unit or death (including 356 fatal cases), and 24 influenza-associated severe complication cases involving persons aged under 18 years (including one fatal case) were recorded. Only 26% of the former and 27% of the latter were known to have received the seasonal influenza vaccination for the season.

## Deliberations of the Panel

6. The Panel discussed issues relating to the prevention and control of seasonal influenza at a number of meetings between 2008 and 2019. The deliberations and concerns of members are summarized in the following paragraphs.

### Influenza vaccination

*Effectiveness of vaccination*

7. Concern was raised about the effectiveness of seasonal influenza vaccination and the best time to receive the vaccination. The Administration advised that seasonal influenza vaccination was one of the effective means in preventing influenza and its complications, as well as reducing influenza-related hospitalization and death. Vaccine effectiveness depended on the similarity between the virus strains present in the vaccine and those circulating in the community. According to WHO, when the vaccine strains closely matched the circulating influenza viruses, the efficacy of inactivated influenza vaccines in individuals aged below 65 years ranged from 70% to 90% in general, whereas that in individuals aged 65 years or above was at best modest. Given that it would take about two weeks after vaccination for antibodies to develop in the

body, it would be best to receive vaccination four weeks before the expected arrival of the influenza peak season.

8. Expressing concern about those inaccurate or misleading remarks on seasonal influenza vaccination on the social media platforms, some members called on the Administration to step up public education on the effectiveness of vaccination in order to avoid public misunderstandings in this regard.

*Vaccination for children*

9. Members noted that the annual Government Vaccination Programme ("GVP") would provide free seasonal influenza vaccines to target groups (i.e. at-risk and/or under-privileged populations) while the annual Vaccination Subsidy Scheme ("VSS") would subsidize eligible persons to receive seasonal influenza vaccination from enrolled private doctors. Having called for extending the coverage of GVP to primary school students as a proactive approach to prevent outbreaks in schools for years, members were pleased to note that the Department of Health ("DH") had rolled out a School Outreach Vaccination Pilot Programme ("the Pilot Programme") in the 2018-2019 school year to provide seasonal influenza vaccination to participating primary school students through a Government Outreach Team or a Public-Private-Partnership Team. Some members considered that the coverage of the Pilot Programme should be expanded to cover kindergartens and child care centres and more primary schools. Some went further to suggest that given the low take-up rate of the seasonal influenza vaccine under GVP, the programme should be extended to people outside the target groups such as young people aged 19 years or below who also recorded a high infection rate.

10. The Administration advised that as an initiative for the 2018-2019 season, primary schools not participating in the Pilot Programme, kindergartens, child care centres and primary section of special schools would be given a list of VSS doctors such that they could arrange with these doctors school outreach vaccination services. The Administration had also raised the subsidies and strengthened the support of outreach vaccination services provided by enrolled private doctors under VSS. Since the Pilot Programme was first implemented in the 2018-2019 school year, DH would review relevant experience, and consider a number of factors in drawing up the arrangements of the seasonal influenza vaccination outreach service at schools for school children in the coming year.

11. Members enquired whether DH's School Immunisation Team could also provide seasonal influenza vaccination when they visited primary schools across the territory to provide vaccination under the Hong Kong Childhood Immunisation Programme ("HKCIP"). The Administration explained that the target group and the timing of the vaccination provided under HKCIP and that

provided under the Pilot Programme were different. Under HKCIP, specific vaccines were administered to primary one and primary six students any time throughout a school year via outreach. For outreach seasonal influenza vaccination at school setting, eligible children (including students in primary schools) ought to receive the vaccination within a short period of around two months before the arrival of the winter influenza season.

*Vaccination for older age groups and persons with underlying illnesses*

12. There was an earlier call that GVP should also cover persons between the age of 50 to 64 years who were not Comprehensive Social Security Assistance recipients, as overseas experience showed that adults, particularly those aged between 50 to 64 years, were at a higher risk for influenza-related ICU admission and death when influenza A(H1N1)pdm09 strain predominated. In addition, all persons with chronic medical problems living in the community, instead of only persons with intellectual disabilities and DA recipients, should be covered under VSS. Members were pleased to note that the 2018-2019 VSS had been expanded to cover those aged 50 to under 65 to receive subsidized seasonal influenza vaccination from 2018-2019.

13. Concern was raised about the difficulties encountered by elders living in residential care homes, in particular those with mobility impairment, to receive vaccination from clinics or hospitals under DH or Hospital Authority ("HA"). Members were advised that under the Residential Care Home Vaccination Programme, CHP organized outreaching immunization teams to enable, among others, eligible residents and staff of residential care homes for the elderly ("RCHEs") and residential care homes for persons with disabilities to receive free vaccination in their institutions. It was expected that the vaccination rate for institutional elders would be about 80%.

*Vaccination rate*

14. Members considered that the seasonal influenza vaccination rate of the total population, which stood at about 12%, was low when compared with that of the developed countries. Given that vaccination was an effective means to prevent seasonal influenza and its complications and reduce the risks of flu-induced inpatient admission and mortality, some members urged the Administration to set a target vaccination rate.

15. According to the Administration, it would promote seasonal influenza vaccination to the public, in particular the new target groups, through a series of publicity activities. To protect the staff and reduce the risk of patients being infected, HA would encourage its healthcare staff to receive vaccination through various internal and promotional activities and arranging mobile vaccination teams to facilitate staff vaccination.

*Use of unutilized vaccines*

16. There was a view that the unused seasonal influenza vaccines procured by the Administration should be supplied to private doctors to benefit people who were not eligible for GVP or VSS but were willing to get vaccinated. The Administration advised that the number of seasonal influenza vaccines to be purchased by the Administration before the launch of GVP and VSS was determined based on the estimated demand under these programmes. While the Administration did not have statistics on the number of persons receiving vaccination not under GVP and VSS, it had been closely in touch with the vaccine suppliers on the supply of seasonal influenza vaccines in the local private healthcare sector.

*Meeting local demand*

17. Some members were concerned about the possible influx of people from the Mainland into Hong Kong for receiving seasonal influenza vaccination from the private sector and enquired the Administration's measures to ensure that local demand for vaccination was met. The Administration advised that it would assess the quantity of vaccines required under GVP and the Pilot Programme to ensure sufficient vaccine provision. It had also reminded private healthcare providers in VSS to place orders with vaccine suppliers in a timely manner. DH had been in touch with the vaccine suppliers on the stockpile and supply of seasonal influenza vaccines in the private sector.

Surge capacity of HA

18. Some members were concerned about the high attendance to the Accident and Emergency ("A&E") Departments of public hospitals, the long waiting time for inpatient admission to medical wards via the A&E Departments, as well as the high inpatient bed occupancy rates in medical wards and paediatric wards of a few public hospitals during the winter influenza seasons. Questions were raised about the effectiveness of the measures, in particular the planned increase in the bed capacity of public hospitals, put in place by HA to tackle the winter surge. To help reduce unnecessary attendance at A&E Departments during winter influenza season, there was a call for the Administration to step up its efforts in appealing to private doctors to open clinics during public holidays to meet the service demand. In addition, there was a need to strengthen the collaboration among HA, DH, the Social Welfare Department ("SWD") and the social welfare sector to provide a coordinated step-down care at the community level.

19. Members were advised that 574 new beds would be opened in HA in 2018-2019, with the majority in Kowloon East, Kowloon West and New

Territories East Clusters to meet the increasing demand arising from the growing and ageing population. More than 300 out of these new beds were medical beds. HA also planned to open around 500 time-limited beds, which included advance opening of some of the beds in the 2019-2020 bed plan, in various public hospitals from December 2018 to May 2019 to cope with the growing service demand during winter surge. Specifically, some 160 beds would be opened in the Kowloon Central Cluster, out of which some 30 beds were in Queen Elizabeth Hospital. The above apart, HA would, among others, increase the service quotas of public general outpatient clinics during the winter surge period and long holidays to meet the rising service demand for winter surge. It had also formulated a series of step up measures to provide support for discharged patients and emergency services, and to enhance bed deployment and patient flow. To reduce unnecessary admission and facilitate timely referrals of the elderly patients to the most appropriate caring settings, such as non-acute hospitals or elderly homes, the geriatric teams would provide early assessment and treatment for patients at the A&E Departments.

20. Members noted that HA had designated two laboratories with 24 hours service in the Prince of Wales Hospital and Queen Mary Hospital to handle urgent testing for severe influenza cases outside office hours (i.e. from 5:00 pm every day to 9:00 am of the following day) since June 2016. There was a suggestion that since it took time to deliver samples from individual public hospitals to these two laboratories, more laboratories with 24 hours service should be designated to provide urgent testing service during the winter influenza season. HA advised that during the 2017-2018 winter surge, polymerase chain reaction testing for rapid diagnosis of influenza infections, with a planned increase in the capacity from 30 000 to 100 000, would be provided by the seven cluster laboratories for all patients of acute public hospitals presenting with influenza-like-illness symptoms. The test results would be available within 24 hours to facilitate appropriate clinical treatment.

21. To address the high utilization of medicine wards during winter surge, there was a view that the Administration and HA should set up temporary fever clinics in the community to provide timely treatment for patients suffering seasonal influenza and strengthen the visiting medical practitioner services for residents of RCHEs to proactively reduce influenza-associated hospitalization. Some members enquired HA's approach to enhance its general outpatient services to increase its buffer capacity. Members were advised that service quotas of the general outpatient clinics during the period from December 2018 to May 2019 would be increased by 24 000, of which 5 000 would be dedicated to address the demand surge during long holidays. Concern was also raised about the transfer of suitable patients by HA to private hospitals with low-cost hospital bed arrangement for completion of treatment. Members were subsequently advised that the collaboration with private hospitals to utilize low-charge beds for HA patients during 2017-2018 winter influenza season

commenced in early January and ended in mid-April 2018. A total of 25 patients were transferred to private hospitals and the expenditure incurred was nearly $150,000.

22. There was a view that Chinese medicine sector should be invited to prepare for the seasonal influenza seasons. According to the Administration, the 18 public Chinese Medicine Centres for Training and Research were endeavored to meet the increasing service demand during the influenza season. Chinese medicine practitioners were also involved in the influenza-like-illness surveillance system for CHP.

Manpower of HA

23. Members expressed grave concern about the readiness of HA to cope with the challenge of upsurge in service demand given its medical and nursing manpower constraints and the low staff morale among the healthcare personnel. There was a suggestion that community nurses should be deployed to pressure wards to meet the rise in hospital admission. Members urged the Administration and HA to improve the healthcare professional-to-population ratios when working on the long-term healthcare manpower requirements. HA should also strengthen its manpower, in particular that of its care-related support staff, to cope with the heavy work pressure arising from the opening of temporary beds during the winter surge period. There was a view that HA's measure of utilizing agency supporting staff to tackle service demand during winter surge would increase the already huge workload of the existing staff. The financial resources involved should instead be mobilized to provide special honorarium for existing supporting staff who were willing and able to work overtime and improve the remuneration package of the supporting staff. At the meeting on 21 March 2016, the Panel passed a motion urging the Government to take forward a number of suggestions[1] to alleviate the plight confronted by frontline healthcare personnel and maintain the quality of public healthcare services.

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[1] These suggestions included: (a) suspending all unnecessary internal meetings and administrative measures to enable full dedication of healthcare personnel (including doctors and nurses) to frontline duties and accord priority to managing patients; (b) coordinating among various clusters and hospitals in respect of triaging patients of stable medical condition to those acute hospitals of which the service capacity had not been stretched to the limits, or other convalescent hospitals, so as to ease the overcrowding attendance and enable patients to receive appropriate treatment more readily; (c) setting up 24-hour clinics in the vicinity of the A&E Departments during the influenza peak season and divert those patients being triaged as "semi-urgent" or "non-urgent" cases to these clinics for treatment, in order to alleviate pressure on the A&E Departments; (d) allocating additional resources immediately to address the long-standing problem of shortage in hospital beds, and putting into full operation those hospital beds not yet commenced service, such as those of North Lantau Hospital; and (e) allocating additional resources immediately to tackle the problem of manpower shortfall, and recruit part-time doctors and nurses with reasonable remuneration as early as possible to help ease the manpower shortage problem of public hospitals.

24. Members were advised that since community nurses played a vital role in the prevention of influenza through the provision of nursing support to elderly population in the community setting, the Administration considered it not appropriate to deploy community nurses to hospital settings. To meet the service demand and address manpower shortage, HA continued the A&E Support Session Programme, introduced greater flexibility for participation in the Special Honorarium Scheme to encourage more staff to work extra service sessions, enhanced relevant career prospects to retain the care-related staff, and continued to recruit part-time healthcare staff to ease the workload of frontline staff and increase the flexibility in staff deployment, etc. The Chief Executive announced in January 2018 and 2019 respectively that an additional one-off $500 million would be allocated to HA for implementing additional measures, including the increase of healthcare manpower, to meet the service demand and relieve manpower shortage in the winter surge.

25. There was a concern that the implementation of hospital accreditation programme by HA had resulted in heavy workload to thousands of its staff due to large amount of paperwork and frequent meetings. Members urged HA to suspend all unnecessary programme activities so that frontline and management levels healthcare staff could concentrate on clinical and healthcare duties during winter surge. The Administration advised that HA had initiated a comprehensive review of the programme and had suspended all activities at an earlier time. HA was exploring the way to draw up a new continuous quality improvement plan for public hospitals.

Infection control measures

26. Some members were concerned that given the already serious hospital ward congestion problem, the opening of new beds would further lower the bed-to-bed distance for droplets precautions. They urged the Administration and HA to implement appropriate measures to reduce the infection risk in public hospitals, in particular measures to address the "superbugs" (i.e. microorganisms became resistant to antimicrobials). There was a concern that since RCHEs were regulated by SWD, some RCHEs might consider it not necessary to take heed of the recommendations given by healthcare professionals of HA or CHP on infection control measures to prevent outbreaks of influenza at the RCHEs concerned.

27. HA advised that it had implemented a series of measures to cope with the influenza season. This included recruiting additional staff to perform cleansing services so as to maintain environmental hygiene of the clinical areas of HA hospitals; promoting hand hygiene in all HA hospitals and clinics; enhancing support to RCHEs by Community Geriatric Assessment Service, Community Nursing Service and Visiting Medical Officer programmes; and restricting

visiting hours to acute wards to two hours per day to prevent cross infections. Moreover, each major public hospital had an infection control team to oversee infection control policies and practices. Hospital frontline staff also worked closely with infection control officers to ensure early identification of infectious cases and implementation of appropriate actions to prevent the spread of diseases. The above apart, HA would monitor and where appropriate, follow up with DH and SWD if there were repeated admissions of a cluster of residents developing influenza-like illness from particular RCHEs.

Suspension of classes

28. During the discussion on the prevention and control of influenza in 2011, some members noted with concern about the significant surge in the hospital admission rate due to influenza among children aged under five years. There was a view that kindergartens and kindergartens-cum-child centres should temporarily suspend class to prevent widespread of influenza among young children. The Administration advised that the Education Bureau ("EDB") would work closely with DH and maintain close communication with schools to implement preventive measures against influenza at schools. Where appropriate and necessary, it would require kindergartens and kindergartens-cum-child centres to suspend class during the influenza season to prevent the spread of influenza in schools.

Risk communication

29. Members were of the view that the Administration should step up its efforts in keeping the public posted of the latest influenza situation. The Administration advised that before the influenza season arrived, CHP would issue alerts to doctors, homes for the elderly, hostels for people with disabilities, schools, kindergartens and child care centres from time to time, so that appropriate prevention actions could be taken. A weekly surveillance report, the Flu Express, would be issued during the flu season to inform the public of the latest situation. In addition, daily updates of the influenza situation were posted on CHP's dedicated influenza webpage to enhance timeliness in circulating information to the public.

Promotion of personal and environmental hygiene

30. There was a view that financial resources should be provided to residential care homes and school bus operators to assist them in enhancing environmental hygiene, such as purchasing additional cleansing materials and enhancing the disinfection of facilities, to minimize the transmission of influenza. The Administration advised that household bleach was an effective and inexpensive disinfectant. Efforts had been and would continue to be made by CHP to provide support and guidelines to schools and other institutions on

the necessary precautionary measures.

31. On the suggestion that personal hygiene should be included in the curriculum of kindergartens and primary schools, the Administration advised that efforts had been and would continuously be made by EDB to encourage schools to ensure the observance of personal hygiene measures so as to guard against the spread of influenza and other communicable diseases.

## Recent developments

32. A written question concerning the measures implemented by HA making use of the two additional one-off allocations of $500 million set aside in January 2018 and January 2019 respectively for HA to cope with the service demand during winter surge was raised at the Council meeting on 27 March 2019. The question and the Administration's reply are in **Appendix I**.

33. According to the recommendations made by SCVPD in April 2019,[2] the composition of the seasonal influenza vaccination for the 2019-2020 season in Hong Kong would follow the recommendations made by WHO for the 2019-2020 northern hemisphere influenza season. For the vaccine type, both inactivated influenza vaccines and live attenuated influenza vaccines were recommended for use in Hong Kong. The priority groups recommended in the 2018-2019 season would continue to be included as priority groups for influenza vaccination in the 2019-2020 season.

34. The 2019-2020 VSS and GVP were launched on 9 and 23 October 2019 respectively. The eligible groups and arrangements for free seasonal influenza vaccination in the public sector under GVP and subsidized seasonal influenza vaccination in the private sector under VSS in 2019-2020 remained unchanged. The amount of subsidy under VSS remained at $210 per dose.

35. To further enhance the vaccination rate of schoolchildren, DH has regularized the Pilot Programme in 2019-2020 to cover more primary schools, and extend the coverage to kindergartens and child care centres as a pilot programme. As of July 2019, over 430 primary schools and 700 kindergartens and child care centres have signed up for the programmes. A total of 65 doctors have been recruited to participate in the primary school programme where a subsidy of $100 per dose will be given (vaccines will be provided by DH), whereas a total of 63 doctors have been recruited to participate in the

[2] Recommendations on seasonal influenza vaccination for the 2019-2020 season made by SCVPD can be assessed at the website of CHP: https://www.chp.gov.hk/files/pdf/recommendations_on_siv_for_2019_20_season_in_hong_kong.pdf.

kindergartens and child care centres pilot programme where a subsidy of $260 per dose will be given (vaccines will be provided by participating doctors).

## Relevant papers

36. A list of the relevant papers on the Legislative Council website is in **Appendix II**.

Council Business Division 2
Legislative Council Secretariat
7 November 2019

**Appendix I**

# Press Releases

LCQ20: Measures to cope with the demand for public hospital services
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Following is a question by the Hon Holden Chow and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (March 27):

Question:

It has been reported that the various public hospitals have experienced an overflow of patients in recent years (particularly during the winter surge of influenza), resulting in deterioration in the quality of healthcare services and healthcare workers being overstretched. In this connection, will the Government inform this Council:

(1) as the Government announced in January of last year and this year respectively that an additional allocation of $500 million would be made to the Hospital Authority (HA) for coping with the winter surge of influenza, whether it knows the respective uses of those two allocations, including the numbers of doctors, nurses, clerical and supporting staff members employed, with a breakdown by whether they are/were full-time, part-time or temporary employees;

(2) whether it knows the number of additional doctors, nurses, clerical and supporting staff members that the HA plans to recruit in the next financial year (with a breakdown by name of the public hospital to which they will be posted); and

(3) whether it knows if the HA has put in place new measures to (i) alleviate the work pressure on healthcare workers (such as streamlining administrative procedure) and (ii) improve their working environment; if the HA has, the details; if not, the reasons for that?

Reply:

President,

My reply to the various parts of the question raised by the Hon Holden Chow is as follows:

(1) To meet the service demand during the winter surge in 2017-18, the Hospital Authority (HA) put in place a response plan which included the following measures:

1. opening time-limited beds;

2. enhancing virology services to facilitate and expedite patient management decision;

3. enhancing ward rounds of senior clinicians and related supporting services in the evenings, at weekends and on public holidays so as to facilitate early discharge of patients;

4. enhancing discharge support (e.g. non-emergency ambulance transfer service, pharmacy and portering service);

5. increasing the service quotas of general out-patient clinics; and

6. enhancing geriatrics support to Accident and Emergency departments.

In response to the upsurge in service demand, the Government announced in January 2018 an additional one-off allocation of $500 million for the HA to implement the response plan for winter surge and various additional measures to alleviate manpower shortage. The measures are as follows:

1. extending the use of the Special Honorarium Scheme (SHS) to provide extra manpower of clerical and supporting staff so that the healthcare staff could focus more on clinical work;

2. further relaxing and streamlining the approval for the SHS arrangement to a minimum operation need of one hour and to cover all grades of staff to meet the increasing need for greater flexibility in the use of SHS under exceptional circumstances;

3. providing SHS at Advanced Practice Nurse level to work on night-shift duties at both acute general, and convalescent and rehabilitation wards/services to enhance senior coverage and supervision to ward staff;

4. relaxing the criteria for the implementation of the Continuous Night Shift Scheme (CNSS) by suspending the required night shift frequency for triggering the CNSS so as to increase flexibility in manpower deployment; and

5. increasing the rate of the SHS allowance by 10 per cent under a special one-off arrangement to encourage more staff to work during the surge period with anticipated significant increase in workload.

The overall expenditure for implementing the response plan and additional measures was $649 million, including fully utilising the additional $500 million allocated by the Government and a sum of $149 million coming from the HA's revenue reserve. The expenditures involved in meeting service demand during the winter surge in 2017-18 by HA clusters are set out in the Annex.

Besides, in 2017-18, the numbers of doctors, nurses and allied health professionals of the HA increased by 75 (1.3 per cent), 1 131 (4.5per cent) and 243 (3.2 per cent) respectively over 2016-17 (calculated on full-time equivalent basis including permanent, contract and temporary staff).

To meet the service demand during the winter surge in 2018-19, the HA is implementing the same measures as taken under the response plan for the 2017-18 winter surge. The HA has also set up the Locum Office, so as to further increase its manpower through adopting a more flexible and efficient approach in recruitment. The SHS has been relaxed to a minimum operation need of one hour in order to encourage more staff to participate. Several additional measures implemented in 2017-18 have also been regularised to alleviate manpower shortage. The measures include:

1. extending the use of SHS to provide extra manpower of clerical and supporting staff so that the healthcare staff could focus more on clinical work;

2. providing SHS at Advanced Practice Nurse level to work on

night-shift duties at both acute general, and convalescent and rehabilitation wards/services to enhance senior coverage and supervision to ward staff; and

3. relaxing the criteria for implementing the CNSS by suspending the required night shift frequency for triggering the CNSS so as to increase the flexibility in manpower deployment.

In response to the upsurge in service demand in January 2019, the Government announced in the same month that it had set aside $500 million for the HA to meet the additional expenditure in coping with the service demand during winter surge. The HA has implemented the following enhancement measures, which are in place from January 28 until April 30, 2019:

## Enhancing Senior Coverage

The rates of the SHS allowance are offered based on the clinical ranks of staff, so as to encourage participation of senior doctors, nurses and allied health professionals in the SHS, in order to provide more senior healthcare manpower to cope with the increase in service demand.

## Nursing Night Shift Support

1. further promoting and arranging more night shift SHS for Advanced Practice Nurses;

2. introducing night shift for temporary undergraduate nursing students;

3. arranging agency nurses runner support for night shift, e.g. escorting patients; and

4. promoting the relaxed CNSS to nurses and supporting staff.

## Enhancement of SHS

1. increasing the rate of allowance by 10 per cent to encourage staff participation;

2. streamlining the approval process; and

3. increasing flexibility when approving for the use of SHS without setting rigid threshold for triggering SHS.

The expenditure involved in implementing the above measures for the winter surge in 2018-19 will be available only after the completion of all the winter surge response measures.

Besides, it is projected that the numbers of doctors, nurses and allied health professionals (calculated on full-time equivalent basis, including permanent, contract and temporary staff), in the HA for 2018-19 will be increased by 142 (2.4 per cent), 614 (2.4 per cent) and 255 (3.3 per cent) respectively as compared to 2017-18.

(2) In 2019-20, the HA plans to recruit about 520 doctors, 2 270 nurses and 700 allied health professionals. Besides, each cluster will continue to actively recruit clerical and supporting staff to meet the service demand in response to its operational needs

and manpower situation.

(3) The HA Head Office has recently directed cluster and hospital management to reduce the number of meetings and postpone non-urgent meetings during winter surge period so that frontline staff could focus more on clinical work. At the same time, the HA will regularly review the number and efficiency of meetings, so as to ensure the smooth conduct of meetings and streamline meetings. The HA will continue to recruit additional ward Executive Assistants and supporting staff to assist frontline healthcare staff.

The HA has been proactively implementing various human resources measures to retain professionals and alleviate the shortage of frontline healthcare staff. Key measures include:

Manpower of Doctors
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1. Recruiting local medical graduates: The number of Resident Trainee posts has been increased to recruit and provide specialist training for all qualified local medical graduates;

2. Recruiting non-locally trained doctors under limited registration: The HA has resorted to recruitment of non-locally trained doctors under limited registration since 2011-12. Upon commencement of the Medical Registration (Amendment) Ordinance 2018, the validity period of limited registration has been extended to up to three years. Coupled with the extension of contract period to a maximum of three years since 2017, it is expected that more non-locally trained doctors will be recruited through limited registration;

3. Special Retired and Rehire Scheme (SRRS): Since 2015-16, the HA rehires suitable serving doctors upon their retirement at normal retirement age or completion of contract, so that they can continue to perform full-time clinical duties in public hospitals, thereby alleviating manpower situation and facilitating staff training and knowledge transfer;

4. Continuous recruitment of part-time doctors: The HA continues to recruit part-time doctors and introduce further flexibility in recruitment strategies, including the setting up of the Locum Office;

5. SHS: HA continues to implement the SHS as appropriate in order to address the issue of short-term manpower constraint and meet service demand;

6. Creating more promotion opportunities: A centrally co-ordinated additional Associate Consultant Promotion Mechanism has been launched since 2011-12 to recognise meritorious doctors who have served in the HA for five years or more after obtaining fellowship;

7. Enhancing training: more training courses and oversees training opportunities has been provided for doctors, and simulation training has also been enhanced to support professional development;

8. Flexible work arrangements: The HA is actively considering the introduction of more flexible options in work arrangements to retain experienced hands, such as providing special arrangement for existing full-time frontline professional staff who have

temporary special needs and compassionate reasons, such as health or family reasons, to work fractionally for a fixed period of time and thereafter resume their full-time duties; and

9. Fixed Rate Honorarium (FRH) for Doctors: To give recognition to the contribution of doctors who are required to work consistently long hours by nature of their duties and to compensate for the overtime work they performed in order to maintain adequate medical service for patients, the HA grants a FRH to eligible doctors on a monthly basis. To boost staff morale, the HA has planned to further increase the rate of the FRH starting from April 2019 at the earliest.

Frontline Nursing Staff
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1. Reinstating the annual increment mechanism: To further boost staff morale and retain staff, the HA has reinstated the annual increment mechanism for all serving staff who joined the HA on or after June 15, 2002, as well as new recruits, with effect from April 1, 2018. The arrangement is expected to be applicable to about 17 000 eligible staff;

2. Continuous recruitment of full-time, part-time and agency nurses: Hospitals will continue to recruit full-time, part-time and agency nurses to enhance the flexibility in staff deployment, thereby easing the workload of frontline staff;

3. SRRS: The HA has implemented the SRRS since 2015-16 to rehire suitable healthcare professionals after their retirement, so as to retain professionals to provide training, impart knowledge and alleviate the manpower situation in the HA;

4. Enhancing promotion opportunities: In 2008-09, the HA created the post of Nurse Consultant to enhance the development prospects of the nursing profession, thereby improving the healthcare services of the HA. There are currently 113 Nurse Consultant posts. A total of 1 476 nurses were promoted in the past three years;

5. Providing more training opportunities: The Institute of Advanced Nursing Studies of the HA offers 26 nursing specialist training courses each year for nurses to continuously pursue further studies after graduation. The HA also provides subsidies for over 100 senior nurses to pursue further studies and training overseas each year;

6. Enhancing preceptorship support: Under the HA's preceptorship programme, experienced nurses are recruited through granting special allowance, offering part-time employment, etc. to serve as preceptors to provide guidance for newly recruited nurses in an actual clinical setting, thereby familiarising them with ward procedures and environment as well as alleviating the work pressure of other experienced nursing staff in coaching new nurses. The HA also provides simulation training for newly recruited nurses to enhance their first aid and emergency handling skills. In 2018-19, the HA recruited 70 additional Advanced Practice Nurses (on full-time equivalent basis) as part-time clinical preceptors to coach about 3 570 nurses in service for two years or less. It also plans to increase the number of preceptors in 2020-21;

7. Improving work environment: Since 2013-14, the HA has installed some 6 000 additional electrically-operated beds and

some 523 ceiling hoist systems to facilitate the lifting and transfer of patients; in 2018-19, the HA will procure some 2 000 electrically-operated beds to help simplify the work procedures required of ward staff, and improve the work environment and facilities, thereby relieving the work pressure on frontline nurses; and

8. Recruiting additional ward clerks and ward assistants: The HA recruits additional ward clerks and ward assistants to assist nurses in carrying out clerical work and providing patient care, thereby easing the workload of nurses.

Allied Health Professionals
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1. Reinstating the annual increment mechanism: To further boost staff morale and retain staff, the HA has reinstated the annual increment mechanism for all serving staff who joined the HA on or after June 15, 2002, as well as new recruits, with effect from April 1, 2018. The arrangement is expected to be applicable for about 17 000 eligible staff;

2. SRRS: The HA has implemented the SRRS since 2015-16 to rehire suitable healthcare staff after their retirement, so as to retain professionals to provide training, impart knowledge and alleviate the manpower situation in the HA;

3. Enhancing training and development of allied health professionals: The Institute of Advanced Allied Health Studies of the HA offers 65 specialist training/enhancement courses each year to strengthen services and professional development. It also provides over 50 scholarship places for advanced allied health professionals to pursue further study and training overseas; and

4. Re-engineering work processes and recruiting more Patient Care Assistants.

The HA will continue to monitor the manpower situation of healthcare staff and make appropriate arrangements as to manpower planning and deployment to meet service demand.

Ends/Wednesday, March 27, 2019
Issued at HKT 13:15

NNNN

**Annex**

**Expenditures of Hospital Clusters for Winter Surge in 2017-18**
**($ million)**

| | Hong Kong East | Hong Kong West | Kowloon Central | Kowloon East | Kowloon West | New Territories East | New Territories West | Total |
|---|---|---|---|---|---|---|---|---|
| **Personal Emoluments** | | | | | | | | |
| Doctors | 3 | 4 | 13 | 10 | 12 | 8 | 14 | **64** |
| Nurses | 25 | 15 | 48 | 32 | 24 | 49 | 51 | **244** |
| Allied Health Professionals | 1 | 2 | 4 | 5 | 3 | 5 | 1 | **21** |
| Supporting Staff | 8 | 6 | 15 | 11 | 9 | 12 | 14 | **75** |
| **Sub-total** | **37** | **27** | **80** | **58** | **48** | **74** | **80** | **404** |
| **Other charges** | | | | | | | | |
| Other charges | 12 | 13 | 53 | 32 | 65 | 29 | 41 | 245 |
| **Sub-total** | **12** | **13** | **53** | **32** | **65** | **29** | **41** | **245** |
| **Total** | **49** | **40** | **133** | **90** | **113** | **103** | **121** | **649** |

Note:
(1) Other charges include around $60 million for employing agency staff.

**Appendix II**

**Relevant papers on the preparation for winter surge**

| Committee | Date of meeting | Paper |
|---|---|---|
| Panel on Health Services | 10.3.2008<br>(Item V) | Agenda<br>Minutes<br>CB(2)2028/07-08(01) |
| | 16.6.2008<br>(Item III) | Agenda<br>Minutes |
| | 10.6.2009<br>(Item I) | Agenda<br>Minutes<br>CB(2)1924/08-09(01) |
| | 9.11.2009<br>(Item III) | Agenda<br>Minutes<br>CB(2)624/09-10(01) |
| | 14.2.2011<br>(Item V) | Agenda<br>Minutes<br>CB(2)1175/10-11(01) |
| | 17.12.2012<br>(Item V) | Agenda<br>Minutes<br>CB(2)458/12-13(01) |
| | 16.2.2015<br>(Item III) | Agenda<br>Minutes<br>CB(2)880/14-15(01)<br>CB(2)1199/14-15(01) |
| | 21.3.2016<br>(Item III) | Agenda<br>Minutes<br>CB(2)1501/15-16(01) |
| | 20.6.2016<br>(Item II) | Agenda<br>Minutes |
| | 21.11.2016<br>(Item III) | Agenda<br>Minutes<br>CB(2)681/16-17(01) |

| Committee | Date of meeting | Paper |
| --- | --- | --- |
| Panel on Health Services | 26.1.2017<br>(Item I) | Agenda<br>Minutes |
| | 20.11.2017<br>(Item VI) | Agenda<br>Minutes |
| | 19.3.2018<br>(Item VI) | Agenda<br>Minutes<br>CB(2)1858/17-18(01) |
| | 19.11.2018<br>(Item IV) | Agenda<br>Minutes |

Council Business Division 2
Legislative Council Secretariat
7 November 2019