

**Panel on Health Services**

**List of follow-up actions**

(Position as at 11 April 2013)

<b>Subject</b>	<b>Date of meeting</b>	<b>Follow-up action required</b>	<b>Administration's response</b>
1. Regulation and control of pharmaceutical products in Hong Kong	31 March 2009	The Administration was requested to provide the revised checklist used by the inspectors of the Department of Health ("DH") when conducting inspections on pharmaceutical manufacturers once they were finalised.	The Review Committee on Regulation of Pharmaceutical Products in Hong Kong recommended DH in January 2010 to upgrade Hong Kong's current Good Manufacturing Practices ("GMP") licensing standards by a phased approach to the international standards promulgated by the World Health Organization and Pharmaceutical Inspection Co-operation Scheme ("PIC/S"). On DH's invitation, PIC/S conducted a gap assessment between the standards of GMP and PIC/S in end-2010. DH procured a consultancy service in July 2012 for advice on upgrading the current GMP licensing standards to PIC/S compliant licensing standards. It is expected that the consultancy will be completed in 2014. The inspection checklist would be revised in accordance with the advice of the consultant and submitted to the Panel once available.

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2. Creation of new directorate posts in DH	11 April 2011	The Administration was requested to report on a quarterly or bi-annual basis the progress in taking forward the recommendations of the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong after the establishment of the Office on Drugs.	<p>The Assistant Director (Drug) and one Chief Pharmacist posts were created on 1 and 14 September 2011 respectively for the set up of the Drug Office to take forward the recommendations of the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong.</p> <p>The Administration will report the progress on the recommendations in due course.</p>
3. Pilot project on enhancing radiological investigation services through collaboration with the private sector	12 December 2011	The Administration was requested to provide data on the average waiting time of cancer patients for radiological investigation services before and six months after implementation of the pilot project.	The Administration will provide a response in due course.
4. Review of fees and charges for private patients and non-eligible persons in the Hospital Authority	17 December 2012	<p>The Administration/Hospital Authority ("HA") was requested to provide information on -</p> <p>(a) the number of default cases of non-eligible persons ("NEPs") and private patients in the past few years and the corresponding</p>	The Administration's response was issued to members vide LC Paper No. CB(2)899/12-13 on 3 April 2013.

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		<p>amounts written off;</p> <p>(b) the number of NEPs who had been granted a waiver under HA's medical fee waiver mechanism and the amount of fees waived in the past five years; and</p> <p>(c) persons that would fall into the category of "Other persons approved by the Chief Executive of HA" and be eligible for the rates of charges applicable to eligible persons ("EPs") under the refined formulation of the definition of EPs.</p>	
<p>5. Issues relating to the development and operation of private hospitals</p>	<p>18 December 2012</p>	<p>The Administration was requested to provide information on -</p> <p>(a) the estimated healthcare manpower requirement for a private hospital with a capacity of 300 inpatient beds by referencing the relevant requirement in public hospitals;</p> <p>(b) whether the land grant condition that there should be no distribution of profits/surplus, and profits/surplus</p>	<p>The Administration's response to items (a), (b) and (d) was issued to members vide LC Paper No. CB(2)888/12-13 on 28 March 2013.</p> <p>The Administration will provide a response to item (c) in due course.</p>

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		<p>derived from the hospital should be ploughed back for improving and expanding the hospital facilities had been properly complied with by the private hospitals concerned;</p> <p>(c) whether charities that had been granted tax exemption status under section 88 of the Inland Revenue Ordinance (Cap. 112) and non-profit making organizations had to make public their annual financial statements, and if so, a list of those private hospitals which fell into these two categories, with a breakdown on whether they had met the disclosure requirement; and</p> <p>(d) an assessment of the effectiveness of the measures implemented by HA to improve staff retention and the turnover rates of doctors and nurses in HA in the past five years.</p>	

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6. Briefing by the Secretary for Food and Health on the Chief Executive's 2013 Policy Address	21 January 2013	<p>The Administration was requested to provide information on -</p> <ul style="list-style-type: none"><li data-bbox="898 368 1496 660">(a) the capital works projects to develop, expand or renew the public hospitals being or to be undertaken by HA, as well as the increase in the number of beds and service capacity upon completion of these projects;</li><li data-bbox="898 711 1496 1003">(b) the requirement that existing licensed Chinese medicine traders who were carrying out their business at domestic premises had to relocate to suitable premises to continue their business by 31 December 2013;</li><li data-bbox="898 1054 1496 1187">(c) the Administration's stance on the introduction of population-based breast cancer screening; and</li><li data-bbox="898 1238 1496 1477">(d) whether, and if so, how the Administration would address the dental care needs of persons with disabilities, in particular the mentally handicapped persons and persons suffering from autism.</li></ul>	<p>The Administration's response was issued to members vide LC Paper No. CB(2)891/12-13 on 28 March 2013.</p>

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7. Provision of obstetric services in the Tseung Kwan O Hospital	21 January 2013	<p>The Administration/HA was requested to provide information on -</p> <ul style="list-style-type: none"> <li>(a) the number of female population of child-bearing age in the Sai Kung District;</li> <li>(b) the measures carried out by HA to retain and attract obstetricians and gynaecologists in recent years;</li> <li>(c) the factors that HA had to take into account in determining the timetable for the provision of the obstetric and neonatal intensive care units ("NICU") services in the Tseung Kwan O Hospital;</li> <li>(d) a breakdown of the number of births by public hospitals in the past three years and the corresponding projection for the next two years;</li> <li>(e) a breakdown of the monthly capacity of and the monthly bookings for obstetric services from February to December 2013</li> </ul>	The Administration's response was issued to members vide LC Paper No. CB(2)900/12-13 on 3 April 2013.

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		<p>by the eight public hospitals providing obstetric services;</p> <p>(f) the total number of NICU beds in public hospitals in the past three years and the corresponding projection for the next two years; and</p> <p>(g) the total number of doctors and nurses for the obstetrics and gynaecology and paediatric specialties of HA in the past three years and the corresponding manpower projection for the next two years.</p>	
<p>8. Accident and emergency services of public hospitals</p>	<p>18 March 2013</p>	<p>The Administration/HA was requested to provide information on -</p> <p>(a) a breakdown of the number of healthcare personnel by the 16 Accident and Emergency Departments ("AED") of public hospitals in the past five years;</p> <p>(b) a breakdown of the average weekly work hours of the healthcare personnel by the</p>	<p>The Administration will provide a response in due course.</p>

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		<p>16 AED of public hospitals in the past five years;</p> <p>(c) a breakdown of the establishment and the number of vacancies of the healthcare personnel by the 16 AED of public hospitals in the past five years;</p> <p>(d) whether consideration could be given to providing 24-hour acute stroke thrombolytic services in all hospital clusters; and</p> <p>(e) whether consideration could be given to providing public accident and emergency services in all districts.</p>	