

**立法會**  
**Legislative Council**

LC Paper No. CB(4)454/2023  
(These minutes have been seen  
by the Administration)

Ref : CB4/PL/HS

**Panel on Health Services**

**Minutes of meeting**  
**held on Wednesday, 19 April 2023, at 8:45 am**  
**in Conference Room 3 of the Legislative Council Complex**

**Members present** : Hon Tommy CHEUNG Yu-yan, GBM, GBS, JP (Chairman)  
Hon YANG Wing-kit (Deputy Chairman)  
Hon CHAN Kin-por, GBS, JP  
Dr Hon Priscilla LEUNG Mei-fun, SBS, JP  
Hon Michael TIEN Puk-sun, BBS, JP  
Hon SHIU Ka-fai, JP  
Hon Stanley LI Sai-wing, MH  
Dr Hon David LAM Tzit-yuen  
Hon LAM So-wai  
Dr Hon Dennis LAM Shun-chiu, JP  
Hon Duncan CHIU  
Hon Edward LEUNG Hei  
Hon CHAN Pui-leung  
Hon Judy CHAN Kapui, MH  
Hon CHAN Hoi-yan  
Hon Joephy CHAN Wing-yan  
Hon Kingsley WONG Kwok, BBS, JP  
Dr Hon TAN Yueheng, JP  
Prof Hon CHAN Wing-kwong

**Members Attending** : Hon Elizabeth QUAT, BBS, JP  
Hon Vincent CHENG Wing-shun, MH, JP  
Hon LEUNG Man-kwong, MH  
Hon TANG Ka-piu, BBS, JP

**Member Absent** : Hon CHAN Han-pan, BBS, JP

**Public  
Officers  
attending**

: Item III

Dr Libby LEE Ha-yun, JP  
Under Secretary for Health

Ms Ellen CHAN Sheung-man  
Principal Assistant Secretary for Health 2

Dr CHING Wai-kuen  
Director (Strategy & Planning)  
Hospital Authority

Dr Simon TANG  
Director of Cluster Services  
Hospital Authority

Dr David SUN  
Hospital Chief Executive, North District Hospital  
Hospital Authority

Dr Jones KWOK  
Chief Manager (Planning & Commissioning)  
Kowloon West Cluster  
Hospital Authority

Dr TANG Kam-shing  
Hospital Chief Executive, Kwong Wah Hospital  
Hospital Authority

Mr Andrew WONG  
Chief Manager (Capital Planning)  
Hospital Authority

Item IV

Dr Libby LEE Ha-yun, JP  
Under Secretary for Health

Ms Ellen CHAN Sheung-man  
Principal Assistant Secretary for Health 2

Dr Tony KO, JP  
Chief Executive  
Hospital Authority

Dr CHING Wai-kuen  
Director (Strategy and Planning)  
Hospital Authority

Item V

Dr Libby LEE Ha-yun, JP  
Under Secretary for Health

Ms Elaine MAK  
Deputy Secretary for Health 3

Mr Chris FUNG Pan-chung  
Principal Assistant Secretary for Health 3

Mr Derek LAI Chi-kin  
Principal Assistant Secretary (Higher Education)  
Education Bureau

Mr Louis LEUNG Sze-ho  
Deputy Secretary-General (1)  
University Grants Committee Secretariat

Professor Francis CHAN Ka-leung, SBS, JP  
Dean, Faculty of Medicine  
The Chinese University of Hong Kong

Ms Nowell WONG Chak-hung  
Faculty Secretary & Director of Planning Faculty and  
Planning Office, Faculty of Medicine  
The Chinese University of Hong Kong

Mr LI Sing-cheung  
Director  
Campus Development Office  
The Chinese University of Hong Kong

Ms Vikkie CHAN  
Senior Assistant Registrar  
Li Ka Shing Faculty of Medicine  
The University of Hong Kong

Dr Louis CHU  
Acting Director of Estates  
The University of Hong Kong

Mr Jason LUK  
Assistant Director, Estates Office  
The University of Hong Kong

Professor YIP Shea-ping  
Head of Department of Health Technology and Informatics; and  
Chair Professor of Diagnostic Science and Molecular Genetics  
The Hong Kong Polytechnic University

Professor KEE Chea-su  
Interim Head of School of Optometry  
The Hong Kong Polytechnic University

Mr Ben LAU Man-piu  
Director of Campus Development  
The Hong Kong Polytechnic University

Mr William LAM Chi-wai  
Senior Project Manager of Campus Development  
The Hong Kong Polytechnic University

Item VI

Professor LO Chung-mau, BBS, JP  
Secretary for Health

Mr Howard CHU Ho-yan  
Assistant Secretary for Health 2A

Dr TANG Yiu-hang  
Director (Cluster Services)  
Hospital Authority

**Clerk in attendance** : Mr Colin CHUI  
Chief Council Secretary (4) 3

**Staff in attendance** : Ms Macy NG  
Senior Council Secretary (4) 3

Miss Natalie YEUNG  
Council Secretary (4) 3

Miss Ariel SHUM  
Legislative Assistant (4) 3

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Action

(Index of proceedings of the meeting is attached at the **Appendix**.)

Action

**I. Information paper(s) issued since the last meeting**  
(LC Paper Nos. CB(4)201/2023(01) and CB(4)217/2023(01))

The Panel noted the above papers issued since the last meeting.

**II. Items for discussion at the next meeting**  
(LC Paper Nos. CB(4)295/2023(01) and (02))

2. The Panel agreed that the following items would be discussed at the next regular meeting to be held on 12 May 2023:

- (a) Specialist services, non-emergency services and examinations provided by the Hospital Authority (“HA”); and
- (b) End-of-life care: Legislative proposals on advance directives and dying in place.

**III. Three projects under the First Ten-year Hospital Development Plan**  
(LC Paper Nos. CB(4)295/2023(03) and (04))

3. At the invitation of the Chairman, the Administration briefed Members on the paper for discussion (LC Paper No. CB(4)295/2023(03)). Members in general supported the Administration’s funding proposal submitted for the three projects under the First Ten-year Hospital Development Plan (“HDP”).

Expansion of North District Hospital

4. Some Members enquired about the number of beds, operating theatres and rehabilitation facilities to be increased upon expansion of North District Hospital (“NDH”), the proportion of rehabilitation treatment services provided in the community and the Hospital, and whether the Hospital would coordinate the aforesaid services.

5. HA advised that the number of beds would be expected to increase to over 2 000 upon expansion of NDH, among which about 200 would be extended care beds. The Hospital would increase its manpower to provide community nursing services and improve ancillary services. Upon expansion, service provision of NDH included accident and emergency (“A&E”) services, ambulatory care services, day hospital services and day chemotherapy centre. Other facilities of the hospital would also be enhanced accordingly.

Action

Redevelopment of Kwong Wah Hospital

*Chinese medicine services provided by the Tung Wah Group of Hospitals upon the redevelopment of Kwong Wah Hospital*

6. Members noted that the redeveloped Kwong Wah Hospital (“KWH”) would accommodate the reprovisioned facilities of Chinese medicine (“CM”) services and preventive care services currently run by the Tung Wah Group of Hospitals (“TWGHs”). Some Members enquired how the relevant services would be integrated into the redeveloped KWH, and whether all CM services would be reprovisioned. Some other Members asked why beds in the integrated Chinese and Western medicine in-patient accommodation were not provided by HA, but by TWGHs on a self-financing basis.

7. HA advised that CM services originally provided by TWGHs were temporarily relocated elsewhere in light of the redevelopment of KWH. Upon commissioning of the new complex of KWH after redevelopment, TWGHs would relocate all of its CM services back to KWH, by then KWH and TWGHs would restart their integrated Chinese-Western medicine (“ICWM”) services.

*Accessibility*

8. Some Members enquired about the specific details on taking forward the proposed pedestrian connectivity project from the Yau Ma Tei MTR station to KWH. The Administration advised that an access point connecting to the Yau Ma Tei MTR station was reserved when planning for the redevelopment of KWH. However, upon examination, the proposal was considered to have complicated technical issues and required a long-term closure of certain major roads, which would cause significant inconvenience to the public. The current proposal was to construct, where feasible, a new entrance and exit at the Yau Ma Tei MTR station, connecting a newly built pedestrian subway which enabled members of the public to access to KWH from the MTR station in a comfortable environment through the pedestrian subway and covered walkway.

*Provision of accident and emergency service for residents in Kowloon district*

9. Some Members asked how the A&E services provided by the redeveloped KWH and Queen Elizabeth Hospital (“QEH”) would complement each other within the hospital cluster, and whether the volume of A&E services provided by KWH would be increased. Considering that the transport network of QEH was more convenient, some other Members expressed their hope that the A&E services of QEH could be retained.

Action

10. The Administration advised that upon completion of the new acute hospital at Kai Tak Development Area, most of QEH's services (including A&E services) would be relocated to that hospital. By then, the gross floor area of A&E services provided by United Christian Hospital, KWH and the new acute hospital would be three times larger than the existing one.

11. HA added that KWH had already increased its manpower to cope with an expected increase in usage and new services after the redevelopment, with the provision of 40 new acute beds in the new A&E department and the addition of a few dozens of beds in the specialties of medicine and neurosurgery as well. In general, HA would study and rationalize the arrangements for the provision of A&E services in hospitals with A&E departments, including KWH and QEH (or the new acute hospital after the relocation of the latter's services). HA would also develop a comprehensive healthcare plan for the space vacated by QEH at its current site in King's Park, with a view to providing appropriate services to patients in the whole Kowloon district and even in Hong Kong as a whole.

Overall views of the three projects

*Project duration, bed numbers and construction method*

12. Some Members enquired if the works schedule of KWH and Lai King Building ("LKB") in Princess Margaret Hospital ("PMH") could be compressed. The Administration advised that it would review the feasibility. As for the redevelopment of KWH, in order to avoid a further ground settlement of the declared monument (i.e. the Tung Wah Museum), it would take time for the Administration to carry out foundation strengthening works.

13. Expressing concern as to whether the Ten-year HDP could meet the demand of the population upon completion, some Members considered that the number of beds should be increased as far as possible. The Administration advised that it would conduct a projection on hospital service demand once every few years to review bed numbers and service content, with a view to supporting patients in a more appropriate manner.

14. Some Members suggested that the Administration should adopt smart and green construction methods to take forward the relevant works projects, to make the buildings safe and shorten the construction time. HA advised that the three works projects adopted the recycling and innovative methods to reduce construction waste according to BEAM Plus standards. In addition, the hospitals would also adopt energy-saving facilities such as solar panels, and comply with the latest environmental standards.

Action

*Facilities and equipment of a smart hospital*

15. Some Members enquired whether the hospitals concerned were equipped with the facilities and equipment of a smart hospital. In addition, Members raised concern about the shortage of doctors and urged the Administration as well as HA to improve the working environment of doctors. The Administration advised that each newly built hospital was smart in terms of design and technology. For instance, KWH was installed with the fifth generation mobile communications (“5G”) and technology equipment.

16. Some Members expressed concern about an incident earlier that a patient of the Pamela Youde Nethersole Eastern Hospital (“PYNEH”) was found unresponsive inside the toilet of the A&E Department and later certified dead. Members enquired whether the aforesaid equipment in a smart hospital would be applied to monitor similar incidents. The Administration advised that it had learnt a lesson and would explore the installation of sensor systems in the newly built hospitals to monitor any abnormality in a patient’s condition. The possibility of adding new technologies to the design would be re-examined.

*Integrated Chinese-Western Medicine Programme*

17. Considering that the ICWM Programme should be implemented in each hospital, some Members enquired about the Administration’s future plan. HA advised that ICWM services were currently being implemented to provide ICWM treatment to inpatients of selected disease areas (namely stroke care, musculoskeletal pain management and cancer palliative care). At present, there were eight hospitals participating in the Programme, covering all seven hospital clusters. HA planned to expand ICWM services by increasing the number of participating public hospitals and selected disease areas. Apart from inpatient services, HA also had plans to expand the ICWM Programme to ambulatory services or outpatient services.

*Repair works in existing hospitals before completion of redevelopment/expansion projects*

18. Some Members enquired if there were any recent incidents related to falling of suspended medical devices and building facilities in the three hospitals; if there were such incidents, whether relevant parts of the redevelopment/expansion works could commence first to avoid wasting public money on maintenance.



Action

19. The Administration advised that it would make the aforesaid arrangements. It pointed out that minor repairs to the existing buildings would be carried out as necessary to ensure safety during the redevelopment/expansion of the hospitals. No major repairs would be carried out as the existing buildings would be demolished in the course of carrying out the works projects. HA added that KWH had conducted a comprehensive survey and assessment of the concrete and all suspended medical devices, and had completed the repair of minor concrete problems. There were no immediately dangerous items in KWH for the time being.

Admin

20. Due to time constraint, the Chairman requested that the Administration/HA should provide information on whether there were recent incidents of falling medical devices and building facilities in NDH as well as LKB in PMH.

**IV. Issues relating to safety and maintenance inspection of equipment in public hospital**

(LC Paper Nos. CB(4)295/2023(05) and CB(4)158/2023(01))

21. At the invitation of the Chairman, the Administration briefed Members on the paper for discussion (LC Paper No. CB(4)295/2023(05)). Dr David LAM declared that he was a member of HA's Review Committee on Medical Equipment and Facility Maintenance ("Review Committee").

Medical equipment and facility maintenance work of the Hospital Authority

*Urgent inspection conducted in light of the recent incidents*

22. A number of Members expressed concern about the recent spate of incidents of falling medical devices and building installations in public hospitals. Some Members queried that HA had not conducted timely inspections in all hospitals after the first incident. Pointing out that although HA had subsequently conducted urgent inspection of all overhead installations and building conditions within one month ("urgent inspection"), some other Members expressed concern over whether the inspection was incomprehensive.

23. HA advised that following the recent incidents, it had inspected about 8 000 suspended medical equipment and repaired the concrete in over 300 buildings in March 2023. The inspections were preliminary inspections focusing mainly on facilities and equipment with higher risk to assess if they were in immediate danger. For minor items to be repaired, such as rusty water pipes or water stains, it would take time to deal with them.

Action  
Admin

24. The Chairman requested the Administration to provide supplementary information in response to Members' enquiry about when the urgent inspection had started and finished. The Chairman also expressed his hope that the Review Committee could study the incidents carefully to avoid recurrence of similar incidents. In addition, the Chairman also requested HA to provide the report of the Review Committee to the Panel for members' perusal.

*Regular inspection of medical devices and facilities*

25. Some Members raised concern as to whether HA had not proactively carried out inspections before the incidents. HA explained that it had all along conducted regular inspections of hospital facilities and medical devices, but the epidemic earlier on had affected such inspection work. In view of the recent incidents, HA had specially appointed a contractor and arranged for its staff to expeditiously conduct preliminary inspection of the internal facilities and external walls of buildings within one month. Thereafter, HA would continue to regularly inspect hospital facilities and medical devices according to the existing mechanism, as well as enhance the frequency and scope of inspections of older buildings or those with unsatisfactory conditions.

26. Noting that low to medium risk medical devices would be subject to regular inspection by hospitals according to their operational needs, some Members enquired how operational needs were defined and how many such devices had been proactively inspected by hospitals in the past. HA advised that different medical devices had different testing requirements and some device manufacturers would specify the time and content of inspection.

Admin

27. The Chairman requested the Administration to provide supplementary information in response to Members' enquiry that, for the incidents of falling medical devices and building installations which had been made public, whether HA had conducted inspections on the relevant devices and installations beforehand and, if so, the outcome of inspections.

*Performance of contractors providing maintenance and repair services to public hospitals*

28. Raising concern about whether HA had effectively monitored the maintenance and repair services of medical devices and facilities provided by contractors for hospitals, some Members enquired if the Review Committee would examine what contractors were appointed, as well as what products and brands were used by the contractors, etc., and whether the same contractor was involved in the incidents concerned.

Action

29. HA advised that it would initiate legal proceedings as necessary to hold the consultant and contractor accountable for their performance in terms of quality and progress of work. The Review Committee also recommended that relevant clauses should be included in the contracts in future so that the contractors would pay more attention to the methods of conducting inspections and their responsibilities in case of unsatisfactory performance. In addition, HA would also enhance training for its staff on knowledge of maintenance of building facilities. HA added that different suitable contractors would be appointed for the maintenance and repair of various medical devices and facilities.

Admin

30. The Chairman requested the Administration to provide information relating to Member's following questions after the meeting:

- (a) given that HA had arranged a building inspection programme through a consultancy service contract for seven clusters since 2021, whether accountability and penalty provisions were included in the contract, and whether HA would deduct points in future tenders submitted by the companies concerned; and
- (b) whether HA would deduct points from future tenders if the contractors concerned did not satisfactorily perform in the preventive building inspection work currently carried out by HA's maintenance contractors.

*Linking the hospital incidents to the salary of management staff of Hospital Authority*

31. Some Members suggested that the number of major incidents should be linked to the salary increase rate of the relevant management staff, and asked who was responsible for setting the remuneration for HA's senior management. The Administration advised that the salary structure of the HA management was determined by the HA Board Meeting, while the funding for HA was determined by the Health Bureau. The Administration advised that it would discuss with HA the above suggestion raised by Members.

The incident reporting and handling mechanism involving the safety of hospital patients

32. A number of Members expressed grave concern about HA's failure to timely publicize the incidents. Some Members enquired if there were penalties for delayed notification and whether there would be a requirement on how long HA had to notify the public after an incident.

33. HA advised that in the past, HA staff were required to notify the headquarters of serious incidents in clinical events and patient care within a

Action

specific time frame. In the light of the recent incidents relating to medical equipment and facility maintenance, the initial view of the Review Committee was that the decision to report an incident externally should be subject to several reference indicators, such as whether there were injuries of patients or staff, impact on services, and the severity of the incident, etc. As a short-term measure, HA would decide within 24 hours whether to disclose it to the public in case of an incident.

34. Some Members expressed dissatisfaction that HA only disclosed to the public the incident of concrete spalling in a dormitory of Castle Peak Hospital (“CPH”) in November 2022 after the incident of falling of surgical light in an operating room of United Christian Hospital in February 2023. They queried whether HA had withheld or omitted any information. Members also queried whether HA’s reporting mechanism existed in name only because Members of the Legislative Council (“LegCo”) and the media were informed of the incident after making enquiries with HA through online information. Members also criticized HA for its slow response to LegCo Members’ enquiries and for merely repeating the contents of the press conference.

35. HA advised that CPH’s late notification of the incident of concrete spalling in its dormitory to the headquarters and relevant colleagues was an obvious deficiency in internal communication and external dissemination of information. HA had conducted an immediate review in this regard. HA added that it had all along put in place the Advanced Incidents Reporting System to encourage staff to report immediately in case of suspected problems, but the system did not specify such cases as concrete spalling. HA agreed with the preliminary view of the Review Committee that the external reporting mechanism for such cases should be specified and it was studying the ways to improve the reporting system.

36. HA further apologized for the slow response in handling enquiries from LegCo Members and advised that due to the rapid development of the incident, HA staff had to engage in plenty of follow-up work and hence it did take time to respond. HA had requested its staff to expeditiously answer Members’ enquiries and give reply to their questions as far as possible.

Use of technology in public hospitals

37. Some Members considered the existing equipment in hospitals very obsolete and HA patients’ wristbands very outdated as well. In addition, Members expressed concern about the recent incident in which a patient of PYNEH was found unresponsive inside the toilet of the A&E Department and later certified dead. They urged the Administration to make good use of

Action

technology to improve the situation. In response, HA pointed out that it had monitored the physical indicators of patients after admission to A&E departments through technology, but it would take time to promote clinical application and experience would need to be accumulated in data handling.

Regulation of medical devices

38. Some Members enquired when the Administration would introduce the Medical Devices Bill, which aimed at regulating medical devices, into the Legislative Council as the Bill would cover post-market control on maintenance and repair services of medical devices.

39. The Administration advised that the industry had yet reached a consensus on the legislative proposal. Its original plan was to conduct consultation on the legislative proposal in 2022 or 2023, but it lagged behind due to the epidemic. The consultation would be resumed in the future. The Administration was aware that manufacturers of medical devices were generally willing to apply for listing their medical devices under the administration of the Department of Health on a voluntary basis first. As to whether medical devices should be regulated by way of legislation, the Administration would conduct a further review. Pending the enactment of the legislation, HA would give priority to medical devices listed under the “Medical Device Administrative Control System” in its procurement activities and carry out maintenance of medical devices in accordance with the code.

**V. Enhancement of Healthcare Teaching Facilities of University Grants Committee-funded Universities**  
(LC Paper Nos. CB(4)295/2023(06) and (07))

40. At the invitation of the Chairman, the Administration briefed members on the paper for discussion (LC Paper No. CB(4)295/2023(06)). The Chairman declared that he was a member of the Council of the Chinese University of Hong Kong (“CUHK”). Dr Dennis LAM declared that the company he served provided medical services in Hong Kong and the Mainland. Mr Duncan CHIU declared that he was a member of the Board of the Hospital Authority (“HA”).

41. Members in general supported the Administration’s funding proposals for the following healthcare teaching facilities: (a) construction of a teaching-research complex in Tai Po Area 39 of CUHK; and (b) construction of a new academic building on an extension site east of No. 3 Sassoon Road (main works) of the University of Hong Kong (“HKU”).

Action

Construction of a new academic building of the University of Hong Kong

42. Some members noted that residents in the vicinity of the proposed new academic building of HKU had expressed concern that the building upon completion would obstruct the view. Subsequently, HKU adjusted the height of the building in response to the residents' opinion. In this regard, these members enquired if HKU had sought the latest views of the residents, and recommended that the Administration should elaborate on the process of consultation with the residents, the views received and the ways to deal with them when the relevant funding proposal was submitted to the Public Works Subcommittee and the Finance Committee in due course.

43. HKU replied that it had briefed the Southern District Council on the works project concerned in early 2021, and invited residents to attend the consultation meetings. Subsequently, the residents had directly reflected their views to the Estates Office of HKU from time to time. The latest consultation session with the residents took place both in person and virtually in December 2022. HKU would continue to maintain communication with the residents. HKU added that it had introduced the optimized proposal to the Town Planning Board in February 2023.

44. In response to some members' enquiry on the comprehensive plan of HKU's Faculty of Medicine to expand its teaching and learning facilities in the vicinity of Sassoon Road in the next 10 years, the Administration and/or HKU would reply with supplementary information provided after the meeting.

Admin/  
HKU

The standard of healthcare teaching facilities of local universities

45. Some members asked about the teaching quality of and research support provided by the two local medical schools upon enhancement of their medical teaching facilities in comparison with those of top overseas universities, and whether such facilities were related to innovative biomedical research.

46. The Administration advised that the healthcare teaching facilities covered areas such as precision medicine, genomic testing and big data applications, which were believed to be able to cope with the development of innovative biomedical research. However, there was no international ranking on the standard of teaching facilities of medical schools. CUHK pointed out that although its Faculty of Medicine was not as large as those in foreign countries, its teaching and research facilities were comparable to those of the top international medical universities. The proximity of the

Action

proposed teaching and research complex to the Hong Kong Science Park would also be conducive to the implementation of research results. Moreover, CUHK's Biosafety Level 3 Laboratory ("P3 laboratory") had been reopened after the epidemic. HKU pointed out that its Faculty of Medicine would arrange for a comprehensive review of its facilities conducted by a review board composed of international members once in every six years. HKU's teaching and research facilities were assessed to have attained international standards, while the P3 laboratory and stem cell laboratory were both internationally accredited and certified by the Department of Health.

Training places for medicine and other healthcare related disciplines

47. Considering that local healthcare related programmes were favoured by overseas students, some members enquired whether the Administration would increase the number of training places, in particular those for radiography. The Administration pointed out that a maximum of 800 medical places could be provided upon enhancement of the relevant healthcare teaching facilities, but it had to consider whether teaching staff members and training places in hospitals were sufficient to cope with the situation. Training places of radiography could be increased from 110 to 170 upon completion of the relevant works. The Administration would continue to communicate with the University Grants Committee ("UGC") and adjust the number of training places as necessary.

48. Some members continued to enquire when the medical places of the two medical schools could be increased with the gradual completion of the enhancement of the healthcare teaching facilities. UGC advised that it conducted planning on healthcare training places once every three years, in which the Administration would draw reference to the statistics of the Healthcare Manpower Projection and feedback from the universities concerned, before the Executive Council decided the number of medical places. The latest round of planning would commence at the end of this year or early next year. As for medical places, the number had been on the rise in the past few planning periods, from 470 in 2016-2019 to 530 in 2019-2022, then to 590 in the current period in 2022-2025. The projection of 800 medical places was a 10-year plan for 2020 and would be achieved gradually over the next few years.

49. Some members pointed out that although the number of training places for optometry could be increased from 45 to 100 upon enhancement of the healthcare teaching facilities, there was a huge demand for optometry services in Hong Kong and the Mainland. It was suggested that the number of training places should be reviewed. The Hong Kong Polytechnic

Action

University (“PolyU”) replied that at present, healthcare training places were mainly determined in accordance with the local demand, and UGC would examine whether there was room for such an increase.

Medical ethics education and exchanges with the Mainland

50. Holding the view that medical students as well as students of other medical-related departments should receive medical ethics education, some members asked about the specific measures taken by the three universities to cultivate medical ethics among their students of medical-related departments. Members also enquired whether short-term training placements at the Medical Centre of The Chinese University of Hong Kong, Shenzhen would be arranged by CUHK’s Faculty of Medicine for its medical students; and whether HKU’s Faculty of Medicine and CUHK’s Faculty of Medicine would arrange short-term exchanges for its medical students at Mainland universities (e.g. Sun Yat-sen University and Southern Medical University). The Administration and/or the relevant universities will provide supplementary information in response to the above enquiry.

Admin/  
Relevant  
universities

**VI. Pilot Scheme for Supporting Patients of the Hospital Authority Residing in the Guangdong-Hong Kong-Macao Greater Bay Area (LC Paper Nos. CB(4)295/2023(08))**

51. At the invitation of the Chairman, the Administration briefed Members on the paper for discussion (LC Paper No. CB(4)295/2023(08)). Dr Dennis LAM declared that the company he served provided medical services in Hong Kong and the Mainland. Members in general supported the Administration’s launch of the Pilot Scheme for Supporting Patients of the Hospital Authority Residing in the Guangdong-Hong Kong-Macao Greater Bay Area (“Pilot Scheme”).

Extension of Pilot Scheme to other medical institutions in the Mainland

52. Some Members suggested that the Administration should consider extending the Pilot Scheme to more medical institutions in the Mainland, such as hospitals of Tier 3 Class A or designated clinics. They also enquired about the timetable for extension. Some Members also asked whether the Administration would study the demand of Hong Kong people residing in different Mainland cities for extending the Pilot Scheme to their places of residence.

53. The Administration advised that it had all along attached importance to providing medical support to Hong Kong people residing in the Greater



Action

Bay Area (“GBA”), and the first step after the society had resumed to normalcy was to launch the Pilot Scheme by drawing reference to the experience of implementing the Special Support Scheme for Hospital Authority Chronic Disease Patients Living in the Guangdong Province (“the Special Support Programme”) amid the epidemic. The scope of application for elderly health care vouchers had extended to cover the cost of outpatient medical care at the Huawei Li Zhi Yuan Community Health Centre of the University of Hong Kong-Shenzhen Hospital.

54. The Administration stressed that the quality and safety of medical services were of paramount importance, and the Pilot Scheme also involved the utilization of public funds between the two places. When contemplating the extension of the scheme to more healthcare institutions, the Administration would consider their service quality, management model, and understanding of Hong Kong’s healthcare and welfare systems. The overarching direction was to select medical institutions possessing Hong Kong management experience and demonstrating a high standard of quality. In the future, consideration might also be given to expanding the service scope to cover more medical procedures.

55. Some Members asked how the Administration would enhance exchanges with Mainland medical institutions to facilitate the latter’s understanding of our healthcare and welfare systems as well as management model. The Administration advised that it was considering to draw reference from last year’s experience of implementing the measure of allowing the use of Hong Kong-registered drugs and medical devices in designated healthcare institutions in GBA, and using the University of Hong Kong-Shenzhen Hospital (“HKU-SZH”) as a pilot to rationalize the relevant processes before extending the scheme to other Mainland medical institutions.

56. Some other Members suggested that the Administration should invite HKU-SZH to set up branches in other Mainland cities or manage other hospitals under entrustment for extension of the Pilot Scheme. The Administration pointed out that the proposal was related to the future development of the hospital, and that the hospital, as one of the 14 pilot hospitals in the country for high-quality development of public hospitals, had an edge in its service model. It was believed that the Mainland authorities would promote this service model in this regard.

Other concerns

57. Some Members expressed concern about whether HKU-SZH could access the medical records of Hong Kong people seeking medical consultation on the Electronic Health Record Sharing System (“eHealth”).

Action

The Administration advised that although HKU-SZH was currently unable to directly access eHealth, a mechanism had been established since the launch of the Special Support Programme in November 2020, whereby with the patients' consent, their medical records on eHealth would be encrypted and sent to HKU-SZH. In response to some Hong Kong residents returning for follow-up consultations after the resumption of normal cross-boundary travel between the Mainland and Hong Kong, HA, the responsible department of eHealth and HKU-SZH were considering the arrangement to send the relevant patients' medical records in the Mainland back to Hong Kong. The Administration added that it would be more desirable to allow direct sharing of medical records between the Mainland and Hong Kong in future, but this would involve issues such as data transmission capacity and personal privacy.

58. Some Members suggested that the Administration should refer local patients to HKU-SZH to undergo surgery so as to shorten the waiting time. The Administration pointed out that the Pilot Scheme and elderly health care vouchers were mainly targeted at outpatient clinics and the treatment of chronic diseases, while surgical referrals could be considered by way of strategic procurement, provided that the complex issues involved had to be dealt with first, such as complaint or arbitration mechanisms in the event of postoperative complications. The Administration added that apart from Hong Kong people residing in GBA, patients living in Hong Kong could also choose to go northward for follow-up consultation through the Pilot Scheme. Also, it hoped that the data of the Pilot Scheme could be obtained first to assess the relevant demand.

59. Some Members pointed out that some Hong Kong people had reflected that there was a difference in the quantity of drugs prescribed by HKU-SZH and public hospitals in Hong Kong. The Administration explained that most of the drugs prescribed in the two places have the same ingredients, and patients might mistakenly think that they were different drugs because of the different brands or packaging. Also, it might be necessary for doctors to adjust the dosage of drugs in light of clinical needs.

60. With regard to the enquiry of some Members concerning the response of the relevant Mainland authorities in taking forward the Pilot Scheme, the Administration advised that during its earlier visits to the Mainland, the relevant authorities had expressed support for the cross-boundary use of Hong Kong's medical services.

(At 10:43 a.m., the Chairman directed to extend the meeting until the end of discussion.)

Action

**VII. Any other business**

61. There being no other business, the meeting ended at 10:47 am.

Council Business Division 4  
Legislative Council Secretariat  
16 May 2023

**Panel on Health Services**  
**Proceedings of meeting on Wednesday, 19 April 2023, at 8:45 am**  
**in Conference Room 3 of the Legislative Council Complex**

<b>Time marker</b>	<b>Speaker(s)</b>	<b>Subject(s)</b>	<b>Action Required</b>
<i>Agenda Item I: Information paper(s) issued since the last meeting</i>			
<a href="#">000438-000504</a>	Mr Tommy CHEUNG ("Chairman")	Members noted the information paper(s) issued since the last meeting	
<i>Agenda Item II: Items for discussion at the next meeting</i>			
<a href="#">000505-000558</a>	Chairman	Agreement of members on the items for discussion at the next meeting	
<i>Agenda Item III: Three projects under the First Ten-year Hospital Development Plan</i>			
<a href="#">000559-001121</a>	Chairman Administration	Briefing by the Administration	
<a href="#">001122-001550</a>	Chairman CHAN Hoi-yan Administration Hospital Authority ("HA")	Repair works in existing hospitals before completion of redevelopment/expansion projects  Expressing support for the funding proposal  How the acute services provided by the redeveloped Kwong Wah Hospital ("KWH") and Queen Elizabeth Hospital ("QEH") would complement each other within the hospital cluster	Admin
<a href="#">001551-001901</a>	Chairman Mr Vincent CHENG Administration	Expressing support for the funding proposal on behalf of the Democratic Alliance for the Betterment and Progress of Hong Kong  Works schedule  Expressing the hope that QEH's emergency services could be retained	
<a href="#">001902-002126</a>	Chairman Mr CHAN Pui-leung Administration HA	Expressing support for the funding proposal  Provision of emergency services by the redeveloped KWH	

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<a href="#">002127-002532</a>	Chairman Dr David LAM Administration HA	Services provided by the North District Hospital after its expansion  Chinese medicine (“CM”) services provided by the Tung Wah Group of Hospitals (“TWGHs”) after the redevelopment of KWH	
<a href="#">002533-002924</a>	Chairman Mr LEUNG Man-kwong Administration HA	Expressing support for the funding proposal  CM services provided by TWGHs after the redevelopment of KWH  Concrete situation of taking forward the proposed pedestrian connectivity project from the Yau Ma Tei MTR station to KWH	Admin
<a href="#">002925-003332</a>	Chairman Ms Elizabeth QUAT Administration HA	Expressing support for the funding proposal  Number of hospital beds  Integrated Chinese-Western medicine (“ICWM”) services  Smart and green construction  Working environment of doctors	
<a href="#">003333-003500</a>	Chairman Dr Priscilla LEUNG Administration	Expressing support for the funding proposal  Equipment of a smart hospital	
<a href="#">003501-003515</a>	Chairman	Expressing support for the funding proposal on behalf of the Liberty Party  Conclusion	
<i>Agenda Item IV: Issues relating to safety and maintenance inspection of equipment in public hospital</i>			
<a href="#">003516-003836</a>	Chairman Administration	Briefing by the Administration	
<a href="#">003837-004308</a>	Chairman Ms CHAN Hoi-yan HA	The incident reporting and handling mechanism involving the safety of hospital patients	

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		Post-incident inspection  The speed and content of HA's response to enquiries of Members of the Legislative Council	
<a href="#">004309-004715</a>	Chairman Ms Elizabeth QUAT HA	The incident reporting and handling mechanism involving the safety of hospital patients  Monitoring the performance of contractors providing facilities maintenance and repair services to public hospitals  Use of technology in public hospitals	
<a href="#">004716-005132</a>	Chairman Ms JoePHY CHAN HA	The incident reporting and handling mechanism involving the safety of hospital patients  Pre-incident inspection  Arrangements for regular inspection of low to medium risk medical devices	Admin
<a href="#">005133-005553</a>	Chairman Mr Michael TIEN Administration	Suggestion of linking the hospital incidents to the salary of HA's management staff  Monitoring the performance of contractors providing facilities maintenance and repair services to public hospitals	Admin
<a href="#">005554-005926</a>	Chairman Ms Judy CHAN HA	Post-incident inspection  Monitoring the performance of contractors providing facilities maintenance and repair services to public hospitals	
<a href="#">005927-010142</a>	Chairman Dr David LAM Administration	Declaration  Progress in taking forward the Medical Devices Bill	
<a href="#">010143-010325</a>	Chairman Ms CHAN Hoi-yan HA	Progress in taking forward the Medical Devices Bill  Report of the Review Committee on Medical Equipment and Facility Maintenance	

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<i>Agenda Item V: Enhancement of Healthcare Teaching Facilities of University Grants Committee-funded Universities</i>			
<a href="#">010326-011613</a>	Chairman Administration	Briefing by the Administration  Declaration	
<a href="#">011614-012109</a>	Chairman Mr CHAN Kin-por Administration The University of Hong Kong ("HKU")	Expressing support for the funding proposals  The way HKU handled the views of nearby residents on the proposed new academic building  The comprehensive plan of the HKU's Faculty of Medicine to expand its teaching and learning facilities near Sassoon Road in the next 10 years	Admin/HKU
<a href="#">012110-012421</a>	Chairman Mr Duncan CHIU Administration	Declaration  Expressing support for the funding proposals  Training places in medicine and radiology and other medical-related departments	
<a href="#">012422-012922</a>	Chairman Ms CHAN Hoi-yan Administration The Chinese University of Hong Kong HKU	Expressing support for the funding proposals  The standard of healthcare teaching facilities of local universities	
<a href="#">012923-013339</a>	Chairman Dr Dennis LAM Administration The Hong Kong Polytechnic University	Declaration  Expressing support for the funding proposals  Medical ethics education  Exchange between local medical schools and Mainland hospitals/medical schools  Recommendations on the review of optometry places	Admin/ relevant universities
<a href="#">013340-013803</a>	Chairman Administration University Grants Committee	Expressing support for the funding proposals on behalf of the Liberty Party  Medical training places upon enhancement of healthcare teaching facilities	

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<i>Agenda Item VI: Pilot Scheme for Supporting Patients of the Hospital Authority Residing in the Guangdong-Hong Kong-Macao Greater Bay Area</i>			
<a href="#">013804-014428</a>	Chairman Administration	Briefing by the Administration	
<a href="#">014429-015007</a>	Chairman Ms CHAN Hoi-yan Administration	Whether the University of Hong Kong-Shenzhen Hospital (“HKU-SZH”) could access the medical records of Hong Kong people seeking medical consultation on the Electronic Health Record Sharing System (“eHealth”)  Quantity of drugs prescribed by HKU-SZH and public hospitals in Hong Kong  Extension of the Pilot Scheme for Supporting Patients of the Hospital Authority Residing in the Guangdong-Hong Kong-Macao Greater Bay Area (“Pilot Scheme”) to other medical institutions in the Mainland	
<a href="#">015008-015424</a>	Chairman Mr Kingsley WONG Administration	Extension of Pilot Scheme to other medical institutions in the Mainland  Suggestion of inviting HKU-SZH to set up branches in other Mainland cities  Referral of local patients to HKU-SZH for surgery	
<a href="#">015425-015743</a>	Chairman Mr LEUNG Man-kwong Administration	The way to enhance Mainland medical institutions’ understanding of local healthcare and welfare systems	
<a href="#">015744-020135</a>	Chairman Mr Stanley LI Administration	Reaction of relevant Mainland authorities in taking forward the Pilot Project  Whether HKU-SZH could access the medical records of Hong Kong people seeking medical consultation on eHealth  Extension of Pilot Scheme to other medical institutions in the Mainland	
<a href="#">020136-020510</a>	Chairman Dr Dennis LAM Administration	Declaration  Expressing support for the Pilot Scheme  Referral of Hong Kong patients to Mainland medical institutions through strategic procurement	



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		Suggestion of inviting HKU-SZH to manage other Mainland hospitals under entrustment	
<a href="#">020511-020540</a>	Chairman Administration	Expressing support for the Pilot Scheme on behalf of the Liberty Party  Extension of Pilot Scheme to other medical institutions in the Mainland	
<i>Agenda Item VII: Any other business</i>			
<a href="#">020541-020546</a>	Chairman	Closing remarks	

Council Business Division 4  
Legislative Council Secretariat  
16 May 2023