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Report of the Panel on Health Services
for submission to the Legislative Council

Purpose

This report gives an account of the work of the Panel on Health Services ("the Panel") during the 2023 session of the Legislative Council ("LegCo"). It will be tabled at the Council meeting of 6 December 2023 in accordance with Rule 77(14) of the Rules of Procedure of LegCo.

The Panel

2. The Panel was formed by resolution of LegCo on 8 July 1998, as amended on 20 December 2000, 9 October 2002, 11 July 2007, 2 July 2008 and 26 October 2022 for the purpose of monitoring and examining Government policies and issues of public concern relating to medical and health services. The terms of reference of the Panel are in **Appendix 1**.

3. The Panel comprises 20 members, with Hon Tommy CHEUNG Yu-yan and Hon YANG Wing-kit elected as Chairman and Deputy Chairman respectively. The membership list of the Panel is in **Appendix 2**.

Major work

Primary healthcare

4. Regarding the Primary Healthcare Blueprint ("the Blueprint") published by the Administration in 2022, under which with District Health Centres ("DHCs") as the hub for coordinating primary healthcare services for members of the public, the Administration would partner with the private healthcare sector to promote the concept of "family doctor for all" and collaborate with various healthcare professions to provide comprehensive, sustainable and people-centric primary healthcare services in the community, members in general were supportive, but some members had the following concerns and views:

District Health Centres

5. Some members queried that the tender documents for DHCs in various districts were standardized and unable to achieve the goal of adopting a district-based approach to address the needs of different communities. Moreover, they expressed concern about the capability of DHCs, which were led by senior nurses, to coordinate the healthcare professionals in the districts. Pointing out that the inconvenient locations of DHCs and inadequate publicity had led to inefficacy, some other members suggested that the Administration should step up its effort in monitoring the operators. Some other members also suggested that DHCs should be renamed to primary healthcare centres, and their services should not be limited to making referrals or providing information, but should also cover the provision of basic medical services. Furthermore, some members considered that the Administration should establish a community healthcare network similar to a "hospital without walls" under the coordination of DHCs, which included different healthcare professionals, with all parties linked up through an online platform to share medical records. DHCs should also make up for the deficiencies and provide healthcare services that were lacking in the community. Some members also expressed concern as to how DHCs could cooperate with Maternal and Child Health Centres to provide preventive and healthcare services for children, especially those with special educational needs, and how DHCs could identify people with mental health needs and provide treatment for them.

"Family doctor for all" regime

6. Some members considered that family doctors should assist in handling patients in stable condition, while the specialist outpatient clinics in public hospitals should focus on dealing with complicated cases with unstable condition to achieve the objective of "co-care". Patients should be referred to a specialist or other healthcare professionals by their family doctors, and a nurse acting as a case manager should coordinate the rehabilitation treatment and nursing care for a patient during the period between discharge from hospital and referral back to his or her family doctor. Some other members pointed out that the price difference between public and private healthcare services had made the grassroots inclined to choose services from the public sector, causing difficulty in the implementation of the "family doctor for all" regime. Moreover, they were of the view that costs paid by grass-roots citizens to treat chronic diseases in the community should not be higher than those charged by the specialist outpatient clinics of public hospitals. Raising concern that the number of family doctors in Hong Kong might not be sufficient to meet the demand under the "family doctor for all" regime, some other members suggested importing family doctors from overseas.

Enhancement of the Elderly Health Care Voucher Scheme

7. Some members suggested extending the coverage of the Elderly Health Care Vouchers ("EHCVs") to include pharmacies with registered pharmacists for the purchase of healthcare products or medicines, and to include services provided by pharmacies with registered pharmacists. As the Administration allowed the shared use of EHCVs between spouses, some members were concerned whether elderly persons would make false declaration of marital status or abuse such sharing arrangement.

8. Members noted that the Administration would roll out the EHCV Pilot Reward Scheme under which elderly persons, upon claiming at least $1,000 from their EHCV accounts for designated primary healthcare services, might be rewarded a coupon of $500 for the same use. Some members suggested that the Administration should allot the coupon of $500 to the EHCV accounts of elderly persons in advance, so that even if elderly persons had already claimed $2,000 from their EHCV accounts for non-designated primary healthcare services (e.g. medical treatment), they could still use the $500 for primary healthcare services. Some other members suggested that the following services should be included in the designated primary healthcare services applicable under the Scheme: physiotherapy services for balance training and muscle strengthening to prevent falling; services provided by clinical pharmacists; and mental health services provided by clinical psychologists, etc.

9. Furthermore, regarding the Administration's plan to extend the coverage of EHCVs with the target of first adding about five additional healthcare institutions in the Greater Bay Area as a pilot for the provision of primary healthcare services, an enquiry was made on the locations of the healthcare institutions concerned, the status of cooperating with Hong Kong's medical institutions which provided services in the Greater Bay Area, as well as any difficulties encountered in identifying these institutions. Some members also suggested that the Administration should extend the coverage of EHCVs to include more Mainland healthcare institutions, such as hospitals of Tier 3 Class A and other community health service centres, and were concerned whether there was a timetable for implementation. Expressing disagreement with only considering Mainland healthcare institutions adopting the "Hong Kong management model", some other members suggested using other objective factors, such as whether there was effective and transparent quality management, whether there was transparent and sufficient data for third-party clinical assessment, and whether services were provided according to clinical guidelines. Some members noted that the Labour and Welfare Bureau had signed a memorandum of understanding with the Department of Civil Affairs of Guangdong Province to jointly promote cooperation between Guangdong

and Hong Kong in elderly care. It was expected that a list of residential care homes for the elderly ("RCHEs") in the Mainland where Hong Kong elderly persons resided would be published. They were concerned whether the Administration would consider extending the coverage of EHCVs to include hospitals in the vicinity of the above RCHEs in the Mainland.

10. Some members also pointed out that the Mainland had allowed Hong Kong people to take out Mainland medical insurance policies since 2020 and considered that the Administration should expedite the alignment with Mainland policies. They were also concerned if there was a specific timetable for allowing the use of EHCVs to make payment of Mainland medical insurance premiums.

Chronic Disease Co-Care Pilot Scheme

11. Given that the target group of the Chronic Disease Co-Care Pilot Scheme were persons aged 45 or above without any known hypertension or diabetes or related symptoms but most of them were less likely to undergo medical examination with no symptoms detected at present, some members were concerned how the Administration would attract them to join the Scheme. Some members enquired whether members of the public who had paid a one-off co-payment of $120 under the Scheme would not need to pay additional fees for subsequent health examination or screening, and whether the Administration would monitor if additional fees were charged by private doctors. Some other members suggested that the Administration should include osteoporosis screening in the Scheme.

12. In addition, given that private doctors participating in the Pilot Scheme would receive a subsidy of $103.5 for medication expenses per participant on chronic disease every quarter, some members were concerned whether the amount was sufficient. Some members reflected that some doctors considered the level of subsidy for medication expenses too low, which might discourage them from joining the Scheme, and therefore were concerned whether there was room for upward adjustment of the Administration's subsidy for medication expenses. Some other members were concerned how the situation would be handled if a private doctor ran out of certain types of drugs and asked a patient to buy prescription drugs at a community pharmacy at a higher price.

13. Some members expressed concern about the duration of the Scheme and when the Administration would review it, including adjusting the subsidy amount. Some members were concerned whether the Administration had put in place a regular review mechanism for the Pilot Scheme, covering the community drug formulary, subsidies and co-payments, etc.

Pilot Scheme for Supporting Patients of the Hospital Authority Residing in the Guangdong-Hong Kong-Macao Greater Bay Area

14. Members in general supported the Administration's launch of the Pilot Scheme for Supporting Patients of the Hospital Authority ("HA") Residing in the Guangdong-Hong Kong-Macao Greater Bay Area. Some members urged the Administration to look into the demand of Hong Kong people residing in various Mainland cities for extending the Pilot Scheme to their places of residence. As the Scheme designated the University of Hong Kong ("HKU")-Shenzhen Hospital as the service provider, some members suggested that the Administration should invite HKU-Shenzhen Hospital to set up branches in other Mainland cities or manage other hospitals under entrustment for extension of the Scheme. Some members also suggested that the Administration should consider extending the Scheme to more healthcare institutions in the Mainland and formulating a timetable for extension. In this regard, some members requested the Administration to enhance exchanges with Mainland healthcare institutions to facilitate the latter's understanding of Hong Kong's healthcare and welfare systems as well as management model.

15. In addition, some members expressed concern about whether HKU-Shenzhen Hospital could access the medical records of Hong Kong people seeking medical consultation on the Electronic Health Record Sharing System and the difference in the quantity of drugs prescribed by HKU-Shenzhen Hospital and public hospitals in Hong Kong.

Specialist services, non-emergency surgeries and examinations provided by the Hospital Authority

16. The Panel expressed concern about the specialist services, non-emergency surgeries and examinations provided by HA. Some members enquired whether HA was confident in achieving the target of reducing the waiting time of stable new cases for the speciality of Internal Medicine by 20% in 2023-2024 and how it would strike a balance between shortening the waiting time and ensuring service quality. Some other members noted that only about 14% of HA's specialist outpatient cases were new cases while the rest were existing cases, reflecting that the public healthcare system was overloaded. Given that the Co-care Service Model[1] was still at the pilot stage of implementation, some members enquired about the time frame for its official implementation, the patient quotas and the diseases to be covered.

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[1] HA has introduced the Co-care Service Model based on the General Outpatient Clinic Public-Private Partnership Programme to provide patients of specialist outpatient clinics in stable condition with the option of receiving private primary healthcare services in the community and the quotas of relevant specialist outpatient clinics so released will be used by other patients in greater need.

As some patients were worried that their cases in HA would be closed after they switched to the private sector and it would be difficult for them to return to HA for consultation in the future, some members expressed concern about how the Administration could explain to patients and whether it could give an undertaking in respect of the waiting time of patients to return to HA for consultation. Some other members expressed concern about whether the fees charged by private doctors under the Co-care Service Model were comparable to those charged by HA's specialist outpatient clinics, otherwise it would be difficult to attract members of the public to switch to the private sector for medical consultation.

17. Some members noted that the waiting time for a specialist surgery at HA was over five years and the cost of undergoing a surgery in the Mainland was generally lower than that in Hong Kong. They expressed concern about whether the Administration would consider launching a scheme using HKU-Shenzhen Hospital as a pilot hospital so that patients would be referred to the Mainland for undergoing surgeries in the form of service purchasing. If the outcome was satisfactory, the scheme would be extended to cover other hospitals of Tier 3 Class A in the Mainland, so as to shorten the waiting time of patients and save public money. Some other members expressed concern about whether the Administration would purchase the services of healthcare institutions in the Mainland operated by Hong Kong institutions.

18. Some members were concerned whether HA had a new policy to reduce the wastage of specialist doctors and employ additional staff. Some other members suggested that the Administration should provide tax concessions for private doctors (especially specialist doctors) to attract them to work at HA one day per week. Expressing dissatisfaction with HA's management, some other members requested the Administration to urge HA to review and improve its management.

Healthcare manpower

Healthcare Manpower Projection 2023

19. Regarding the framework of the Administration's new round of supply and demand projections of healthcare manpower taking 2019, which was under the impact of the social unrest, instead of 2021 or 2022 as the base year, the Administration pointed out that as the COVID-19 epidemic over the past three years constituted an emergency situation and had a greater impact on the demand for medical manpower, projections made with 2021 or 2022 taken as the base year might not be accurate. Factors such as changes in disease patterns and wastage of manpower following the epidemic would be taken into account in future projections.

20. Pointing out that there were obvious deviations in the projections of some healthcare professions from the actual situation in the past, some members asked whether the Administration had conducted a review and how adjustments could be made in this projection. The Administration advised that it was difficult to achieve 100% accuracy in manpower projections, but the projections played an important role in the Administration's formulation of policies, especially calculation of training places.

21. In relation to some members' suggestion that the Administration should set a target ratio of the number of doctors per 1 000 population, the Administration responded that the healthcare manpower demand and supply was affected by factors such as the degree of ageing of population, number of patients, as well as the healthcare system. Therefore, it might be inaccurate to project the healthcare manpower requirements solely on the basis of population ratio.

Proposed amendments to the Nurses Registration Ordinance (Cap. 164)

22. A number of members supported the proposal to amend the Nurses Registration Ordinance (Cap. 164) for the creation of new pathways to admit qualified non-locally trained nurses to address the problem of shortage of nurses in Hong Kong. Regarding the ways to ensure the quality of non-locally trained nurses and whether there were standardized and objective criteria for assessing their performance, the Administration advised that there were many levels of control over their quality, including pre-employment assessment and on-the-job assessment. The Nursing Council of Hong Kong would also assume responsibility for monitoring the quality of nurses. In addition, nurses under special registration/enrolment would be employed by two major healthcare institutions, namely the Department of Health and HA. If they were certified by their employer as having performed satisfactorily, this could effectively demonstrate that they could help the local community.

23. Regarding the requirements to be met by nurses applying to practise in Hong Kong, the Administration advised that the details of the legislative proposal had yet to be finalized and would be subject to the decision made by the Nursing Council of Hong Kong upon consultation with the sector.

24. Some members expressed concern that even with the creation of the new pathways to admit qualified non-locally trained nurses, it might not be able to attract them to practise in Hong Kong. This was because apart from the relatively appealing remuneration of local nurses, other aspects such as working hours and the work and living environment might not be attractive. Some members suggested that dormitories should be provided

in RCHEs and hospitals under construction to accommodate non-locally trained nurses to attract them to apply. Some other members suggested that the Administration could consider sending officers to the United Kingdom and other countries to conduct recruitment exercises, as well as establishing nursing schools in the Greater Bay Area to train nurses serving healthcare institutions in the Mainland and in Hong Kong.

Proposed amendments to the Dentists Registration Ordinance (Cap. 156)

25. Members generally supported the proposal to amend the Dentists Registration Ordinance (Cap. 156) to provide new pathways for the admission of qualified non-locally trained dentists to practise in specified institutions and modernize the regulatory framework for dentists and ancillary dental workers. Some members also urged the Administration to introduce the amendment bill to LegCo as soon as possible. The proposed amendments required local dental graduates and non-locally trained dentists who had passed the Licensing Examination to undergo a one-year internship or assessment period prior to registration. The Administration pointed out that the proposed one-year internship would not be included in the six-year Bachelor of Dental Surgery programme. Regarding whether students currently studying in dentistry programmes would be exempted from internship, the Administration advised that if all enrolled dental students were exempted from internship, the proposal could only be implemented about six years later. As the Dental Council of Hong Kong ("Dental Council") believed that there was an imminent need to kick start the internship programme, the Administration expressed concern about the exemption of internship. In addition, the Faculty of Dentistry of HKU would communicate with their students.

26. Some members expressed concern as to whether non-locally trained dentists who had passed the Licensing Examination were required to undergo a one-year assessment period even if they had practised overseas for many years. These members were worried that the lengthy period of assessment would affect the incentive of non-locally trained dentists to practise in Hong Kong. The Administration explained that non-locally trained dentists who had practised for many years were still required to undergo an assessment period because of the difference between practising locally and overseas. If some of the non-locally trained dentists had practised for many years before coming to Hong Kong, the Dental Council might shorten their period of assessment having regard to their qualifications and clinical experience.

27. Some members noted that dentists with limited registration and those with special registration could be exempted from taking some parts or the whole of the Licensing Examination for obtaining full registration if

they had been employed in the specified institutions for a total of at least five years, and had been confirmed by their employing institutions as having served satisfactorily and competently as dentists during the service period. These members disagreed with the aforesaid arrangement and were worried that some dentists might be exempted from taking the Licensing Examination solely by pleasing their supervisors. They were of the view that the exemption condition could only be that the dentists' professional proficiency was up to standard. The responsibility of assessment should be borne by the Dental Council, or it should appoint consultant dentists of HA or the Department of Health to conduct the assessment. If the performance of individual dentists as assessed was unsatisfactory, the Dental Council should require them to take the Licensing Examination. The Administration pointed out that the assessment was conducted by senior staff members in the institutions, most of whom were department heads. The process was stringent and professional. If the performance of a dentist was satisfactory, the employing institution could submit a report to exempt the dentist concerned from taking some parts or the whole of the Licensing Examination. The Dental Council had the ultimate power in deciding whether to grant exemptions.

28. Expressing support for the Administration's proposal to establish the professional status of dental hygienists and dental therapists, some members asked whether dental therapists could provide dental care services for elderly persons upon recognition of their professional status. Some other members noted that the proposed legislative amendments allowed ancillary dental workers to provide preventive dental care services without the presence of a dentist, and requested the Administration to explain the meaning of "without the presence of a dentist". These members were also worried that if ancillary dental workers were allowed to practise privately upon recognition of their professional qualifications, it might lead to a loss of manpower in the public sector.

Development of Chinese medicine

Creation of the position of the Commissioner for Chinese Medicine Development

29. While members raised no objection to the Administration's submission of the proposal to create the position of the Commissioner for Chinese Medicine Development ("the Commissioner") to the Establishment Subcommittee for consideration, a number of members were of the view that the Commissioner had to have a professional Chinese medicine ("CM") background, holding relevant academic qualifications, having a scientific research background and clinical experience, as well as having knowledge of public healthcare policies. It was not enough to merely require the

Commissioner to understand CM development, and professionals should not be led by a layman. Some members expected the Commissioner to assist in developing a product brand characterized by the integration of CM and Western medicine in Hong Kong and help the brand to gain international recognition. It was therefore considered necessary for the Commissioner to have an international outlook. They also expected the Commissioner to strive for the permission for CM practitioners in Hong Kong to further practise in the Mainland.

Promoting the development of Chinese medicine in Hong Kong and the blueprint for the development of Chinese medicine

30. Considering it necessary for the Administration to reform the system in order to better promote CM development, some members pointed out that the following would hinder CM development: an absence of a CM department in public hospitals; unsatisfactory remuneration and promotion ladder for CM practitioners; provision of integrated Chinese and Western medicine ("ICWM") services only in eight public hospitals at present; and different consultation fees charged by CM and Western medicine practitioners. Some other members pointed out that at present, the threshold for becoming a Western medical practitioner was much higher than that for becoming a CM practitioner. If CM practitioners were to be on a par with Western medical practitioners in various aspects such as remuneration, requirements in terms of the system and quality had to be set. In addition, some members urged the Administration to set specific targets, such as when and how many Chinese Medicine Clinics cum Training and Research Centres would be set up, the amount of additional resources to be allocated by HA to enhance ICWM services, etc. They also expressed support for the expeditious formulation of a blueprint for CM development.

Integrated Chinese and Western medicine and services of the Chinese Medicine Hospital

31. Expressing concern about the current lack of clinical guidelines for referral of cases between Chinese and Western medical practitioners, some members asked whether the Administration had any plan to collaborate with universities or the sector to promote the formulation of guidelines on ICWM treatment for use by the sector. Some other members also expressed concern over the ways to prevent duplication of resources under the ICWM approach. In addition, some members expressed concern as to whether the services of CM clinics and the future Chinese Medicine Hospital would include bone-setting for the treatment of bone injuries, and whether bone-setting would be included in the scope of regulation of CM.

Chinese Medicine Development Fund, training on Chinese medicine, and application of technology

32. Some members expressed concern as to whether the Administration would consider injecting funds to the Chinese Medicine Development Fund in the Budget, and increasing the number of places of CM programmes to train local talents and enhance the manpower of CM practitioners. Some other members also expressed concern about how many CM practitioners had already registered to use the CM information system namely "EC Connect", and whether more data could be opened up for viewing by CM practitioners. They also expressed concern as to how the Administration would provide CM practitioners and CM clinics with technical assistance in using the aforesaid system, as well as the the functions of a Digitalized Chinese Medicines Information Platform.

Mental health services

Support to persons in mental recovery and persons with mental health needs

33. Members generally welcomed the 10 enhanced measures introduced by the Administration in light of the unfortunate incident involving a psychiatric patient on 2 June 2023 to offer more comprehensive support to persons in mental recovery who had a history of severe mental disorders and other persons with mental health needs. They also requested the Administration to provide the implementation timetable of such measures. Some members were concerned about the ways to ensure that mental patients would not pose risks to the public while waiting for HA's services and the ways to handle such patients if there was a change in their condition during the waiting period. Some other members considered it necessary to review the criteria for discharge from hospital for patients with severe mental illness. In addition, some members suggested setting up a hotline for the public to report suspected cases of mental violence. Pointing out that the aforesaid unfortunate incident had reflected the inadequacy of the mechanism for mental health assessment or early intervention, some other members expressed concern as to whether the relevant work would be enhanced.

Mental health of children and young people

34. A number of members expressed concern about the multiple cases of students committing suicide since the start of school year in September 2023. Some members suggested displaying posters with encouraging messages in schools and organizing sharing sessions for parents and school representatives, etc. They also suggested that the Government should intervene by reviewing the amount of homework in schools. Some other

members suggested that schools should organize activities such as sports day and music concerts in the first two weeks of the school year to make students look forward to going to school. Recognizing the close relationship between students' mental health and their families of origin, some members suggested strengthening parental education and resilience training for students.

35. Noting that only about one-fifth of publicly-funded schools in Hong Kong participated in the Student Mental Health Support Scheme in the 2021-2022 school year, some members raised concern about the ways to attract more schools to join the Scheme in the short term, and whether the Administration had any contingency measures in place to strengthen the capability for early identification of cases involving emotional problems within the family, school setting, workplace and the community in the short term.

Mental health of the elderly

36. Some members suggested setting up a "database of high-risk elders" targeting singleton or doubleton elders, so that the Housing Department, the Social Welfare Department and HA could share information while the District Services & Community Care Teams ("Care Teams") could provide support for the elders on the list. Concern was also raised about numerous suicide cases in individual public housing estates involving the elderly and middle-aged persons, and an enquiry was thus made on whether the Administration would provide special intervention services on mental health in the public housing estates where such cases had occurred.

Mental health of ethnic minorities

37. Some members expressed concern about the Administration's measures to provide emotional support and counselling for ethnic minorities, and let women of ethnic minorities know the channels for seeking help amid the manpower shortfall of social workers.

Overall planning for mental health services

38. Some members were of the view that while the Administration's measures to enhance mental health services were relatively comprehensive, many of them could not be implemented effectively due to factors such as shortfall of professional staff. Therefore, they expressed concern about the ways to ensure that the relevant measures would be implemented effectively and what measures were put in place to address the shortage problem of professional staff. In this connection, some members suggested that community psychiatric nurses should be provided in DHCs and nursing

schools should be allowed to recruit non-local students, who would stay in Hong Kong after training under the Vocational Professionals Admission Scheme. There was also concern about the possibility of setting up community mental health service teams under the stepped care model.

39. Regarding the announcement in the 2023 Policy Address of the provision of training on mental health support for Care Teams, some members enquired about the specific contents of the training and were of the view that current provision of mental health support services in the community were relatively scattered. Therefore, there was concern whether a multi-party collaboration platform comprising Care Teams, patients' organizations and non-profit making organizations would be set up.

"Conditional discharge" mechanism and drug treatment

40. Concern was raised as to why it was not considered the right time to introduce Community Treatment Order in Hong Kong at present as mentioned in the Mental Health Review Report. Expressing concern that some patients under "conditional discharge" might fail to take their medication on time or reduce the dosage on their own in contravention of doctors' guidance, some members suggested that the Administration should arrange for suitable patients to switch from oral medication to mandatory injectable antipsychotics on a regular basis. Besides, some members suggested that arrangements should be made for psychiatric patients who frequently forgot to take their medication to switch to long-acting injectable antipsychotics.

Update on tobacco control measures

41. Members generally supported the Administration's tobacco control strategies, but some members considered that the adoption of the most aggressive measures might affect Hong Kong's international status. They also pointed out that electronic cigarettes and heated tobacco products had already been prohibited from being carried into Hong Hong at present. If the sale and import of tobacco products with non-tobacco flavours were also prohibited, it might affect tourists' experience of staying in Hong Kong and deprive Hong Kong people of their right to choose. Some other members were of the view that tobacco control measures had to be introduced gradually. They pointed out that everyone should have the right to choose and should respect one another. Some members suggested that the Administration should assess the impact of the proposed measures on different parties and examine how to balance the interests of all parties. If the Administration's ultimate goal was to prohibit anyone from smoking in Hong Kong, the tourism industry and Hong Kong's economy might be affected.

42. With regard to the Government's specific tobacco control strategies and measures, some members raised the following questions, views and suggestions:

(a) in support of the Administration in raising the legal age for purchasing tobacco products, but regarding the suggestion of prohibiting a person to sell tobacco products to persons born after a certain date, it was necessary for the Administration to strike a balance between health and freedom of choice;

(b) whether the Administration had identified the causes for an increase in smoking prevalence among females and addressed the problem in a targeted manner;

(c) as regards the suggestion of imposing a plain packaging requirement and further enlarging the coverage of graphic health warnings, some members were worried that it might obscure the product content;

(d) enforcement against illegal smoking in statutory no smoking areas should be stepped up; some members concurred with the extension of the statutory no smoking areas to places such as bus waiting areas; as regards banning the act of "smoking while walking" proposed by the Administration, it should review the locations of rubbish bins and advise on how to ban the above act;

(e) the Administration should provide counselling and training services for the family members of smokers who were quitting smoking so that the former could assist the latter more effectively; and

(f) the Administration should propose targeted measures to encourage young people not to smoke, including conducting surveys in schools to ascertain whether there were smokers among the family members of students, then implementing targeted tobacco control measures in high-risk families. Besides, the Administration should review the content of tobacco control publicity materials and include innovative elements.

<u>End-of-life care: Legislative proposals on advance directives and dying in place</u>

43. While members generally supported the Administration's legislative framework concerning the legislative proposals on advance

directives ("ADs") and dying in place, some members raised the following concerns and suggestions:

(a) the Administration should introduce an electronic and centralized registration system for ADs, which would facilitate access by healthcare professionals in case of emergency; facilitate effective record-keeping; prevent forgery and use of invalid copies of directives, as well as prevent third parties' unauthorized revocation of directives already made, thereby avoiding disputes and confusion. Given that the Administration's latest proposal was to replace the arrangements for amending ADs as proposed in the public consultation report published in 2020 by revoking them and making new ones, some members raised concern as to whether it would hinder an AD maker from amending it as the re-making of an AD required two witnesses. They suggested that the Administration should consider streamlining the amendment process; and

(b) how the Administration would provide the end-of-life care and medical support required by terminally ill patients if they preferred the option of dying in place. These members considered that support to these patients should be provided through public-private partnership, training relevant community healthcare workers, or Care Teams. Some other members were concerned how the Administration would support organizations providing end-of-life care services.

Preparation work for the winter influenza peak season

44. On the Administration's preparation work for the winter influenza peak season, some members raised the following concerns and suggestions:

(a) the Administration should offer incentives to the public, e.g. providing a subsidy of $260 to all people who wished to receive seasonal influenza vaccination to raise the vaccination uptake rate of the vaccine. Some members were of the view that if the subsidy was extended to non-high risk groups, people in high-risk groups such as elderly persons and children could also be indirectly protected. Concern was also raised on how the Administration would persuade RCHE residents to receive COVID-19 or influenza vaccination, and the ways to raise the vaccination uptake rate among pregnant women. There was also a suggestion that the Administration should provide

influenza vaccination service for government staff members and allow them to receive vaccination during working hours. Some other members were concerned whether the influenza vaccines currently available for vaccination could protect against summer influenza;

(b) some members suggested that the Home Affairs Department and Care Teams should promote vaccination at the district level and consider arranging for mobile vaccination vehicles to visit housing estates or workplaces;

(c) given that some schools had only managed to arrange for their students to receive vaccination in November or December, some members considered that it would be too late as October fell on the influenza peak season, and were concerned if there was a shortage of outreach manpower. Some other members were concerned whether the Administration would consider providing outreach service in tertiary institutions to administer both the influenza and COVID-19 vaccines to tertiary students;

(d) some members enquired about the Administration's contingency plans to cope with possible extreme conditions of infection, while some members expressed concern about the problem of long queues at accident and emergency ("A&E") departments, and the measures put in place to prevent the spread of the influenza and COVID-19 viruses in residential care homes and hospitals; and

(e) given that there was a surplus of influenza vaccines purchased by the Government in previous years, some members were concerned if there were measures in place to reduce wastage. Some other members suggested that the Administration could consider providing the remaining vaccines to non-high risk groups when appropriate.

<u>Infrastructure and facilities for healthcare and healthcare teaching</u>

Funding proposals for infrastructure

45. The first 10-year Hospital Development Plan has entered its eighth year since its announcement in 2016. In this session, the Panel examined in detail four projects under the Plan. They were the expansion of North District Hospital ("NDH"); the expansion of Lai King Building in Princess Margaret Hospital; the redevelopment of Kwong Wah Hospital ("KWH"),

phase 2; and the redevelopment of Shek Kip Mei Health Centre ("SKMHC"). Members in general supported the implementation of the projects.

46. Some members expressed concern about the number of beds and rehabilitation facilities to be increased as a result of the expansion of NDH, the proportions of rehabilitation treatment services provided in the community and the hospital, and whether the hospital would coordinate the aforesaid rehabilitation services. Some other members expressed concern about the specific arrangements for the reprovisioning of the CM services of the Tung Wah Group of Hospitals upon the redevelopment of KWH, and the progress of the construction of pedestrian facilities leading from the Yau Ma Tei MTR station to KWH. Some other members suggested that the ICWM Programme should be implemented in each hospital. Some members also raised concern as to how A&E services provided by the redeveloped KWH and Queen Elizabeth Hospital ("QEH") would complement each other, and whether the volume of A&E services provided by KWH would be increased. Some other members expected that the A&E services of QEH would be retained.

47. Some members also suggested that the Administration should adopt smart and green construction methods to take forward the relevant works projects. Concern was also raised as to whether the three hospitals would be provided with the equipment of a smart hospital upon the completion of their works, and whether such equipment could monitor any abnormality in a patient's condition.

48. Given that the Administration would demolish SKMHC and develop in-situ a new community health centre building, some members urged the Administration to provide holiday outpatient and evening consultation services in the new community health centre, and were concerned whether the Administration would reserve space in the building for the provision of dental and dermatological services. Moreover, there was also concern about the arrangements for the existing services of SKMHC during its redevelopment. Some other members suggested that the Administration should provide an entrance/exit at the pedestrian walkway outside the shopping mall of Shek Kip Mei Estate Phase 6 to connect with the general outpatient clinic in the new community health centre. Furthermore, some members requested the Administration to compress the works period of redevelopment of KWH, expansion of Lai King Building in Princess Margaret Hospital and redevelopment of SKMHC.

49. The Panel also invited the Panel on Education to jointly discuss the enhancement of healthcare teaching facilities of University Grants Committee-funded universities, including: (a) the construction of a teaching-research complex of the Chinese University of Hong Kong ("CUHK") in Tai

Po Area 39; and (b) the construction of a new academic building of HKU on an extension site east of No. 3 Sassoon Road (main works).

50. Members in general supported the relevant funding proposals. Some members noted that residents in the vicinity of the proposed new academic building of HKU had expressed concern that upon completion, the building would obstruct their view. Subsequently, HKU had adjusted the height of the building in response to the residents' views. In this connection, these members raised concern as to whether HKU had sought the latest views of the residents, and requested the Administration to elaborate on HKU's process of consultation with the residents, the views received, the ways to deal with them, etc. Some members also expressed concern about the comprehensive plan of HKU's Faculty of Medicine to expand its teaching facilities near Sassoon Road in the next 10 years. Some members expressed concern about the teaching quality of and research support provided by the two local medical schools upon the enhancement of their medical teaching facilities in comparison with those of top overseas universities, and whether such facilities were related to innovative biomedical research. Some other members suggested that the training places of medicine and other medical-related disciplines should be increased. In addition, some members expressed concern about the specific measures taken by HKU, CUHK and the Hong Kong Polytechnic University to cultivate medical ethics among the students of their medical-related departments. Members also expressed concern about whether CUHK's Faculty of Medicine would arrange short-term training placements at the Medical Centre of CUHK, Shenzhen for its medical students, and whether the two local faculties of medicine would arrange short-term exchanges at Mainland universities for their medical students.

51. In addition, regarding the Administration's proposal to revise the loan arrangement for the CUHK Medical Centre ("CUHKMC") to allow an extension of CUHKMC's repayment schedule, members raised no objection to the Administration's submission of the relevant funding proposal to the Finance Committee ("FC") for consideration, but some members considered that the extension period of the repayment schedule should be shortened from the proposed five years to half a year, one year or two years. As for the Administration's proposal for CUHKMC's provision of public medical services in lieu of the estimated loan interest originally payable due to the extension of the repayment schedule, some members expressed concern as to why the Administration did not charge interest directly and what services CUHKMC could provide to ease the pressure on public hospitals.

52. Besides, some members requested the Administration to provide the report on CUHKMC's financial projections prepared by the independent

financial adviser, and explain how the governance of CUHKMC would be improved. In addition, some members requested that if the funding proposal was approved by FC, CUHK would be required to update the Panel on the latest operational status of CUHKMC on an annual basis until all the loan repayments had been made.

Issues relating to safety and maintenance inspection of equipment in public hospitals

53. In light of the spate of incidents of falling medical devices and building installations in public hospitals from late 2022 to early 2023, members discussed issues relating to safety and maintenance inspection of equipment in public hospitals and the report of HA's Review Committee on Medical Equipment and Facility Maintenance ("Review Committee"). Some members pointed out that while professional staff should ensure that the building maintenance work was up to industry standards, as recommended by the Review Committee, the ultimate responsibility should still rest on HA. Members considered that HA should hold the contractors concerned legally responsible for the earlier incidents. Moreover, it was necessary to include clauses on, for example, termination of contract in future contracts with contractors to safeguard HA's interests.

54. Some members questioned why the Review Committee recommended using public funds to expand the establishment of HA's biomedical engineering staff to supervise the maintenance work of contractors notwithstanding that the incidents revealed the poor performance of the external consultant. Some other members pointed out that there had been no reports of incidents of falling medical equipment and building installations in the past, and it might be because the mechanism had been effective in the past. The recent spate of accidents might have been caused by accidents or the unsatisfactory performance of the contractors concerned who should be held responsible. On the other hand, there were views that the above recommendation was reasonable, but concern was raised as to who would be held responsible for any further incidents following an increase in manpower.

55. Some members noted that according to the recommendations of the Review Committee, biomedical engineering staff would only supervise the maintenance of medical equipment of Risk Class III and IV on-site. These members expressed concern about how to prevent incidents of falling surgical lights which were Risk Class I equipment. Some other members were concerned whether the Administration would introduce legislation to regulate medical equipment. Some other members were concerned whether HA would consider linking the frequency of occurrence of major accidents with the annual salary increase of the head of the maintenance department;

the reasons why the contractor involved in the incident of falling surgical light at the United Christian Hospital in February 2023 was awarded tender three times in HA's tender exercise following the incident; and when HA would implement the improvement measures recommended by the Review Committee.

Meetings and duty visits

56. During the period between January and November 2023, the Panel held a total of 10 meetings. It will hold another meeting on 8 December 2023 to discuss a legislative proposal and three funding proposals. The Panel also conducted a duty visit to the Big Data Centre of National Health Commission for Human Tissue, Organ Transplant and Medicine in Guangzhou in July 2023.[2] Besides, the Panel has decided to conduct a duty visit to HKU-Shenzhen Hospital and hospitals of Tier 3 Class A in the Greater Bay Area,[3] and is discussing the specific itinerary and arrangements with the Administration.

Council Business Division 4
Legislative Council Secretariat
28 November 2023

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2 The purpose of the visit was to learn about the operation of systems relating to organ donation, allocation and transplant in the Mainland.

3 The purpose of the visit would be gaining a better understanding of the medical standards, services and facilities of the hospitals concerned, as well as promoting cross-boundary medical cooperation and implementation of the enhancement of the EHCV Scheme.

Appendix 1

Legislative Council

Panel on Health Services

Terms of Reference

1. To monitor and examine Government policies and issues of public concern relating to medical and health services.

2. To provide a forum for the exchange and dissemination of views on the above policy matters.

3. To receive briefings and to formulate views on any major legislative or financial proposals in respect of the above policy areas prior to their formal introduction to the Council or Finance Committee.

4. To monitor and examine, to the extent it considers necessary, the above policy matters referred to it by a member of the Panel or by the House Committee.

5. To make reports to the Council or to the House Committee as required by the Rules of Procedure.

Appendix 2

Panel on Health Services

Membership list for the 2023 session

Chairman	Hon Tommy CHEUNG Yu-yan, GBM, GBS, JP
Deputy Chairman	Hon YANG Wing-kit
Members	Hon CHAN Kin-por, GBS, JP Prof Hon Priscilla LEUNG Mei-fun, SBS, JP Hon Michael TIEN Puk-sun, BBS, JP Hon CHAN Han-pan, BBS, JP Hon SHIU Ka-fai, JP Hon Stanley LI Sai-wing, MH, JP 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, JP 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 (Total : 20 members)
Clerk	Mr Colin CHUI
Legal adviser	Ms Wendy KAN