Monitoring Committee on Implementation of the SARS Expert Committee Report's Recommendations (Monitoring Committee)

Notes of 1st Meeting held on 19 January 2004 from 10:00 am to 1:00 pm

Present

Sir Cyril Chantler	(Co-chairman)
Professor Sian Griffiths	(Co-chairman)
Dr the Honorable Lo Wing-lok	
Professor Lee Shiu Hung	
Professor Rosie Young	
Mr Edward Law	(Secretary)

In Attendance

Health, Welfare and Food Bureau (HWFB)

Dr E K Yeoh	Secretary for Health, Welfare and Food
Mrs Carrie Yau	Permanent Secretary for Health, Welfare and Food
Mr Thomas Yiu	Deputy Secretary for Health, Welfare and Food (Health)
Miss Susie Ho	Deputy Secretary for Health, Welfare and Food (Welfare)
Dr S V Lo	Head of Research Office
Mr Jeff Leung	Principal Assistant Secretary (Health) 1
Mrs Ingrid Yeung	Principal Assistant Secretary (Health) 2
Miss Daisy Lo	Assistant Secretary for Health(7)

Department of Health (DH)

Dr P Y Lam	Director of Health
Dr Regina Ching	Deputy Director of Health (1)
Dr Thomas Tsang	Consultant, Community Medicine

Hospital Authority (HA)

Dr William Ho	Chief Executive
Dr Vivian Wong	Director (Professional Services and Medical Development)
Dr James Kong	Consultant (Medical Informatics)

Opening Remarks

Sir Cyril suggested that the materials that had been sent to the Committee for review, together with the agreed notes of meeting, be placed on the SARS website for public scrutiny. The meeting agreed.

2. **Sir Cyril** said that in the future, at least one full day should be allowed for the Committee to review the papers.

Agenda Item 1: Progress Report on Implementation of Recommendations in the SARS Expert Committee Report (SARS MC1/04)

3. **Mr Thomas Yiu** introduced the progress report and drew Members' attention to major elements therein. The salient points raised in the ensuing discussions are summarized below:-

- Recommendation 1: **Prof Griffiths** said the establishment of the Centre for Health Protection (CHP) would have an impact on the rest of the public health infrastructure in Hong Kong. The review of the organization structure of HWFB and its relationship with constituent departments should be conducted early.

- Recommendation 3: Responding to a question raised by Prof Griffiths, **Director of Health** said over the past few months, DH had strengthened its consultative services for medical associations and private practitioners on prevention and control of communicable diseases. Dedicated web pages had also been set up to facilitate access to surveillance information gathered by the Department and the professional advice issued. DH would continue to maintain close dialogues with the medical associations to understand the problems faced by general practitioners. **Dr Lo Wing-lok** considered that DH's communications with the private healthcare sector had improved a lot since late last year. **Prof Lee** said the introduction of 'alert clinicians' to facilitate general practitioners to gain firsthand information about disease outbreaks should be considered. **Secretary for Health, Welfare and Food** concurred with the importance of having an appropriate alert system built into the private healthcare sector. The establishment of the CHP would help strengthen the problem anticipation and intelligence gathering capacities of the public health authority. **Sir Cyril** said the issue of how to enhance electronic communications with general practitioners

should be examined at a future meeting of the Committee.

- Recommendation 12(a): **Chief Executive/HA** told the meeting that HA would be reducing the number of hospital clusters from seven to five. **Director of Health** said DH was in the process of reorganizing its regional offices. Five epidemiology and infection control units would be set up in five hospital clusters upon the establishment of the CHP in mid 2004. **Sir Cyril** and **Prof Griffiths** stressed the need to ensure that the geographical boundaries defining DH's regions and HA's hospital clusters are coterminous.

- Recommendation 12(b): **Prof Lee** suggested that an advisory committee comprising representatives from the public, academic and private sectors and experts in manpower development and planning be established to advise the Government on the training and development needs of different disciplines of public health professionals. **Prof Griffiths** asked that a paper covering the overall healthcare workforce development plan in Hong Kong, including training and rotation of staff in HA, DH and the universities, be prepared for the next meeting.

- Recommendation 13(a): **Dr Lo Wing-lok** said given that some 40% of private old age homes were willing to finance the Visiting Medical Officer (VMO) scheme, there might not be a need for the Government to subsidize the services over the longer run. It would be desirable to develop a strong community network of physicians rather than rely on provision of services by HA. **Secretary for Health, Welfare and Food** clarified that the funding for the VMO scheme was separately accounted for and not included in the HA's budget. It was the Government's plan to have the services taken up by primary care-based family physicians after a model of care had been developed by HA. **Sir Cyril** asked that a progress report on the VMO scheme be prepared for the next meeting of the Committee.

- Recommendation 13(c): **Prof Lee** opined that DH should promote a better understanding of notifiable diseases under the Quarantine and Prevention of Disease Ordinance among traditional Chinese medicine (TCM) practitioners in Hong Kong. The sentinel surveillance should also be extended to cover TCM practitioners. **Director of Health** responded that the extension issue was being considered by the Practitioners Board of the Chinese Medicine Council. The Committee would be kept informed of progress.

- Recommendation 16(a): In response to a question raised by Sir Cyril, **Chief Executive/HA** said whether negative pressure should be made a mandatory requirement for isolation rooms was still a matter of deliberations and research among respiratory experts. While not all 1,400 isolation beds in HA hospitals would be equipped with negative-pressure facilities, the current operational practice was that high-risk patients would be admitted to single rooms with negative pressure. **Dr Lo Wing-lok** believed the 1,400 beds would be sufficient to cope with non-SARS situations. Nonetheless, contingency plans should be drawn up to cater for an upsurge of demand in the event of resurgence of SARS in Hong Kong. Private hospitals and practitioners were prepared to render assistance if circumstances warrant. **Chief Executive/HA** said HA had been working out practical arrangements with DH and medical associations to ensure sufficient surge capacity in the public hospital system. DH's recent agreement to follow up low-risk patients upon discharge from hospitals would help alleviate the pressure on HA's isolation facilities. Further meetings with DH and the private sector would be held after the Chinese New Year to review the situation.

- Recommendation 41(b): Responding to a question raised by Prof Griffiths, **Director of Health** undertook to engage in further discussions with pharmacists with a view to enlisting the latter's support for surveillance of infectious diseases.

- Recommendation 43: **Prof Lee** saw the need for the Government to develop a network of occupational health physicians, nurses, hygienists and safety officers in Hong Kong to provide private/subvented old age homes with centralized services including infectious disease surveillance, environmental hygiene promotion, and prescription of personal protective equipment. Such a network should be developed in partnership with the private sector and the academics. The services to be provided could be jointly funded by the Government and the private homes. **Secretary for Health, Welfare and Food** informed Members that there was a small occupational health unit funded by Labour Department. The Bureau and DH would explore how to develop the specialty and harness the expertise available to roll out services to the health and welfare sectors. **Sir Cyril** noted that much remained to be done to develop an occupational health specialty in Hong Kong as envisaged in the SARS Expert Committee's report. He suggested that a comprehensive paper covering what is available and what will be developed be produced for the next meeting.

Agenda Item 2: Establishment of a Centre for Health Protection in Hong Kong: Implementation Plan (SARS MC 2/04 & MC PPT 1/04)

4. **Director of Health** briefed the Committee on the key elements in the above paper and PowerPoint materials. **Prof Griffiths** saw the organization structure presented as an interim framework that would need to be migrated to a higher-level agency at a later stage. It was important to get the fundamental thinking right and to build the CHP with the eventual model in mind. **Sir Cyril** said the SARS epidemic revealed disconnection of responsibilities between HWFB and DH. The Expert Committee's recommendation that the organization of HWFB and its constituent departments be reviewed should be pursued in parallel with the establishment of the CHP.

5. **Secretary for Health, Welfare and Food** assured the Committee that the establishment of the CHP and the organizational review on the interface between HWFB and its departments would be undertaken concurrently. The current thinking was to establish the CHP within DH initially and then amalgamate the Department into the Bureau. After the HWFB/DH merger took effect, a Chief Medical Officer or the like would be appointed to provide professional advice to the Bureau Secretary and to act the Government's chief advisor on health matters. The horizontal redistribution of work within the Bureau would require a longer timeframe because of the need to hive off work and transfer duties across bureaux. In sum, the Administration attached much importance to the whole reorganization exercise. The developed thinking for the re-organization exercise would be set out for Members' further consideration.

6. **Prof Lee** pointed out that health promotion and community involvement should have been highlighted in the CHP's organization chart as they played indispensable roles in health protection. **Director of Health** explained that health promotion would be part and parcel of the work of every Branch in the CHP. He agreed to reflect these elements more clearly in revised editions of the organization chart.

Agenda Item 3: Contingent Measures to Deal with Possible Resurgence of SARS (SARS MC 3/04)

7. **Mr Edward Law** drew Members' attention to major points in the paper. **Secretary for Health, Welfare and Food** supplemented that the HKSAR Government was also having close collaborations with

health authorities in Beijing and Singapore apart from those highlighted in the paper. On contingency planning, the challenge ahead was to develop various scenarios for testing the contingency response system under different health emergencies. Scenarios that might be considered included bio-terrorist attacks and non-life threatening infectious diseases such as Norovirus. The contingency plans for SARS would have to be adapted to suit other health emergencies. The development of a major outbreak control plan was necessarily a long-term exercise to be taken up by the CHP to be established. **Prof Griffiths** underlined the need to adopt a region-specific approach by tailoring the contingency measures to the specific needs of the region in which Hong Kong is situated.

Agenda Item 4: Communications, Surveillance, Information and Data Management (SARS MC 4/04 & MC PPT 2/04)

8. **Dr James Kong** presented the PowerPoint materials on the proposed development of an infectious disease information system in Hong Kong. **Prof Griffiths** raised the need for the system to extend across the community clinics and private sector and was assured that plans were being developed. **Sir Cyril** said the information systems developed in Hong Kong should not only be connectable with the rest of the world but also health authorities in the Pearl River Delta Region. **Secretary for Health, Welfare and Food** said collaboration between Hong Kong and Guangdong would take place at two levels. First, a data reporting system for 28 infectious diseases had been established to facilitate prompt case notification between the two places. Second, it was worth exploring the extent to which the information systems, communication networks and databases in the two places could be harmonized. In practice, it was important to get the same concepts going first before system integration could be pursued. The differences in health infrastructure, quality control systems and level of computerization between the two places should also be factored into the way forward. **Director of Health** added that the development of a common disease surveillance IT platform would be discussed when health officials from the three places met at the next tripartite expert group meeting.

Agenda Item 5: Cooperation with the Pearl River Delta (SARS MC 5/04)

9. **Director of Health** briefed Members on recent developments in cooperation among the health authorities in the Pearl River Delta Region. Referring to a suggestion by Sir Cyril, **Director of Health** agreed that the

next step was for the health authorities in the Region to develop common protocols to tackle communicable diseases. As a start, DH would be rendering assistance to its Guangdong counterparts on prevention and control of AIDS. **Secretary for Health, Welfare and Food** said the longer-term goal would be to institutionalize the ad-hoc arrangements developed in the past. Such an institutionalization process would cover four areas, namely, (i) education and training, (ii) research, (iii) collaborative projects and (iv) public health notifications. **Dr Lo Wing-lok** informed Members that a LegCo Select Committee was looking into the question of why Hong Kong did not communicate well with the Mainland during the early part of the SARS outbreak last year. **Prof Griffiths** observed that there was simply no mechanism to facilitate systematic cross-border exchanges of information at that time.

Agenda Item 6: Research and Training (SARS MC 6/04)

10. **Dr S V Lo** briefed Members on the progress made in implementing the various recommendations relating to training and research. There would be a separate session on the morning of 21 January 2004 for Members to understand in greater depth the SARS-related research activities being undertaken by various local universities.

11. **Sir Cyril** considered that more collaborative efforts should be made by various parties to coordinate the research agenda and to talk to the wider community. Citing the recent organization of two seminar-type events by DH and the Chinese University of Hong Kong respectively, **Prof Griffiths** said better coordination between the organizers would have been welcomed by the overseas health protection agencies invited. **Dr Vivian Wong** said that HA had been acting as a go-between to minimize duplication in research activities among local universities and to ensure that every institution knows what others are doing. **Director of Health** added that the situation would further improve with the establishment of the CHP, which would be specifically tasked to strengthen coordination of professional development and medical research activities. **Secretary for Health, Welfare and Food** said the Bureau was in the process of building the infrastructure and capacity needed to draw up research priorities and questions for the various universities to tackle. He pointed out that much as one would like to see more research coordination among local universities, some flexibility should be allowed for them to do their own research. There should also be no compromising of the principles of protection of intellectual property rights.

12. In response to a question by Sir Cyril, **Dr S V Lo** said that the University Grants Committee had funded a population-based seroprevalence study on SARS coronavirus. DH had also commissioned a separate seroprevelance study covering the close contacts of SARS patients.

13. **Prof Lee** said that the two universities with medical schools were operating comprehensive master and diploma programmes in public health on a self-financing basis. For sustainable development of a workforce in public health, consideration should be given to allocating resources to the universities concerned for recruitment of expert teaching staff to develop public health programmes on an on-going basis.

Agenda Item 7: Any Other Business

14. In rounding up the discussions, **Sir Cyril** said huge progress had been made over the past few months in implementing the various recommendations in the Expert Committee's report. The hard work by various parties was commendable. The Committee did observe a stronger sense of coordination and cooperation among the various parties.

15. **Sir Cyril** asked that the draft minutes be produced as soon as possible and then circulated to the Committee for approval. The approved minutes should be placed on the SARS website for public review together with the papers.

16. **Sir Cyril** suggested and Members agreed that the Committee should next meet on 25 October 2004. A whole day would be allowed for that meeting to review the various papers.

Post-meeting Visits/Gathering

17. The Committee visited the Public Health Laboratory Centre and Princess Margaret Hospital on the afternoon of 19 January and the morning of 20 January respectively. An informal meeting was also held with recovered SARS patients and bereaved families on the afternoon of 20 January. The observations made by the Committee at the end of these visits/gathering are set out at Annexes A-C.

Secretariat of the Monitoring Committee
February 2004

Annex A

Observations made by the Monitoring Committee after a visit to Public Health Laboratory Centre (PHLC) on 19 January 2004, pm

- We were impressed by the work going on in the laboratory.

- We agreed with the Director who would like to see closer working relationships with CDC [China] and routine labs in Guangzhou. Staff exchanges for periods of a few months would enhance better understanding and sharing of specimens, protocols of practice and information.

- There is a need for agreement within Hong Kong for sharing of information and specimens between all parties particularly in times of crisis. This should be expressed by a written concordat signed by all parties.

- Our report previously mentioned the need to develop joint appointments and rotations across all sectors. The PHLC as a part of the CHP needs to be engaged in these processes and to make such appointments.

Annex B

Observations made by the Monitoring Committee after a visit to Princess Margaret Hospital on 20 January 2004, am

- We were very impressed by the progress that has been made particularly the teamwork and leadership. We were impressed by the training in infection control and the upgraded facilities as well as staff support.

- However, one identified weakness was the need for greater engagement of local DH/CHP staff. We have noted this in our letter of report to Mr Tung. The relationships with public health teams in CHP need to be on an ongoing basis, which will help at times of crisis.

- The clinicians highlighted the contribution from PH that would be helpful to them which included on-site support, clarity about the role of local PH teams, ongoing dialogue and what could be expected of them plus the opportunity to discuss case definition, better understanding of contact tracing and discussion/support around monitoring patients, staff and visitors.

- We also discussed the need for occupational health services although we were pleased to hear of the staff ambassadors.

- There is a need to consider the trade-off between working at yellow alert and the disbenefit of reducing hospital capacity for other diseases such as elective surgery and long-term care. This risk is an issue which needs discussion with the public.

- Our discussions also highlighted the need to review visiting policies especially for children.

Annex C

Observations made by the Monitoring Committee after meeting with bereaved families and recovered patients on 20 January 2004, pm

- The meeting took place as a series of roundtable discussions from which the following points emerged.

- Compensation: There was general agreement that the one-off lump sum was well administered and helpful. There were more problems about compensation for loss of earnings and the criteria being applied. The monitoring team was concerned about the lack of flexibility and the criteria adopted, particularly during the period of sickness and during the phase of convalescence and rehabilitation when they have to lose part of their regular income. They urged that this be considered as well as ways in which assessment could be speeded up, e.g. drafting in extra doctors, making the point that for much disability support the disease is long term and chronic whilst for SARS one could hope for improvement so help and support is needed in this early period.

- Help-line might be set up to reach those who could have fallen through the net and provide with appropriate assistance. Post-SARS patients may have views on TCM, level of support, etc. and a patient satisfaction survey through the voluntary support group, using SWD's database, would provide useful information.

- Ongoing support: Patients expressed the need for ongoing support - and in planning for the future the role of family practitioners should be considered as they can provide continuity of care not available at hospital clinics and often sought from TCM practitioners. One suggestion was to have a contact person, preferably a family physician, for patients and families to approach for assistance and advice in regard to medical, psycho-social problems.

- Visiting policy: Patients and relatives found the ‘no visiting’ policy very distressing and this needs to be reviewed.

- TCM: Many patients say this has been helpful. Access to and use of TCM need to be better understood and appropriately supported.