

LCQ5: Healthcare services for Hong Kong people living in Greater Bay Area

Following is a question by the Hon Chan Han-pan and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (June 5):

Question:

It is learnt that in recent years, quite a number of Hong Kong people have moved to live in the Mainland cities within the Guangdong-Hong Kong-Macao Greater Bay Area (Bay Area). As the healthcare protection regime on the Mainland does not cover Hong Kong people, quite a number of such Hong Kong people have opted for returning to Hong Kong to seek medical treatment. Among them, some need to be transferred by Mainland ambulances to a Port and then, after crossing the boundary, by a Hong Kong ambulance to a nearby public hospital. As this transfer process is indirect and time-consuming, the conditions of the patients may be aggravated as a result. In this connection, will the Government inform this Council:

(1) whether it knows the number of cases, in each of the past three years, in which non-emergency and non-critically ill Hong Kong people were transferred by an ambulance from an immigration control point to a public hospital and, among such cases, the number of those in which the conditions of the patients were aggravated during the transfer; whether it will discuss with the University of Hong Kong-Shenzhen Hospital (HKU-SZ Hospital) the deployment of ambulances by the Hospital to provide cross-boundary direct transfer of Hong Kong people to public hospitals for treatment;

(2) whether it will open up the electronic health record sharing system for use by HKU-SZ Hospital and, in future, other mainland hospitals recognised by Hong Kong, so as to facilitate Hong Kong people living on the Mainland to seek medical treatment in such hospitals; if so, of the details and timetable; if not, the reasons for that; and

(3) whether it will extend the scope of application of the elderly health care vouchers to cover hospitals of Tier 3 Class A in the Bay Area; if so, of the details and implementation timetable; if not, the reasons for that?

Reply:

President,

The Government of the Hong Kong Special Administrative Region maintains liaison with the relevant institutions in the Greater Bay Area and takes account of the views of members of the public, and provides suitable health-related measures for Hong Kong people working and living in the Greater Bay Area where appropriate.

My reply to the three parts of the question is as follows:

(1) According to the information provided by the Security Bureau, under normal circumstances, upon receipt of a call for emergency ambulance services, the Fire Services Department (FSD) will dispatch ambulance(s) in accordance with the established arrangements to transport patient(s) from the Hong Kong ports of land control points to a nearby Accident and Emergency Department under the Hospital Authority to receive the services required. The number of calls for emergency ambulance services handled by FSD at the Hong Kong ports of various land control points averaged about 6 200 per year over the past three years. FSD did not keep separate statistics on whether the patients concerned were non-critical Hong Kong patients or whether they were transferred from the Mainland to Hong Kong.

If Hong Kong residents choose to return to Hong Kong for treatment or recuperation, we in principle support cross-boundary transfer of non-critical Hong Kong patients with stable conditions using ordinary passenger vehicles by designated institutions in the Greater Bay Area, and the application of necessary licences from the governments of Hong Kong and Guangdong, without needing to use ambulances for the transfer.

(2) According to the Electronic Health Record Sharing System Ordinance (Cap. 625) (the Ordinance), healthcare providers (HCPs) (such as hospitals or clinics) joining the Electronic Health Record Sharing System (eHRSS) must provide healthcare at one or more service locations in Hong Kong. After joining the eHRSS, HCPs can open accounts for their healthcare professionals so that they, with the consent of healthcare recipients (patients) and for the purpose of providing healthcare, can access and share the patients' electronic health records on the eHRSS, in accordance with the "need-to-know" principle. According to the Ordinance, only the 13 types of healthcare professionals specified in the Schedule to the Ordinance, who are registered under the relevant local laws, can access patients' health data on the eHRSS. As regards patients who join the eHRSS, they should have received, be receiving, or be likely to receive healthcare performed in Hong Kong. According to the above requirements, if a medical institution does not have any service locations in Hong Kong, it is not eligible for registration as an HCP under the eHRSS. If a patient has never received or has no plans to receive healthcare performed in Hong Kong, he/she also should not join the eHRSS.

We have adopted more stringent arrangements and measures on the participation and use of the eHRSS with a view to protecting patient privacy, security of the eHRSS and integrity of records. Like other Hong Kong laws, the Ordinance cannot be enforced in places outside of Hong Kong. We are concerned that if there are cases where the HCP(s) or healthcare professional(s) do not abide by the legislation and requirements in relation to the eHRSS, and they do not have operations or are not registered in Hong Kong, it would be very difficult for the Government to follow-up. In view of the above considerations, the Government has no plans at this stage to allow HCPs without operations in Hong Kong or healthcare professionals who are not

registered in Hong Kong to join or use the eHRSS.

(3) The Department of Health (DH) collaborated with the University of Hong Kong – Shenzhen Hospital (HKU-SZH) to launch a Pilot Scheme in October 2015 to allow eligible Hong Kong elders to use Elderly Health Care Vouchers to pay for designated outpatient services at the HKU-SZH. We noted from a survey conducted by HKU-SZH last October, which successfully interviewed some 380 Hong Kong elders, 92 per cent indicated that they were satisfied or very satisfied with the services received at HKU-SZH paid for by the vouchers. The DH completed a review of the Elderly Health Care Voucher Scheme earlier this year. Considering the smooth operation and popularity of the Pilot Scheme, the Government will regularise it on June 26, 2019 so as to provide greater certainty for Hong Kong elders to continue using the vouchers at HKU-SZH.

We have considered whether there are suitable medical institutions for extending the use of vouchers in the Greater Bay Area. In addition to the quality of healthcare, we also need to consider the clinical governance structure, administrative procedures, financial arrangement, operating environment and employee skills of the institution concerned, as well as the views of other stakeholders (including healthcare professionals and patients in Hong Kong). We are also particularly concerned about how to monitor voucher use. Since the relevant laws and codes of practice of Hong Kong are not applicable to medical institutions and healthcare professionals in places outside of Hong Kong, if there is non-compliance with the requirements of the Elderly Health Care Voucher Scheme and the institution(s) or individual(s) concerned have no connection with Hong Kong, it would be very difficult for the DH to follow-up and assist the elders. At this stage, the Government has no concrete arrangements in relation to further extending the use of vouchers in the Greater Bay Area.