立法會
Legislative Council

LC Paper No. CB(2)1859/99-00
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

LegCo Panel on Health Services

Minutes of meeting
held on Monday, 10 April 2000 at 8:30 am
in Conference Room A of the Legislative Council Building

Members Present	:	Hon Michael HO Mun-ka (Chairman) Dr Hon LEONG Che-hung, JP (Deputy Chairman) Hon HO Sai-chu, JP Hon Cyd HO Sau-lan Hon LEE Wing-tat Hon LEE Kai-ming, SBS, JP Hon Fred LI Wah-ming, JP Hon CHAN Yuen-han Hon Bernard CHAN Hon Mrs Sophie LEUNG LAU Yau-fun, JP Hon WONG Yung-kan Dr Hon YEUNG Sum Hon LAW Chi-kwong, JP Dr Hon TANG Siu-tong, JP
Member Absent	:	Hon YEUNG Yiu-chung
Member Attending	:	Hon Andrew CHENG Kar-foo

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Public Officers Attending	:	All items Mr Gregory LEUNG, JP Deputy Secretary for Health and Welfare Miss Joanna CHOI Principal Assistant Secretary for Health and Welfare Miss Ada CHAN Assistant Secretary for Health and Welfare Items III and IV Dr W M KO Deputy Director of Hospital Authority
Clerk in Attendance	:	Ms Doris CHAN Chief Assistant Secretary (2) 4
Staff in Attendance	:	Ms Joanne MAK Senior Assistant Secretary (2) 4

I. Date of next meeting and items for discussion
(LC Paper Nos. CB(2)1594/99-00(01) to (03))

Members agreed to discuss "Food safety control system in Hong Kong" at the next meeting to be held on 8 May 2000 at 8:30 am.

List of follow-up actions by the Administration

2. Dr LEONG Che-hung referred to items 1a, 2a, 7.3 and 8 on the list and asked the Administration when it would provide the required information. He considered that the Administration should not have taken so long to compile the information which was rather simple. The Chairman requested the Administration to provide the requested information within one to two weeks. He further asked the Administration to go through the list and report progress on the various items to the Panel at the meeting in June 2000. In response, Deputy Secretary for Health and Welfare (DSHW) agreed to provide an information paper on those items mentioned

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by Dr LEONG as soon as possible and report the follow-up action taken by the Administration in respect of the other items in June 2000.

3. On receipt of the supplementary information to be provided by the Administration, members would further decide what other items would be included for discussion at the next meeting.

II. Information papers issued since the last meeting

(LC Paper Nos. CB(2)1555/99-00(01) and CB(2)1594/99-00(04))

4. Members noted that the following information papers had been issued since the previous meeting -

(a) Information note on Fishing Moratorium in the South China Sea issued on 31 March 2000 under LC Paper No. CB(2)1555/99-00(01); and

(b) Progress on development of Laboratory Automation System (LAS) issued on 7 April 2000 under LC Paper No. CB(2)1594/99-00(04) .

5. On item (a), Mr WONG Yung-kan said he did not see the need to discuss the subject since the fishing moratorium was an annual event now. He said that he had earlier suggested to the Administration to establish a trust fund to help upgrade the skills of fishermen for operating vessels, but he considered that it was not appropriate for this Panel to follow up the matter which was more of a monetary nature. He also felt that it was too early to discuss the effectiveness of the fishing moratorium in conserving fisheries resources. He therefore had no specific issue to raise on this subject. The Chairman considered that based on the information provided in the paper, he did not think it was necessary to discuss the subject. Members agreed.

6. On item (b), Dr LEONG Che-hung referred to paragraph 4 of the paper and asked why the Administration had taken two years, after approval was given by the Finance Committee in October 1997 for setting up LAS, to award the relevant contract through open tender. DSHW replied that the Department of Health (DH) had spent some time on considering a variety of available systems before deciding which option suited it most. In response to Dr LEONG's request, DSHW agreed to
Adm provide details of the test services performed by LAS and the relevant charges. The Chairman noted that the capacity of the system was quite large and requested the
Adm Administration to assess whether the availability of LAS would have an impact on the businesses of private laboratories. Dr LEONG also requested the Administration to
Adm highlight in its information paper any test services performed by LAS which were not generally provided by private laboratories.

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III. Provision of hospital services for Kowloon East
(LC Paper No. CB(2)1594/99-00(05))

7. Deputy Director of Hospital Authority (DD(HA)) invited members to note that the Hospital Authority (HA) organized hospital services by way of hospital cluster management, and Kowloon East was one of the existing eight clusters of services. He explained that due to historical reasons and the pattern of urban development which had first centred on the Hong Kong Island and central Kowloon before expanding outward, it was understandable why more facilities had been deployed to the provision of medical services in these areas. He agreed that the provision of medical services in the Kowloon East hospital cluster was relatively inadequate as compared with some other clusters.

8. DD(HA) pointed out that HA was concerned about the medical needs of the Kowloon East cluster as its population had been on the increase and it had to cope with the needs arising from the new town of Tseung Kwan O. To strengthen the health care services in the Kowloon East cluster, the new initiatives as set out in paragraphs 3(a) to (c) of the Administration's paper had been implemented in recent years. The health care services in the Kowloon East cluster would also be enhanced by new plans as detailed in paragraphs 4(a) to (d) of the paper. Among the new initiatives, DD(HA) highlighted the following -

(a) The new Tseung Kwan O Hospital (TKOH) had already started to provide specialist out-patient and day services in December 1999 and February 2000 respectively. 358 hospital beds would be commissioned at TKOH in 2000/01 and the hospital would commence operation of a 16-hour Accident & Emergency (A&E) service in July 2000. The full commissioning of TKOH should alleviate to some extent the burden of the United Christian Hospital (UCH) in providing medical services;

(b) 215 additional hospital beds had been commissioned at UCH in 1999/00. 251 new beds would be commissioned at UCH by phases starting from 2001/02; and

(c) The rehabilitation centre at the Kowloon Hospital would be commissioned by phases in the next few years and, if necessary, it would provide services to the patients of UCH as well.

9. DD(HA) invited members to note that the international trend had been to focus on the development of the more cost-effective ambulatory and community care programme instead of in-patient services. The bed-to-population ratios in overseas countries were therefore continuously adjusted.

10. DD(HA) then explained the concept of "effective population" mentioned in the

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paper. He pointed out that in planning the provision of medical services in an area, it was necessary to look at the effective population of the area by taking into account the inter-cluster flow of patients. He emphasized that HA did not just look at the actual population within an area which would be inadequate to reflect the actual service demands. He added that the effective population of an area was not stagnant and it would be affected by the development of secondary care in the area. He said that both actual population and effective population had to be taken into account at various stages of service planning.

11. Mr Fred LI Wah-ming was dissatisfied that HA had used "effective population" as the basis in calculating the ratio of numbers of beds to patients given in the paper. He criticized that this was inconsistent with the approach adopted in the HA annual report, which had calculated the ratios based on actual population instead of "effective population". He also queried how HA had come up with the figure "530 276" as the effective population of the Kowloon East cluster since Kwun Tong alone had already got a population of some 530 000 and Tseung Kwan O had some 200 000. He also noted that 20% of the patients of UCH came from Tseung Kwan O. Mr LI considered that HA had produced this figure to bring the bed-to-effective population ratio to 3 to 1 000. He further pointed out that based on the actual population in Kowloon East, the ratio should be some 2 beds per 1 000 population instead of 3 beds per 1 000 population. He said that it had been an undisputed fact that the bed-to-population ratio in the Kowloon East cluster was the lowest among the existing hospital clusters.

12. In addition, Mr LI was dissatisfied that the 251 new beds would be commissioned at UCH only by phases starting from 2001/02 subject to provision of adequate funding each year. He considered that the existing conditions at UCH were urgently in need of improvement and pointed out that the utilization rate of A&E service at UCH during long holidays remained the highest in Hong Kong. In addition, the overcrowding problem of UCH was so serious that it was found using the largest number of folding beds amongst hospitals in Hong Kong and that male and female patients in UCH had to share wards due to shortage of beds. He urged the Administration to increase the number of new beds expeditiously to meet the originally planned target of providing 1 400 hospital beds at UCH. Mr LI also reminded the Administration that there would be large-scale housing development in Kwun Tong scheduled for completion by 2007/08 which would add an extra 100 000 population to the district.

13. In response to Mr LI's comments, DD(HA) pointed out that information on the actual population of various areas was readily available in the HA annual report. He reiterated that it was always necessary to take into account both the actual population and effective population in planning the provision of medical services and this had been the established rule in the planning process.

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14. DD(HA) said he appreciated that residents in Kowloon East wanted to have improvements made to the medical services there at a faster pace. However, he invited members to note that the improvement measures as set out in the paper were very substantial improvements. He also invited members to note that the schedule given in the paper for the provision of 251 additional beds at UCH was a very concrete and detailed one. He said that HA would sustain its efforts in monitoring the growth in service demands. It had also been made an established practice that HA would seek to discuss with the Administration on the provision of medical services in an area at an early stage of the Administration's housing development plans for the area.

15. DD(HA) further said that as an on-going effort, HA would continue to keep a close watch on the international experience in the development of community care programme, which might be an alternative to the provision of hospital-based care in the long run. He assured members that continuing efforts would be made to bring improvements to the provision of medical services in Kowloon East.

16. DSHW said that the commissioning of 358 beds at TKOH had taken up most of the resources devoted for providing new hospital beds in the current financial year. He pointed out that in line with the international trend and coupled with advancement in technology, delivery of medical services should focus on community care instead of inpatient services. He also took the opportunity to inform members that the Administration was considering a new funding model in collaboration with HA to replace the traditional bed-based funding model. He explained that under the proposed new approach, funding would be calculated based on demographic changes and the growth of the population.

17. Dr LEONG Che-hung recalled that when HA was first established, there were already plans to cease using the traditional bed-based funding method. He urged the Administration to adopt a new funding model which would be more able to meet genuine needs. However, he reminded the Administration that the adoption of a new funding model could not help solve the shortage of medical services for the population in Kowloon East in a short time.

18. Dr LEONG Che-hung considered that the shortage was due to the Administration's failure to plan ahead the provision of medical services in Tseung Kwan O before moving population into the new town. He urged the Administration to learn from the experience of Tseung Kwan O and start providing medical facilities in Tung Chung. Dr LEONG also queried whether it would be adequate for the Kowloon Hospital to provide only 68 rehabilitation beds to cope with the large service demands at UCH and asked whether HA had any long-term plan to solve the problem.

19. In response, DD(HA) agreed that there was a shortage of rehabilitation facilities in the Kowloon East cluster. He said that UCH and TKOH would be supported by the Kowloon Hospital and the Haven of Hope Hospital in the provision

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of rehabilitation services but there was no fixed plan on the number of beds allocated from these two hospitals to support UCH and TKOH. He said that the allocation of beds would be further decided based on practical needs.

20. Miss CHAN Yuen-han asked if it was true that TKOH would not operate a maternity service unit. DD(HA) replied that maternity service was a broad term which actually involved two specialties, namely, obstetrics and gynaecology services. He said that data had shown that UCH was able to cope with the demands for obstetrics service in the Kowloon East cluster. He emphasized that the provision of obstetric service may not be most cost-effective when the delivery rate was below 3 000 in a year. There would also be problems to maintain the professional experience and standards of the staff concerned. At the Chairman's request, DD(HA) agreed to provide the time-table for the provision of gynaecology service at TKOH after the meeting.

DD(HA)

21. Miss CHAN Yuen-han said that since TKOH had already included facilities to provide obstetrics and gynaecology services, she considered that the services should be provided and reminded DD(HA) that there were many nuclear families made up of young couples in Tseung Kwan O. She also queried the basis on which HA had come to the view that it would not be cost-effective to provide obstetrics service at TKOH. DD(HA) replied that data had shown that the birth rate of the population of Kowloon East was inadequate to support the provision of obstetrics service at both UCH and TKOH. For this reason it was necessary for residents in Tseung Kwan O to use the obstetrics service provided at UCH. Miss CHAN was dissatisfied with the reply and reminded HA that the demographic characteristics of the population of Kowloon East were ever-changing. In some of the areas the population was becoming younger with the inflow of people from other districts due to urban renewal.

22. Miss Cyd HO Sau-lan considered that the crux of the problem arose from the Administration's policy of moving population into a new town before planning and providing community facilities for it and Tseung Kwan O was a vivid example. Referring to the Administration's paper, Miss HO considered that the projection of medical services should not cover only up to 2003/04. She considered that since there would be large increases in the populaton in Tseung Kwan O (known to be 300 000 in the short term and 500 000 in the long term), the Administration and HA should plan ahead the provision of medical facilities to meet the anticipated needs. Miss HO took the view that the poor living environment of Hong Kong would make it unsuitable for it to follow the examples of other countries to shift emphasis from the development of hospital-based care to community care programme.

23. In response, DD(HA) said that HA and the Administration had actually done longer term projection in the service planning. That was why the design of TKOH had already included space for its future expansion. He said that it might be difficult to provide details of these long-term plans in advance as they were subject to many

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variations. He invited members to note that the time span between planning for a hospital and its commissioning had been greatly shortened now. For example, it only took less than five years to plan and commission TKOH. He said that in the future it would take a much shorter time to provide the necessary medical facilities in an area when the needs arose. DD(HA) agreed that the poor living environment of Hong Kong had been an obstacle to the development of a community care programme. He assured members that the pace of the development would not be too fast without regard to the practical limitations. In response to Miss HO's question, DD(HA) confirmed that the planning of TKOH allowed it to expand to a capacity sufficient to cater for a population up to 500 000.

24. Dr YEUNG Sum commented that the provision of primary health care in Hong Kong was just at the initial stage and there were inadequate facilities of primary care. While he supported to develop more community care services, he considered that the number of hospital beds should not be cut until there were substantial improvements in primary health care. In response to Dr YEUNG's question, DD(HA) said that the target of providing round-the-clock A&E service at TKOH would be achieved within 2001/02.

25. Dr TANG Siu-tong asked whether the utilization rate of hospital beds at UCH would be reduced to an acceptable level (i.e. 85%-90%) with the opening of TKOH. DD(HA) replied that the utilization rate would certainly be reduced but he could not say for sure how much it could be reduced. He added that HA would endeavour to improve the provision of community care in Tseung Kwan O in a bid to ease the burden of UCH.

IV. Referral of complaint cases to the Public Complaints Committee (PCC) of the Hospital Authority

(LC Paper No. CB(2)1594/99-00(06))

26. The Chairman and Dr LEONG Che-hung declared interest as members of the HA Board. Members considered that there was no need to appoint another member to chair the meeting for this item since both the Chairman and Dr LEONG were not members of PCC.

27. DD(HA) pointed out that HA operated a two-tier complaint management system to investigate and handle complaints lodged by patients and members of the public. He said that if a complainant was not satisfied with the outcome of the investigation conducted by the hospital (or the HA Head Office) to which he/she had initially filed his/her complaint, the complainant might appeal to PCC. He pointed out that PCC was accountable to the HA Board and comprised members who were not executives of the HA management, and members of the community.

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28. Dr YEUNG Sum suggested making PCC independent from HA in order to enhance its credibility. DSHW replied that the Administration had considered the option. However, as the committee dealt with complaints about the HA's employees, if the system was made independent from HA, it would be difficult for HA to take disciplinary actions against the staff concerned based on the outcome of the investigation conducted by the committee alone. DD(HA) added that the complaint cases involved a wide range of subjects, such as allegations of sub-standard professional performance, poor communication and staff manners and professional misconduct. He doubted if it was possible to have an authority which could order people to pay compensations, undertake disciplinary action against HA staff who had been found committing a misconduct, seek reconciliation between staff and patients and judge whether a professional misconduct was constituted in a case. He invited members to note that steps had been taken to ensure impartiality of PCC. For example, it did not comprise any members who were HA staff and not all of its members came from the HA Board. In addition, the team of staff providing administrative support to PCC did not undertake any other operational duties in order to avoid the problem of conflict of interests.

29. Dr YEUNG Sum argued that the Independent Commission Against Corruption (ICAC) was also charged to deal with graft within the Government even though it was not involved in any employer-and-employee relationship with the civil service. He accepted that HA should have its own complaint handling mechanism but that the appeal mechanism should be made independent from HA.

30. In response, DSHW said that comparisons should not be made with the ICAC which investigated and handled complaints involving people alleged to have committed graft and bribery which were criminal offences. In the present context, as the complaints involved were mainly allegations of sub-standard professional performance or HA staff breaching the HA internal guidelines, it was fully justifiable for HA to have its own mechanism to deal with such cases.

31. Mr LEE Wing-tat considered that the complaint management mechanisms of all public funded bodies should be made independent. He supported that PCC should be independent from HA and he did not see why this could not be done. He took the view that the staff providing support to PCC would be under pressure to act fairly when dealing with complaints against their colleagues since the supporting staff might be subject to posting. He further suggested that PCC should not comprise any members coming from the HA Board and the support services provided to PCC should not be rendered by HA employees.

32. DD(HA) said that PCC itself was a high-powered committee. The decisions made by PCC was final within HA and could not even be overturned by the HA Board. He pointed out that HA Board members had never got involved in dealing with any complaint cases lodged to PCC. In this connection, Dr LEONG Che-hung

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reminded members that none of the HA Board members received remuneration from HA and the role of the HA Board was to supervise the operation of HA. DSHW considered that if PCC were made independent from HA, he doubted whether PCC would still have the authority to perform all its current functions. The Chairman requested the Administration to follow up the matter by seeking legal advice on the subject.

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33. Dr LEONG Che-hung said it had recently been reported in the media that while a complaint case was under investigation by PCC, some of its members had openly expressed their views on the case. Dr LEONG considered that this was unfair to the parties concerned. In response, DD(HA) said that strictly speaking, PCC was not a court and it had no power to forbid its members from discussing a case under its investigation. However, he noted that PCC had recently discussed this issue and agreed that when questions were raised by the media on a particular case, PCC would appoint a spokesman to answer the questions on behalf of the committee. PCC had also reached a consensus that the spokesman should avoid commenting on a case while it was still under investigation.

34. The Chairman asked if HA had provided any guidelines on secrecy, avoidance of conflict of interest and the handling of confidential information to PCC members. Dr LEONG considered that it was essential to provide such guidelines in view of the high level of responsibility borne by PCC. DD(HA) agreed to provide supplementary information on this point and take into consideration members' views.

DD(HA)

35. Mr Andrew CHENG Kar-foo said that many members of the public had sought his assistance to lodge complaints to PCC. In his experience, he found that PCC on the whole was rather conservative and had no real power to investigate into the complaints. Instead, it only relied on hospitals to provide information for its investigation. In particular, he noted that the correspondence of PCC was all vetted and approved by Dr LAI Fok-ming, who was one of the deputy directors of HA. Mr CHENG cast doubt on the neutrality of PCC as an appeal mechanism. He also noted that recently the chairperson of PCC had openly said that some LegCo Members had been abusing the complaint system which, in his opinion, was a very serious accusation. He questioned the basis of this allegation and pointed out that as shown in the Administration's paper, in 1999 only 1.5% of the complaint cases handled by PCC had been referred by LegCo Members.

36. In response, DD(HA) explained that Dr LAI was mainly responsible for providing administrative support to PCC and assisted in handling its correspondence such as the drafting. He stressed that Dr LAI did not take part in any decision-making of PCC. DD(HA) said that as far as he knew, Ms Eliza CHAN Ching-har, the chairperson of PCC, had already replied to a letter from the Chairman of the Panel clarifying that she had only told the media that she was concerned whether the appeal system was being abused. DD(HA) believed that Ms CHAN had not indicated

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whether the system had indeed been abused. He noted that Ms CHAN had also written to Mr CHENG on the issue.

37. Referring to paragraph 4 of the paper, Mr Andrew CHENG Kar-foo asked for information on how frequently PCC had commissioned experts to investigate and give professional advice on complaints. He also sought clarification as to whether the procedure of conducting interviews by PCC members with patients and their families would be abolished in the future.

DD(HA) 38. DD(HA) agreed to provide the relevant information later. He pointed out that not all the complaint cases required PCC to commission experts to investigate and give professional advice and this should only be done on a need basis. DD(HA) also clarified that PCC had no intention to abolish the said procedure and interviews would still be conducted if they were deemed necessary. However, Mr CHENG considered that this had shown that the policy was regressing as in the past such interviews would be arranged whenever patients so requested.

39. Miss CHAN Yuen-han took the view that the Administration should seriously consider the calls for an independent complaint handling mechanism. She commented that since PCC was established under HA, the public would inevitably think that it was under the influence of HA. In response, DSHW explained that it was very common for large organizations to have their own complaint handling mechanisms and HA was no exception. He considered that PCC was comparatively open. He invited members to note that in addition to the complaint management system within HA, there were various professional regulatory bodies outside HA which were responsible for investigating and handling complaints against the professional performance of the health care providers registered with them. He considered that the findings of PCC would not be a valid basis for HA to take disciplinary action against a HA staff in case the PCC was not put under the HA. The Chairman sought the Administration's views on the suggestion of creating an
Adm independent appeal body outside HA apart from PCC. DSHW said that the Administration's views on the issue would be included in the forthcoming Green Paper on health care reform.

40. The meeting ended at 10:35 am.

Legislative Council Secretariat
5 May 2000