

Minutes of the 7th Meeting of
the Social Services Committee (2018-2019) of
the Tuen Mun District Council

Date: 13 November 2018 (Tuesday)

Time: 9:30 a.m.

Venue: Tuen Mun District Council (“TMDC”) Conference Room

<u>Present:</u>		<u>Time of Arrival</u>	<u>Time of Departure</u>
Mr TSANG Hin-hong (Vice Chairman)	TMDC Member	9:30 a.m.	End of meeting
Mr LEUNG Kin-man, BBS, MH, JP	TMDC Chairman	9:30 a.m.	10:31 a.m.
Mr SO Shiu-shing	TMDC Member	9:30 a.m.	End of meeting
Mr TO Sheck-yuen, MH	TMDC Member	9:34 a.m.	10:45 a.m.
Mr CHAN Yau-hoi, BBS, MH, JP	TMDC Member	9:30 a.m.	End of meeting
Ms WONG Lai-sheung, Catherine	TMDC Member	9:31 a.m.	End of meeting
Ms HO Hang-mui	TMDC Member	9:30 a.m.	End of meeting
Mr TSUI Fan, MH	TMDC Member	9:30 a.m.	10:31 a.m.
Ms CHING Chi-hung	TMDC Member	9:30 a.m.	End of meeting
Ms LUNG Shui-hing, MH	TMDC Member	9:30 a.m.	End of meeting
Mr CHAN Man-wah, MH	TMDC Member	9:30 a.m.	End of meeting
Ms CHU Shun-nga, Beatrice	TMDC Member	9:30 a.m.	End of meeting
Mr KAM Man-fung	TMDC Member	9:31 a.m.	End of meeting
Mr MO Shing-fung	TMDC Member	9:30 a.m.	End of meeting
Mr YEUNG Chi-hang	TMDC Member	9:32 a.m.	End of meeting
Mr YAN Siu-nam	TMDC Member	9:30 a.m.	End of meeting
Mr TAM Chun-yin	TMDC Member	9:30 a.m.	End of meeting
Ms NG Dip-pui	Co-opted Member	9:30 a.m.	11:55 a.m.
Mr YU Tai-wai, MH	Co-opted Member	9:30 a.m.	10:21 a.m.
Mr CHU Wai-ming	Co-opted Member	9:30 a.m.	End of meeting
Mr TSANG Hing-chung	Co-opted Member	9:30 a.m.	12:14 p.m.
Mr IP Chun-yuen	Co-opted Member	9:30 a.m.	End of meeting
Mr CHAN Pak-sum	Co-opted Member	9:31 a.m.	End of meeting
Mr WONG Chi-chun	Co-opted Member	9:30 a.m.	End of meeting
Ms HO Chui-wan, Ida (Secretary)	Executive Officer (District Council)1, Tuen Mun District Office, Home Affairs Department		

By Invitation

Dr Leo CHAN	Chief Manager (Financial Planning & Costing Analytics), Hospital Authority Head Office
Mr Alvin CHAN	Senior Manager (Financial Planning), Hospital Authority Head Office
Dr YC WONG	Deputy Hospital Chief Executive, Tuen Mun Hospital, Hospital Authority
Dr Gladys KWAN	Service Director (Quality & Safety), New Territories West Cluster, Hospital Authority
Dr Steve CHAN	Cluster General Manager (Administrative Services), New Territories West Cluster, Hospital Authority
Mr KM YIU	Cluster Manager (Public Affairs & Donation Management), New Territories West Cluster, Hospital Authority
Ms Cecilia HUI	Assistant Hospital Manager (Public Affairs & Donation Management), New Territories West Cluster, Hospital Authority
Dr NG Kwok-kiu, Albert	Medical & Health Officer (Disease Prevention) ⁴ , Surveillance and Epidemiology Branch, Centre for Health Protection, Department of Health
Ms NG Lap-hang, Janice	Assistant Manager (Strategy and Action Plan) 1, Surveillance and Epidemiology Branch, Centre for Health Protection, Department of Health
Dr LOH Lai Ting, Taron	Senior Medical & Health Officer (Community Liaison) ¹ , Department of Health
Mr CHEUNG Chi-keung, Endy	Senior Executive Officer (District Management), Tuen Mun District Office, Home Affairs Department

In Attendance:

Mr CHAU Ka-nin, Eric	Senior Liaison Officer (2), Tuen Mun District Office, Home Affairs Department
Mr LAM Man-kwong	Senior School Development Officer (Tuen Mun) ³ , Education Bureau
Miss LAI PO-yi, Yondy	Assistant District Social Welfare Officer (Tuen Mun) ² , Social Welfare Department
Mr LEE Wai-ming	Police Community Relations Officer (Tuen Mun District), Hong Kong Police Force

Ms Winnie Wa

Senior Community Relations Officer, Independent
Commission Against Corruption

Absent with Apologies

Ms SO Ka-man (Chairman)

TMDC Member

Ms KONG Fung-yi

TMDC Member

Ms TSANG Ka-lai

Co-opted Member

I. Opening Remarks

The Vice-chairman welcomed all present to the 7th meeting of the Social Services Committee (“SSC”). He said that the Chairman could not attend the meeting as she had just given birth to a baby so he would preside over the meeting for her.

2. The Vice-chairman reminded Members that Members who were aware of their personal interests in any matters discussed at the meeting should declare the interests before the discussion. The Chairman would, in accordance with Order 39(12) of the Tuen Mun District Council Standing Orders, decide whether Members who had declared interests might speak or vote on the matters, might remain at the meeting as observers, or should withdraw from the meeting. All cases of declaration of interests would be recorded in the minutes of the meeting.

3. The Vice-chairman continued to say that the representatives of the Hospital Authority (“HA”) had commitments in the morning and would arrive later. Therefore, he hoped that agenda items namely III (C) NTWC Resources and Services Planning, III(F) Urge for the Provision of Timetables in respect of Tuen Mun Clinic’s Redevelopment and Clinic Facilities in the District, and II (A) Request the Hospital Authority to Notify the Tuen Mun District Council on Major Incidents and Update the Number of Vacancies of Healthcare Staff on a Regular Basis could be discussed after matters arising and other discussion items. Members agreed with this arrangement.

II. Absence from Meeting

4. The Vice-chairman said that the Chairman of the SSC gave birth to a baby some time earlier and needed a rest so she made an application for leave of absence to the SSC.

(Post-meeting note: the Chairman of the SSC submitted a medical certificate on 13 November 2018. In accordance with Order 42(1) of the Tuen Mun District Council Standing Orders, her absence was approved by the SSC.)

5. The Secretary reported that no other applications for leave of absence had been received from other Members.

III. Confirmation of Minutes of Last Meeting

6. Mr SO Shiu-shing said that the minutes of the 6th SSC meeting did not have any record of his attendance. At the Vice-chairman's request, the Secretary checked the attendance of the meeting and confirmed that Mr So had attended the meeting. Apologies were made for having no record of his attendance in the minutes.

7. As no Members raised other amendments to the minutes, the Secretariat Vice-chairman announced that the minutes of the 6th SSC meeting of 2018-2019 were confirmed and asked the Secretariat to amend Mr So's attendance before uploading the minutes to the web page of the TMDC.

(Post-meeting note: the above minutes were uploaded on the web page of the TMDC.)

IV. Matters Arising

(A) Request for Improving the Utilisation of Elderly Health Care Vouchers and Enhancing the Transparency with a View to Eliminating the Abusive Use of Elderly Health Care Vouchers (SSC Paper No. 47/2018) (Paragraphs 25-36 of the Minutes of the 6th SSC Meeting of 2018-2019)

8. The Vice-chairman welcomed Dr. LOH Lai-ting, Taron, Senior Medical Officer (Community Liaison) of the Department of Health ("DH") to the meeting.

9. The Vice-chairman said that the SSC had made several suggestions on the Elderly Health Care Vouchers Scheme ("the Scheme") at last meeting, including stepping up regulation of the service providers participating in the scheme and expanding the coverage of the vouchers, e.g. allowing the elderly to purchase medication from registered pharmacists. He requested the DH to respond to the above suggestions.

10. Dr. Taron LOH of the DH made replies on the suggestions of the SSC, which were summarised as follows:

- (i) Dr. Taron LOH of the DH said that healthcare professionals in Hong Kong needed to complete statutory registration before practising in Hong Kong. Under the principle of professional autonomy, the government established independent statutory boards or councils for the healthcare

professionals in accordance with the law and these boards and councils were vested with power to formulate registration requirements for their regulated professions, handle and investigate complaints and take disciplinary actions against the healthcare professionals failing to comply with the regulations in order to protect patients, promote professional ethics and raise the moral standard of the industry. The guidelines concerned would be specified by the boards and councils in their codes for the healthcare professionals as and when needed;

- (ii) Dr. Taron LOH of the DH pointed out that in order to allow the elderly to use the vouchers more conveniently and flexibly and choose suitable healthcare services, the Scheme did not have any restrictions on the voucher amount each time the elderly visited the service providers participating in the Scheme. There were no restrictions on the sharing of the voucher amount between different types of healthcare services either;
- (iii) Dr. Taron LOH of the DH said that the department would release the code on the use of healthcare voucher to the service providers participating in the Scheme on a regular basis and reminded them that they needed to increase the transparency of their fees. Before providing services, they needed to clearly explain the fees required and allow the elderly to choose healthcare plans of different fees after explanations from healthcare workers. Moreover, the department had uploaded the major statistics of the Scheme in the period between 2015 and September 2018 onto the web page of the Scheme for citizens' reference;
- (iv) Dr. Taron LOH of the DH said that in order to ensure proper use of public money, the department had put in place checking and auditing measures and procedures for the Scheme, including routine checking, monitoring and investigation of aberrant patterns of transactions in the use of the vouchers to the service providers participating in the Scheme;
- (v) Dr. Taron LOH of the DH pointed out that between 2015 and the end of September 2018, the department had received about 200 complaints about the service providers participating in the Scheme and took follow-up actions, including sending some 30 advisory or warning letters, denying reimbursement or recovering reimbursed amount to different service

providers in 9 cases, disqualifying 10 service providers from the Scheme as well as referring 16 cases and 9 cases to the Police and the professional boards concerned for follow-up actions respectively;

- (vi) Dr. Taron LOH of the DH said that if any service provider was suspected of non-compliance with the regulations of the Scheme (e.g. charging the elderly administrative fees when the vouchers were used), citizens could provide specific information of the case to the Health Care Voucher Section of the department to follow up;
- (vii) Dr. Taron LOH of the DH said on the cases that optometrists were suspected of prescribing spectacles to the elderly who had no needs, the department would step up publicity and reminded the elderly to enquire the service providers about the fees and strike a balance between the advantages and disadvantages before agreeing to use the vouchers. If the elderly were not sure whether they should be prescribed spectacles, they could have discussions with their family members first instead of signing the consent letters in a hurry;
- (viii) Dr. Taron LOH of the DH said that the department would step up publicity education and teach the elderly how to use the vouchers wisely. For example, there would be seminars at the elderly centres in all districts to remind the elderly to read the notes on the use of the vouchers in the publications targeted at the elderly and continue to broadcast the sound tracks and announcement of public interest on the wise use of vouchers through radios and television stations in order to remind the elderly to understand details of the service fees before using the vouchers.;
- (ix) Dr. Taron LOH of the DH said that since some service providers did not accept vouchers by the elderly for consultation, the department proposed in the codes sent to them on regular basis that they should display the names of the service providers participating in the Scheme in their clinics so that the elderly could identify them. Templates of the notices were provided for their reference;
- (x) Dr. Taron LOH of the DH said that on the relief or part-time doctors' refusal to accept the vouchers by the elderly, the department requested the

service providers participating in the Scheme to register with the DH first so that the elderly would be better protected when using the vouchers. They needed to post the logo of the Scheme at its location of practice. If there was more than one doctor providing service at the same location, the DH proposed that the doctor participating in the Scheme should be displayed for the elderly to identify; and

- (xi) Dr. Taron LOH of the DH said that the purpose of the scheme was to take more care of the elderly's needs for primary care. Therefore, the vouchers could not be used for the purchase of medication or medical equipment solely to reduce the opportunities of abusive use. If the elderly needed to purchase medication or medical equipment themselves, the elderly and their family members should take extra care.

11. Member's comments and enquiries on the DH's replies were summarised as follows:

- (i) A Member said that registered pharmacists and registered optometrists were regulated by their professional boards so this would ensure that there would not be any abusive use of the vouchers. The Member also said that some elderly had the medication prescribed at the pharmacies as advised by the doctors and got the doctors' prescription for the medication concerned. The Member urged the DH to review and expand the coverage of the vouchers and allow the elderly to use the vouchers to purchase medication;
- (ii) A Member reckoned that the measures taken by the DH (e.g. providing codes and publicity concerned to the service providers participating in the Scheme) were too passive. The Member also enquired about the total voucher amount used in recent years, the manpower who were responsible for the handling cases of complaints, and whether there would be spot checks to see whether the service providers had abusive use of the vouchers;
- (iii) A Member suggested that the DH should require the service providers participating in the Scheme to display fee arrangements. The Member also said that some clinics asked the elderly who consulted them with the vouchers to pay administrative fees or refused to issue receipts so that the

patients could not claim against insurance companies. The Member urged the DH to step up regulation; and

- (iv) A Member enquired why there were no prosecutions initiated for the 16 cases of complaints which were referred to the police and related to service providers.

12. The Vice-chairman said that some residents reflected that some clinics requested the patients to sign the consent forms before telling them the fees payable before consultation. He enquired whether the DH had received similar complaints.

13. Dr. Taron LOH of the DH replied to Members' suggestion and enquiries as follows:

- (i) Dr. Taron LOH said that on the arrangement whether the elderly would be allowed to use the vouchers to purchase medication or healthcare equipment, there needed to be a balance with the protection of patients' interests. When the elderly were provided healthcare services within the professional areas after consultation by the service providers, there could be guarantee that the vouchers would be used on the elderly meeting their primary medical needs. However, she would relay the suggestion concerned to the department in order to enhance the Scheme further;
- (ii) Dr. Taron LOH said that the department received around 200 complaints about the service providers participating in the Scheme between 2015 and the end of September 2018. At the same time, there were more than 1.13 million elderly who used the vouchers. Of the 200 cases, the department referred 16 cases to the police and 9 cases to the professional boards concerned to follow up. As there was no evidence to show that the cases involved fraudulent act, no service providers were prosecuted;
- (iii) Dr. Taron LOH reiterated that the department wanted to teach citizens how to use the vouchers wisely through education and publication. If they suspected service providers of incompliance with the regulations under the Scheme, citizens could report the details to Health Care Voucher Section to follow up;

- (iv) Dr. Taron LOH said that professional boards and councils would lay down guidelines on the fees in the professional code concerned as and when needed. Citing doctors as an example, the Medical Council of Hong Kong (the “MC”) laid down general guidelines on doctors’ fees in the Professional Code and Conduct for the Guidance of Registered Medical Practitioners and requested that the fees needed transparency without overcharging. Any doctors found in compliance with the professional code could be subject to disciplinary actions by the MC;
- (v) Dr. Taron LOH explained that under the principle of free economy, the government believed that private healthcare organisations would set the fees themselves according to their feature and scope of services so there would be no intervention in their levels of fees. On the other hand, the government wanted to allow the patients to grasp sufficient information and choose healthcare services that suited themselves by increasing the transparency on the fees of the private healthcare organisations. On this, the department set out the data on the claim amount for the vouchers on the web page of the Scheme for citizens’ reference; and
- (vi) Dr. Taron LOH said that in order to ensure proper use of public money, the department had put in place checking and auditing measures and procedures. If any service providers were suspected of inappropriate claims, the department would arrange to follow up with checking while the number and frequency of inspections would depend on the risk-based principle. If any service providers received complaints continuously in a short period of time, the department would increase the number of inspections. Information on the manpower arrangements and inspection operations for the handling of the complaint cases about the vouchers would be provided after the meeting.

14. A Member did not agree with the DH not allowing the elderly to purchase medication from registered pharmacists with the vouchers for the reason of getting a balance. The Member said that clinics might suggest that the patients should purchase medication from pharmacies because there was not adequate stock of the medication and the record of the voucher account could prevent the abusive purchase of medication. Another Member said that this agenda item was about matter arising and was not satisfied with the DH providing the

information on the manpower arrangements and inspection operations for the handling of the complaint cases about the vouchers only after the meeting. The Member reckoned that the department's representative should be well-prepared before attending the meeting.

15. The Chairman enquired whether the DH could provide the information on the manpower arrangements and inspection operations for the handling of complaint cases about the vouchers by a written reply within two weeks.

16. Dr. Taron LOH of the DH thanked Members for their comments and said she would provide the information concerned within the specified time. DH

(Post-meeting note: the DH provided the above information to the SSC on 20 November 2018. Later, the Secretariat sent the information to Members by email on 21 November 2018. For details, please refer to Annex 4.)

V. Discussion Items

(A) Public Education / Promotion Activities on Rehabilitation 2019-20 (SSC Paper No. 53/2018)

17. The Vice-chairman said that the Labour and Welfare Bureau wrote to the Chairman of the TMDC some time earlier, saying that each of the 18 districts would be allocated \$53,000 for the year of 2019-2020 as funding for the organisation of public education activities related to rehabilitation services in different districts including the celebration activities on the International Rehabilitation Day with the "All-round Promotion of the Spirit of the Convention on the Rights of Persons with Disabilities and Cross-sectoral Collaboration towards Building an Equal and Inclusive Society" as the main theme. With the consent of the Chairman of the TMDC, the matters concerned would be followed up by the SSC. He asked Members to consider whether they would accept this funding allocation.

18. A Member showed support to the captioned plan and said that the plan was very meaningful and provided care to the underprivileged. Then the Vice-chairman asked Member to consider whether the funding allocated would be followed up by the Working Group on Medical and Rehabilitation Services

Action

according to the arrangement in the past.

19. As no Members had any objections, the SSC approved that the Working Group on Medical and Rehabilitation Services would follow up the funding allocated for the public education activities related to rehabilitation services for the year of 2019-2020.

Working Group on Medical and Rehabilitation Services

**(B) “Towards 2025: Strategy and Action Plan to Prevent and Control Non-Communicable Diseases in Hong Kong” Community Funding Scheme
(SSC Paper No. 54/2018)**

20. The Vice-chairman welcomed Dr. NG Kwok-kiu, Albert, Medical Officer (Disease Prevention) 4 and Ms NG Lap-hang, Janice, Assistant Manager (Strategy and Action Planning) of the Department of Health to the meeting.

21. Dr. NG and Ms NG of the DH presented details of the captioned funding scheme with PowerPoint (Annex 1). The department planned to provide \$250,000 to the TMDC within the financial year of 2019-2020 for the funding of the organisation of events by the TMDC or their committees/working groups, Health City organisations/associations, local organisations/groups and non-government organisations, etc. to promote community health and prevent and control non-communicable diseases in collaboration for the year of 2019-2020.

22. The Vice-chairman asked Members to consider whether they would accept this funding allocation and pass the funding to the Working Group on Medical and Rehabilitation Services to follow up.

23. As no Members had any objections, the SSC approved that the Working Group on Medical and Rehabilitation Services would follow up the funding for the “Towards 2025: Strategy and Action Plan to Prevent and Control Non-Communicable Diseases in Hong Kong” Community Funding Scheme.

Working Group on Medical and Rehabilitation Services

24. A Member said the DH’s presentation had quoted a secondary school using the funding to promote healthy diet in the school. The Member reckoned that the example was quite comprehensive and enquired about the amount

required for the activity concerned. On this, Dr. NG of the DH replied that the activity was only an example. Applications for the activities would be approved by district councils.

25. The Vice-chairman said that the Working Group on Medical and Rehabilitation Services could consider to invite the schools in Tuen Mun District to co-organise the activities when using the captioned funding.

26. A Member said that the funding scheme welcomed all eligible local organisations to submit applications. She enquired from where details of applications could be learned to encourage eligible organisations could submit applications.

27. The Vice-chairman replied that the working group would invite local organisations concerned to submit applications according to the funding guidelines.

(C) Request for Relocating Temporary Shelters to Sports Centres

(SSC Paper No. 56/2018)

(Written Reply from the LCSD)

28. The Vice-chairman welcomed Mr CHEUNG Chi-keung, Endy, Senior Executive Officer (District Management) of the Tuen Mun District Office (“TMDO”) to the meeting.

29. The first proposer of the paper said that temporary shelter, temporary cold shelter or temporary night heat shelter (the “Centre”) was provided in a community centre or community hall at present. The Centre in Tuen Mun was provided in the Butterfly Bay Community Centre. The area was small and there was no bathroom, which was not suitable for citizens to stay in. During the attack of the Typhoon Mangkhut, there was a temporary shelter provided in the Lei Yue Mun Sports Centre for the citizens in need. She reckoned that such arrangement was better so she suggested that the Centre should be provided in a sports centre. She also said that there were few citizens who would use a sports centre in very hot and cold weather. The LCSD could open some areas of the sports centre as a temporary shelter or temporary night heat shelter to reduce the impact on the citizens who used recreation facilities. Moreover, as citizens would not use a sports centre when a typhoon signal was in force, relocating a

temporary shelter at a sports ground would not cause any impact on citizens. She hoped that the department concerned would consider the above suggestion.

30. Members' comments and enquiries on the captioned agenda item were summarised as follows:

- (i) A Member said that the government opened several sports centres for the citizens in need when the typhoon Mangkhut attacked Hong Kong. The centres would be opened as and when needed and the operations hours were not long so it would not cause serious impact on other citizens who used recreation facilities. The department concerned were urged to actively consider the suggestion concerned;
- (ii) A Member supported the proper use of community facilities and reckoned that the shower facilities in sports centres were better than those in community centres and more suitable to become temporary shelters;
- (iii) A Member pointed out that the written reply from the LCSD said the utilization rate of the four sports centres in Tuen Mun was 80%. Unless there were guidelines which specified that those sports centres with a utilization rate lower than certain percentage would be opened as temporary shelters, the department's reply did not have much meaning. The Member also reckoned that even if the utilization rate of the sports centres was as high as 100%, there were no citizens who would use the sports centres during the typhoon;
- (iv) A Member reckoned that the structure of private buildings was sturdier. Residents who lived in the rural areas would have a greater need to stay in temporary shelters. The Member also said that the TMDO should be well-prepared and co-ordinate with the LCSD timely to open sports centres as temporary shelters as and when needed; and
- (v) A Member said that there would be more and more typhoons that had an intensity like the typhoon Mangkhut attacking Hong Kong. While the Home Affairs Department was in charge of temporary shelters, the Member suggested that the department should discuss with the LCSD to regularise the arrangement for opening sports centres as temporary shelters.

31. Mr CHEUNG of the TMDO replied that the Tuen Mun Temporary Shelter, Temporary Cold Shelter or Temporary Night Heat Centre was provided in the Butterfly Bay Community Centre. They would be opened to the citizens when the weather was very cold or hot or there was natural disaster. According to the past experience, few people would use the Centre, and the Butterfly Bay Community Centre was large enough to accommodate the citizens in need. In the event of major incidents, the TMDO would open more community centres as temporary shelters for the citizens in need if necessary. In light of Members' comments, the department was studying with the ArchSD on the feasibility of the provision of shower facilities at the Butterfly Bay Community Centre. He added that when the Emergency Co-ordination Centre was activated, the officers on duty would arrange for staff members to be on duty at the Temporary Shelter and contacted the government departments concerned for assistance if necessary.

32. The first proposer of the paper welcomed the TMDO's provision of shower facilities at the Butterfly Bay Community Centre and hoped that the department would provide explanations for the progress concerned timely. She also enquired whether there would be provision of shower facilities for the Butterfly Bay Community Centre only or there would be shower facilities in all the community centres. In case of the former, she suggested that the government should still consider to open sports centres as temporary shelters when major incidents happened.

33. Mr CHEUNG of the TMDO replied that if major incidents happened, the TMDO would discuss how to deal with them with the government department concerned. The Temporary Shelter in the Tuen Mun District would be provided in the Butterfly Bay Community Centre while the community hall in Tseng Choi Street would be a back-up proposal. If needed, the department would open other community halls in the district and community centres as temporary shelters depending on the actual situations.

34. The Vice-chairman requested the TMDO to report to the SSC on the progress concerned timely.

TMDO

(Post-meeting note: the ArchSD reckoned that there were no suitable locations for the provision of shower facilities in the Butterfly Bay Community Centre after

paying a site visit. At present, the toilets in the centre included male and female toilets, backstage changing room and accessible toilets. Because their area was limited, it was not suitable for the provision of the facilities concerned.)

(D) Request for Relocating Temporary Shelters to Sports Centres

(SSC Paper No. 56/2018)

(Written Reply from the LCSD)

35. The first proposer of the paper said she learned that the DH would provide cervical cancer vaccination to primary 5 school girls only for the academic year of 2019 and 2020 but not primary 6 school girls. She enquired whether the arrangement concerned was true and said the Policy Address 2018 had mentioned that the government would provide cervical cancer vaccination to primary 5 and 6 school girls so she hoped the DH would provide cervical cancer vaccination to both primary 5 and 6 school girls.

36. A Member said the Women Commission under her party had requested the DH to provide cervical cancer vaccination to all school-age girls for many years and welcomed the department to give a reply to the suggestion concerned actively. She also enquired whether the department had sufficient manpower to provide vaccination to all primary 5 and 6 school girls and when the arrangement concerned would be reviewed.

37. Dr. LOH of the DH replied that according to the proposal jointly released by the Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on AIDS and Sexually-Transmitted Illness under the Centre for Health Protection of the DH, vaccination of human papillomavirus i.e. cervical cancer vaccination could provide personal protection to women effectively and safely against cervical infections and cancers caused by specific type of human papillomavirus. After the study on cost-effectiveness by the University of Hong Kong and collection of the latest position of the World Health Organisation on cervical cancer, experience and recommendations from the health authorities overseas, international scientific evidence concerned and the latest global and local situations on epidemiology, the above two scientific committees proposed that the government should include the cervical cancer vaccines in the Hong Kong Childhood Immunisation Programme as one of the public health strategies against cervical cancer. This programme would provide 9-valent cervical cancer vaccine, covering majority of the genotypes of the human papillomavirus that caused local cervical cancer. It was expected that 90 per cent of cervical

cancer could be prevented.

38. Dr. LOH of the DH continued to say that the cervical cancer vaccination programme would commence in the year of 2019 – 2020 and provide the first dose of cervical cancer vaccination to eligible local primary 5 school girls in Hong Kong, and vaccination of the second dose would be arranged when they studied in primary 6. The vaccine was suitable for school girls aged 9 years old or above. School girls who were 14 years old or below needed to receive two doses at an interval of 6 to 12 months. Currently, the School Children Immunisation Team under the DH would visit all the primary schools in Hong Kong every year and provide vaccinations to the school children. The cervical cancer vaccination programme would follow the same arrangement to ensure that the coverage would reach the highest level. Implementation details of the vaccination programme (including manpower arrangement) were under discussion.

39. The Vice-chairman enquired whether the DH would consider to provide the first or second dose of cervical cancer vaccination for eligible primary 6 school girls in the year of 2019-2020.

40. Dr. LOH of the DH replied that under the Hong Kong Childhood Immunisation Programme, school girls would receive the first dose of cervical cancer vaccination when they studied in primary 5. As they needed to receive two doses of vaccination, the second dose of vaccination needed to be received within 6 to 12 months. Therefore, the school girls would be arranged to receive the second dose when they studied in primary 6. Under this programme, school girls studying in primary 6 in the year of 2019 – 2020 would not receive cervical cancer vaccination through this programme.

41. Members made comments and enquiries on the replies from the DH as follows:

- (i) A Member said that among different types of cancer, only the cervical cancer could be prevented by vaccine and reckoned that the earlier the school girls received cervical cancer vaccination, the more protection they could be provided. It was suggested that the DH should study to provide cervical cancer vaccination to the primary 6 school girls together in the year of 2019- 2020;

- (ii) A Member reiterated that the Policy Address 2018 mentioned that the government would provide cervical cancer vaccination to primary 5 and 6 school girls. It was reckoned that the DH needed to provide the first dose of cervical cancer vaccination to primary 6 school girls at the beginning of the first semester and provide the second dose of cervical cancer vaccination at the end of the second semester, thus meeting the requirement of an interval of 6 to 12 months for the two doses of vaccination; and
- (iii) A Member said that if the DH could not provide cervical cancer vaccination to the school girls who were studying in primary 6 in the year of 2019-2020 owing to insufficient resources or manpower, they could apply to the Legco for additional funding or work with private doctors.

42. The Vice-chairman requested the DH's representative to relay Members' comments and provide cervical cancer vaccination to school-age girls based on the principle of "treating a disease before it arises".

43. Dr. LOH of the DH thanked Members for their comments and concern and said she would relay to the service unit concerned.

(E) Enquiry about the Content of the Enhancement of Home-based Child Care Service Announced in 2018 Policy Address and its Implementation Timetable (SSC Paper No. 59/2018)
(Written reply from the Social Services Department)

44. The Vice-chairman, also the first proposer of the paper, said that the Policy Address 2018 mentioned the recommendation to improve the "Neighbourhood Support Child Care Project". He said that the Social Welfare Department could consider to adjust the incentive payment to the child carers in order to improve the service quality of the "Neighbourhood Support Child Care Project". Then he requested the department to give a reply to the proposal in the paper.

45. Ms Yondy LAI of the SWD replied that the "Study on Long-term Development of Child Care Services", which the department commissioned the University of Hong Kong to conduct would be completed soon. The Family and

Child Welfare Branch were preparing to hold a meeting with the industry to discuss the optimization of the implementation details of the “Neighbourhood Support Child Care Project” and its timetable of measures implementation. The department would report to Members and the public on the progress concerned in due course.

46. The Vice-chairman requested the SWD to report to the SSC on the progress concerned timely.

(F) NTWC Resources and Services Planning
(SSC Paper No. 55/2018)

47. The Vice-chairman welcomed Dr. Leo CHAN Ho-fung, Chief Manager (Financial Planning & Cost Analysis) of the Head Office, Mr CHAN Wing-fai, Senior Manager (Financial Planning) of the Head Office, Dr. WONG Yiu-chung, Deputy Hospital Chief Executive of the Tuen Mun Hospital, Mr YIU Kin-man, Cluster Manager (Public Affairs & Fund-raising) of the New Territories West Cluster and Ms HUI Wing-sau, Assistant Hospital Manager (Public Affairs & Fund-raising) of the New Territories West Cluster to the meeting.

48. Dr. CHAN and Dr. WONG of the HA presented the Enhanced Model of Population-based Resource Analysis (“Model”) developed by the consultant team of the School of Public Health and Primary Care of the Chinese University of Hong Kong commissioned by the HA, and the NTWC Resources and Services Planning by PowerPoint (Annex 2).

49. Members made different comments and enquiries on the HA’s presentation, which were summarised as follows:

- (i) A Member said that the medical resources allocated to the New Territories West had been fewer than other clusters so the TMDC and the public were looking forward to the study results of the Model, hoping that this study would help the HA provide more effective resource allocation. However, the HA said this Model was not an equation which calculated resource allocation and could be used as reference only. Therefore, the Member reckoned that this Model did not help the TMDC and the public monitor the HA’s work and understand whether the resource allocated to Tuen Mun had attained the target;

- (ii) A Member reckoned that the hardware facilities of the Pok Oi Hospital, the Tin Shui Wai Hospital and the Tuen Mun Hospital were good but manpower was insufficient. With the Tin Shui Wai Hospital providing 24-hour service soon, the Member hoped that the HA would increase resources in light of the situation;
- (iii) A Member said the HA should implement the Model as the criteria for resource allocation. The Member also requested the HA to provide the data of other clusters as comparison with the situation of the New Territories West Cluster;
- (iv) A Member said that populations in the New Territories West were aging seriously and they were mainly grassroots. Therefore, there were more populations that relied on the public medical services. The Member reckoned that it was not reasonable for the HA to allocate the resources of the clusters based on the number of populations only;
- (v) A Member said that the New Territories West Cluster had failed to fight for more resources for many years and the ratio between the medical and nursing staff and beds with the populations was lower than that of other clusters. The Member had expected that the Model could help the New Territories fight for more resources. However, the HA said that the Model was not the basis of resource allocation so it was very disappointing;
- (vi) A Member said that the equation included in the Model had great impact on its reference value but the HA's presentation did not give an account to the factors and ratio covered by the equation. Neither did it mention the number of people seeking hospitalisation and consultation at the Accident and Emergency Department from other districts;
- (vii) A Member reckoned that the HA's resource allocation had low transparency without ever mentioning the number of resources allocated to the New Territories West Cluster. No matter how many additional resources were allocated by the HA to the New Territories West Cluster every year, they still could not meet the demands in the New Territories West; and

(viii) A Member said that workload at public hospitals were great so the HA should think about how to retain the manpower to serve the New Territories West.

50. Dr. CHAN of the HA said that in light of the pressure on service caused by the population growth and aging in the New Territories West, resources of the New Territories West Cluster had been increasing in the past few years and higher than the average increase of other clusters. When allocating resources, the HA would consider different factors such as government policy, limitations which could affect the growth of service like manpower and the measures that would be given priority and help ease the areas under pressure. The analysis under the Model was one of the major references. He reiterated that this Model was not an equation of resource allocation but the analysis could be used as reference for the planning of long-term service and facilities of the HA.

51. Dr. CHAN of the HA added that the service and workload of the cluster not only were related to the populations in the district, but also to the difference with the “specified services” provided by other clusters to the citizens in Hong Kong and the extent of impacts caused to other clusters by the citizens seeking consultation in other clusters. Therefore, it was not appropriate to compare the resources of the clusters simply by dividing the resources of the cluster by the populations of the regions the cluster served. It would cause misunderstanding easily. Mr. CHAN added that the team at the Chinese University of Hong Kong also identified 16 factors applicable to Hong Kong e.g. number of population/age distribution and socio-economic conditions from 38 factors that might affect the regional population’s demand for medical services by referring to overseas experience, thus providing a comprehensive analysis of the regional population’s demand for medical services.

52. Dr. WONG of the HA said that the number of people seeking consultations at the Accident and Emergency Departments in the New Territories West Cluster increased 5 per cent in 2017 but the number people seeking consultations at the Tuen Mun Hospital dropped 9 per cent. It was believed that the opening of the Tin Shui Wai Hospital had helped relieve the burden of the Tuen Mun Hospital. In light of the Tin Shui Wai Hospital being opened for 24-hour service soon, the medical and nursing staff concerned would receive training at the Pok Oi Hospital and the Tuen Mun Hospital first so that the

operation would be smoother after the Accident and Emergency Department of the Tin Shui Wai Hospital was opened for 24-hour service. He continued to say that the wastage of the medical and nursing staff in the New Territories West Cluster was lower than the average wastage of the HA last year while the wastage of the supporting staff was about the same with the average of the HA. The authority would continue to enhance the retention and recruitment of the manpower of the supporting staff to provide assistance to the medical and nursing staff in the front line. On the recruitment of medical and nursing staff, there were 420 medical graduates that could be recruited last year. The New Territories West employed 66 of them, which was a high proportion in the seven clusters. In order to retain young doctors to serve the New Territories West Cluster, the authority had formed an Ad hoc Committee to understand front-line doctors' needs and support their research in science and technology.

53. The Vice-chairman enquired whether the HA included the middle and high level positions in the arrangement of remuneration rise of the medical and nursing staff. He also requested the HA to reply how many medical resources should be allocated to Tuen Mun.

54. Other Members made comments and enquires on the HA's reply as follows:

- (i) A Member enquired how many resources should be allocated to the New Territories West Cluster and said that if the New Territories West Cluster needed an increase of 15 per cent in resources to attain the target but there was an increase of 9 per cent only, it was meaningless even though the increase was higher than that of other clusters;
- (ii) A Member said that after completion of the extension of the Pok Oi Hospital, it took ten years for it to have full operation. The Member enquired whether the Tin Shui Wai Hospital would also need ten years to attain the target and requested the HA to provide targets and timetable; and
- (iii) A Member reckoned that the Model did not mention the growth of Clusters' demands and enquired whether the HA would review the demand of the New Territories West and make a targeted planning.

55. Dr. CHAN of the HA replied that apart from the demands for admission of acute patients, the demands for primary care were relatively high. Therefore, the authority increased 63,000 quotas for general out-patient consultations last year. He reiterated that the Model was one of the factors that would be considered for the resource allocation.

56. Dr. WONG of the HA replied that the authority had made a preliminary planning for the clinical services in light of the demands in the New Territories West. Considering that the nephrology service at the Tuen Mun Hospital could not meet the needs of the residents in the New Territories West, the Tin Shui Wai Hospital would expand the current renal dialysis service. Moreover, there would be an increase of 20 operating theatres after extension of the operating theatre block of the Tuen Mun Hospital. The Tin Shui Wai Hospital would provide 24-hour service at the Accident and Emergency Department with effect from 21 November 2018. It was also planned to provide geriatric and medical beds in 2019 and the medical and nursing staff concerned were receiving training at the Pok Oi Hospital. The authority estimated that the Tin Shui Wai Hospital would offer full service within three and four years. Besides, the New Territories West Cluster would continue discussion with the head office to fight for promotion of some positions in order to retain young doctors to serve in the New Territories West Cluster.

57. The Vice-chairman enquired whether there were other medical services under pressure apart from the Accident & Emergency Department and clinic services which had greater demands, and whether there were solution measures worked out.

58. Dr. WONG of the HA replied that as the waiting time for out-patient consultation by urology specialists was rather long, the authority managed to shorten the waiting time from three years to one year odd by employing part-time consultants and opening an out-patient department with special funding. Besides, there was a shortage of manpower at the out-patient department of the gynaecology specialists. The authority would discuss with the doctors concerned for measures to shorten the waiting time.

59. The Vice-chairman said that it was estimated that the community health centre in Area 29, Tuen Mun would be completed in 2024. There would be a

clinic for nurses and the SSC hoped that the project concerned would help the recruitment of nurses for the Tuen Mun Hospital and expected that different projects could bring synergy effect and continued to improve the development of the New Territories West Cluster.

60. A Member hoped that the HA would consult the SSC on the preliminary planning of the community health centre in Area 29, Tuen Mun. They should not make a report after the implementation of the planning. Another Member said that the populations in Tuen Mun were increasing and enquired whether the HA's planning would consider this factor.

61. Dr. WONG of the HA said that the second "Ten Year Hospital Building Plan" was still at preliminary stage. After considering the population growth in the district, the authority had reserved a site at Hung Shui Kiu for the construction of a medical facility and would consult the TMDC after the implementation of the planning concerned.

62. The Vice-chairman requested the HA to report on the progress concerned timely and said that the SSC would write to the authority for enquiries if necessary.

(G) Urge for the Provision of Timetables in respect of Tuen Mun Clinic's Redevelopment and Clinic Facilities in the District
(SSC Paper No. 58/2018)
Consolidated Replies from the FEHD and the DH

63. The Vice-chairman welcomed Dr. CHAN Chi-keung, Chief Manager (Administration) of the New Territories West Cluster to the meeting.

64. The first proposer of the paper said that the government provided a lump sum of \$13 billion to the HA in 2014 to carry out minor works for public hospitals and clinics. He enquired whether the HA had used the funding properly in the past four years to enhance the facilities for the hospitals and clinics in the Tuen Mun District or the New Territories West Cluster together with the details of the projects concerned. He also pointed out that the facilities at the Tuen Mun Clinic, the Yan Oi General Out-patient Clinic and the Tuen Mun Wu Hong Clinic became old one by one so he welcomed the government's proposal in the Policy Address 2018 to improve the clinics under the DH in

stages. Moreover, he said that the TMDC had shown concern about the arrangement of the redevelopment of the Tuen Mun Clinic. The Policy Address recommended “one site, multiple uses” and introduction of different government departments and community services for redevelopment projects. He hoped that the department concerned would consult the SSC on the plan and give a reply on the details concerned as soon as possible.

65. Dr. CHAN of the HA presented on the general conditions of the minor works in the New Territories West Cluster and provide explanations on the projects in Tuen Mun District and progress with PowerPoint (Annex 3).

66. Dr. LOH of the HA replied that the FEHD and the DH had provided consolidated replies on the redevelopment of the Tuen Mun Clinic and the facilities in the clinics in the district. The authority hoped that the original facilities at the site of the Tuen Mun Clinic and other clinics would be relocated in the building redeveloped. On the site proposal for the redevelopment of the Tuen Mun Clinic, the departments concerned were still exploring it actively and would carry out assessment on the application of the site. Pending further information, the government would consult the TMDC in due course.

67. The Vice-chairman enquired when the policy bureau and departments would conduct the first round of consultation. On this, Dr. LOH of the DH said that the department did not have a timetable concerned for the time being.

68. The Vice-chairman thanked the representatives of the HA and the DH for their replies and said that if the SSC had further enquiries, they would invite the departments to attend the meeting and report on the progress concerned.

VI. Matters Arising (cont'd)

(B) Request the Hospital Authority to Notify the Tuen Mun District Council on Major Incidents and Update the Number of Vacancies of Healthcare Staff on a Regular Basis **(SSC Paper No. 46/2018)** **(Paragraphs 12-24 of the Minutes of the 6th SSC Meeting of 2018-2019)**

69. The Vice-chairman welcomed Dr. KWAN wai-man, Annie, Cluster Service Director (Quality and Safety), New Territories West Cluster of the HA to

the meeting.

70. The Vice-chairman said that the SSC requested the HA at last meeting to report on the number of manpower and medical incidents on a regular basis and requested the HA's representative to give a reply on this.

71. Dr. KWAN of the HA said that she understood Members' concern about serious medical incidents and major risk incidents and pointed out that the authority had an annual report each year to have an overall review of the medical incidents for the year in order to take improvement measures. As each case had its individuality and had an opportunity to involve different clusters or professions, the overall figures would be used as the basis of analysis and would not be compared with individual cluster. The authority would provide explanations about the incidents through the Government Information Service in light of the nature of the cases. They would also announce details of the incidents through appropriate channels after considering patients' privacy, family members' wish and staff's situations. She would relay Member's views to the Quality and Safety Division of the Head Office. On the manpower arrangement, newly recruited doctors would be arranged to provide service in the departments which had greater demands. To further ease manpower shortage, the authority would employ retired doctors and part-time doctors and attract doctors to join the HA through the Locum Recruitment Web Page.

72. A Member said that the HA did not respond to enquiries and reiterated that the SSC only hoped to enquire about the figures of the medical incidents at the Tuen Mun Hospital and the New Territories West Cluster and nothing dealt with patients' privacy. The Member urged the HA to provide the data concerned as soon as possible.

73. Dr. KWAN of the HA replied that no information concerned could be provided but she would continue to relay Members' views to the Head Office.

74. A Member reckoned that the SSC should continue to discuss this agenda item until the HA provided the data concerned.

75. The Vice-chairman requested the HA to consider to provide the figures on the manpower and medical incidents by written reply at the next meeting or

arrange for a suitable person to attend the meeting.

VII. Reporting Items

(A) Progress Report on “All for Integrity” Tuen Mun District Project 2018-19

(SSC Paper No. 60/2018)

76. Members noted the contents of the report by the ICAC.

(B) Work Reports by the Working Groups under the Social Services Committee

(SSC Paper No. 61/2018)

(i) Working Group on Medical and Rehabilitation Services

77. Members noted the contents of the report by the above working group.

(ii) Working Group on Community Care

78. Members noted the contents of the report by the above working group.

(iii) Working Group on Education and Youth Services

79. Members noted the contents of the report by the above working group.

80. The Chairman announced that the above three working group reports were endorsed.

(C) Report by the Tuen Mun District School Development Section of the Education Bureau

(SSC Paper No. 62/2018)

81. Members noted the contents of the relevant report by the EDB.

(D) Report by the Social Welfare Department

(SSC Paper No. 63/2018)

82. Members noted the contents of the relevant report by the SWD.

(E) Report on Crime Figures in the Tuen Mun District

(SSC Paper No. 64/2018)

83. Members noted the contents of the relevant report by the Hong Kong

Police Force.

VIII. Date of Next Meeting

84. There being no other business, the Chairman closed the meeting at 12:30 p.m. The next meeting would be held on 15th January 2019.

TMDC Secretariat

Date: 3 January 2019

File Reference: TMDC/13/15/SSC/18