

OFFICIAL RECORD OF PROCEEDINGS

Wednesday, 14 January 2009

The Council met at Eleven o'clock

MEMBERS PRESENT:

THE PRESIDENT

THE HONOURABLE JASPER TSANG YOK-SING, G.B.S., J.P.

THE HONOURABLE ALBERT HO CHUN-YAN

IR DR THE HONOURABLE RAYMOND HO CHUNG-TAI, S.B.S., S.B.ST.J.,
J.P.

THE HONOURABLE LEE CHEUK-YAN

DR THE HONOURABLE DAVID LI KWOK-PO, G.B.M., G.B.S., J.P.

DR THE HONOURABLE MARGARET NG

THE HONOURABLE JAMES TO KUN-SUN

THE HONOURABLE CHEUNG MAN-KWONG

THE HONOURABLE CHAN KAM-LAM, S.B.S., J.P.

THE HONOURABLE MRS SOPHIE LEUNG LAU YAU-FUN, G.B.S., J.P.

THE HONOURABLE LEUNG YIU-CHUNG

DR THE HONOURABLE PHILIP WONG YU-HONG, G.B.S.

THE HONOURABLE LAU KONG-WAH, J.P.

THE HONOURABLE LAU WONG-FAT, G.B.M., G.B.S., J.P.

THE HONOURABLE MIRIAM LAU KIN-YEE, G.B.S., J.P.

THE HONOURABLE EMILY LAU WAI-HING, J.P.

THE HONOURABLE ANDREW CHENG KAR-FOO

THE HONOURABLE TIMOTHY FOK TSUN-TING, G.B.S., J.P.

THE HONOURABLE TAM YIU-CHUNG, G.B.S., J.P.

THE HONOURABLE ABRAHAM SHEK LAI-HIM, S.B.S., J.P.

THE HONOURABLE LI FUNG-YING, B.B.S., J.P.

THE HONOURABLE TOMMY CHEUNG YU-YAN, S.B.S., J.P.

THE HONOURABLE ALBERT CHAN WAI-YIP

THE HONOURABLE FREDERICK FUNG KIN-KEE, S.B.S., J.P.

THE HONOURABLE AUDREY EU YUET-MEE, S.C., J.P.

THE HONOURABLE VINCENT FANG KANG, S.B.S., J.P.

THE HONOURABLE WONG KWOK-HING, M.H.

THE HONOURABLE LEE WING-TAT

DR THE HONOURABLE JOSEPH LEE KOK-LONG, J.P.

THE HONOURABLE JEFFREY LAM KIN-FUNG, S.B.S., J.P.

THE HONOURABLE ANDREW LEUNG KWAN-YUEN, S.B.S., J.P.

THE HONOURABLE ALAN LEONG KAH-KIT, S.C.

THE HONOURABLE LEUNG KWOK-HUNG

THE HONOURABLE CHEUNG HOK-MING, S.B.S., J.P.

THE HONOURABLE WONG TING-KWONG, B.B.S.

THE HONOURABLE RONNY TONG KA-WAH, S.C.

THE HONOURABLE CHIM PUI-CHUNG

PROF THE HONOURABLE PATRICK LAU SAU-SHING, S.B.S., J.P.

THE HONOURABLE KAM NAI-WAI, M.H.

THE HONOURABLE CYD HO SAU-LAN

THE HONOURABLE STARRY LEE WAI-KING

DR THE HONOURABLE LAM TAI-FAI, B.B.S., J.P.

THE HONOURABLE CHAN HAK-KAN

THE HONOURABLE PAUL CHAN MO-PO, M.H., J.P.

THE HONOURABLE CHAN KIN-POR, J.P.

THE HONOURABLE TANYA CHAN

DR THE HONOURABLE PRISCILLA LEUNG MEI-FUN

DR THE HONOURABLE LEUNG KA-LAU

THE HONOURABLE CHEUNG KWOK-CHE

THE HONOURABLE WONG SING-CHI

THE HONOURABLE WONG KWOK-KIN, B.B.S.

THE HONOURABLE WONG YUK-MAN

THE HONOURABLE IP WAI-MING, M.H.

THE HONOURABLE IP KWOK-HIM, G.B.S., J.P.

THE HONOURABLE MRS REGINA IP LAU SUK-YEE, G.B.S., J.P.

DR THE HONOURABLE PAN PEY-CHYOU

THE HONOURABLE PAUL TSE WAI-CHUN

DR THE HONOURABLE SAMSON TAM WAI-HO, J.P.

MEMBERS ABSENT:

THE HONOURABLE FRED LI WAH-MING, J.P.

THE HONOURABLE WONG YUNG-KAN, S.B.S., J.P.

PUBLIC OFFICERS ATTENDING:

THE HONOURABLE WONG YAN-LUNG, S.C., J.P.

THE SECRETARY FOR JUSTICE

THE HONOURABLE STEPHEN LAM SUI-LUNG, J.P.

SECRETARY FOR CONSTITUTIONAL AND MAINLAND AFFAIRS

THE HONOURABLE AMBROSE LEE SIU-KWONG, I.D.S.M., J.P.

SECRETARY FOR SECURITY

DR THE HONOURABLE YORK CHOW YAT-NGOK, S.B.S., J.P.

SECRETARY FOR FOOD AND HEALTH

THE HONOURABLE TSANG TAK-SING, J.P.

SECRETARY FOR HOME AFFAIRS

THE HONOURABLE MATTHEW CHEUNG KIN-CHUNG, G.B.S., J.P.

SECRETARY FOR LABOUR AND WELFARE

THE HONOURABLE MRS RITA LAU NG WAI-LAN, J.P.

SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT

CLERKS IN ATTENDANCE:

MS PAULINE NG MAN-WAH, SECRETARY GENERAL

MRS CONSTANCE LI TSOI YEUK-LIN, ASSISTANT SECRETARY
GENERAL

MRS JUSTINA LAM CHENG BO-LING, ASSISTANT SECRETARY
GENERAL

TABLING OF PAPERS

The following papers were laid on the table pursuant to Rule 21(2) of the Rules of Procedure:

Subsidiary Legislation/Instruments	<i>L.N. No.</i>
Protection of Endangered Species of Animals and Plants Ordinance (Amendment of Schedule 1) Order 2009	4/2009
Protection of Endangered Species of Animals and Plants (Exemption for Appendices II and III Species) (Amendment) Order 2009.....	5/2009
Independent Police Complaints Council Ordinance (Commencement) Notice	6/2009
Import and Export (Strategic Commodities) Regulations (Amendment of Schedule 1) Order 2008 (Commencement) Notice	7/2009

Other Papers

- No. 54 — Report by the Commissioner of Correctional Services of Hong Kong Incorporated on the Administration of the Correctional Services Department Welfare Fund for the year ended 31 March 2008
- No. 55 — Hospital Authority Annual Report 2007-2008
- No. 56 — Samaritan Fund
Statement of Accounts, Report of the Director of Audit on the Statement and Report on the Samaritan Fund for the year ended 31 March 2008
- No. 57 — Legal Aid Services Council 2007-2008 Annual Report

ORAL ANSWERS TO QUESTIONS

PRESIDENT (in Cantonese): Questions. Question Time normally does not exceed 1.5 hours. After a Member has asked a main question and the relevant official has given reply, the Member who asks a question has priority to ask the first supplementary question. Other Members who wish to ask supplementary questions will please indicate their wish by pressing the "Request to speak" button and wait for their turn.

Members can raise only one question in asking supplementary questions. Supplementary questions should be as concise as possible so that more Members may ask supplementaries. Members should not make statements when asking supplementaries. First Question.

Measures Conducive to Development of Political Parties

1. **MS EMILY LAU** (in Cantonese): *President, it is learnt that some governments of other places provide financial and other assistance to political parties which have seats in their assemblies to ensure that the political parties have adequate funding and will not be controlled by individuals or consortia as a result of over-reliance on private donations. On the contrary, the political parties in Hong Kong have to raise their own funds. Although the authorities reimburse Legislative Council Members their operating expenses, the money is restricted to meeting expenses related to Legislative Council affairs, and the subsidy for candidates of a Legislative Council election at a rate of \$11 per vote is provided to candidates only, and not political parties. In this connection, will the Executive Authorities inform this Council whether they will, having regard to the experience of other places, consider adopting the following measures:*

- (a) *allowing political donations to political parties to be deductible in salaries tax and profits tax assessments, waiving the profits tax for political parties established in the form of companies, providing free postal services to political parties, and setting up a policy research fund through which political parties are sponsored to conduct public policy research;*
- (b) *assisting political parties in broadcasting during elections, such as requiring broadcasters to provide free or discounted airtime to political parties during elections and setting up public channels for*

political parties, so as to increase the avenues for promoting their political ideologies; and

- (c) *providing free offices to political parties, as well as implementing other measures conducive to the development of political parties?*

SECRETARY FOR CONSTITUTIONAL AND MAINLAND AFFAIRS (in Cantonese): President, regarding the question raised by Ms Emily LAU on the Government's measures to fund the development of political parties, our reply is as follows.

For the first part of the question, the SAR Government has been adopting a positive attitude to facilitate the development of political parties in Hong Kong. In this regard, we have implemented a series of measures:

- (1) In the 2004 Legislative Council election, we first introduced the financial assistance scheme for candidates with the aim of encouraging more aspiring candidates (including members of political parties) to participate in the election. In the 2008 Legislative Council election, the rate of subsidy was increased from \$10 to \$11 per vote. The financial assistance scheme was extended to cover District Council (DC) elections in 2007. At the same time, the formula for calculating the amount of financial assistance was relaxed such that the amount of election donations received by candidates would not need to be taken into account. This allows candidates to make full use of the financial support provided by political parties.
- (2) Increasing the number of seats for election, so as to enhance the opportunity for people with different political backgrounds to participate in politics. For example, in 2007, the number of DC seats was increased from 400 to 405. Also, we would carefully consider whether the number of Legislative Council seats should be increased in 2012.
- (3) The political appointment system has been further developed to attract talents with different backgrounds, including those with political affiliation, to join the Government. This can create more room for political party members to participate in politics.

We consider that, at the current stage, it would not be appropriate for the Government to make use of public funds to increase the financial assistance to political parties. Our considerations are as follows:

- (1) Quite a number of candidates of the Legislative Council and DC elections are independents with no political affiliation. If we enhance the financial assistance only for political parties, it might not be fair to the independents and might constrain the room for their participation in politics.
- (2) According to overseas experience, Governments which provide financial assistance for political parties would, at the same time, introduce regulations on their operations, for example, requiring political parties to disclose the origins of their funds. This might hinder, rather than promote, the development of political parties.
- (3) Given that political parties in Hong Kong are still at a developmental stage, members of the public might not agree that the Government should use public funds to finance the operations of political parties.

On the second part of the question, according to the election guidelines, during the election period, broadcasters should ensure that the "equal time" principle and the "no unfair advantage" principle are applied to all candidates with or without political affiliation. We have no plan to change the arrangement at this stage. As airwave is also a public resource, the relevant considerations are the same as those mentioned above.

On the third part of the question, as to whether more financial assistance (including the provision of offices) would be provided for political parties in future, in addition to the abovementioned considerations, we would consider this question in light of developments in the coming 12 years as we move towards universal suffrage. At this stage, to meet their financial burden, it is the most important for political parties to enlist public support for their political philosophy so as to attract public donations. All mature political parties around the world raise funds on their own by seeking public support for their philosophy. The development of political parties in Hong Kong should continue to move in this direction.

MS EMILY LAU (in Cantonese): *President, the Administration has said that one of the most important factors in the development of political system is the maturity of party politics. This is why my main question asked the Administration how it would assist and make room for the development of political parties. However, the reply I got is sad, pitiful, and laughable.*

President, an increase of five seats to the 400 seats was said to be a very active step taken, and the group of political appointees had created an uproar in town. President, in my main question, I asked whether, in over-relying on the donations from individuals or the Government, the political parties would be controlled by them. Regarding this part of my question as to whether there would be undue influence, the Secretary has not given a reply.

However, I would only raise a supplementary question to the third point of the Secretary's main reply. The Secretary said, "Given that political parties in Hong Kong are still at a developmental stage, members of the public might not agree that the Government should use public funds to finance the operations of political parties." President, "might not" means that he does not know. Has he conducted any survey? Is the public saying that they find it disagreeable? If that were the case, how would we have secured so many votes from them? How would they have donated so much money to us? President, what evidence does the Administration have in support of this comment?

SECRETARY FOR CONSTITUTIONAL AND MAINLAND AFFAIRS (in Cantonese): *President, first of all, about increasing the number of seats, apart from the last term of the DC, there was an increase of 10 seats in the DC election for the term before the last. Of course, in 2005, we also mentioned an increase of 10 Legislative Council seats.*

Secondly, in fact every time before and after elections, the political parties in places all over the world, including the Conservative Party and Labor Party of Britain, the Democratic Party and Republican Party of the United States, have to work very hard to raise funds, which is something that all political parties in the world must do.

Thirdly, the fourth term of the Legislative Council was made possible only with over 1 million people coming forth to vote. In electing Members of the

Legislative Council, electors were in the hope that these Members could represent them, but they do not necessarily support the provision of further financial support by the Administration to the political parties after the election. However, the public also agreed to the financial assistance scheme of \$11 per vote. It has thus been implemented in both Legislative Council and DC.

MS EMILY LAU (in Cantonese): *President, the Secretary has not answered my question. Has he consulted the public? Has the public said that they do not find government subsidy agreeable since political parties are in the development stage? Has he asked? Is the answer yes or no? If he has not asked the public this, please tell us so honestly.*

PRESIDENT (in Cantonese): Ms Emily LAU, please take your seat.

SECRETARY FOR CONSTITUTIONAL AND MAINLAND AFFAIRS (in Cantonese): President, we promote our work step by step. Each time when we mentioned increasing the subsidy under the financial assistance scheme, we took into account the views of the public. I believe both the Members and the Government have the responsibility to keep tabs on the pulse of society.

MR WONG YUK-MAN (in Cantonese): *You are not glad when you are described as a "human flesh recorder." I would borrow the description "you are a rogue" which LAU Kong-wah used in scolding me. LAU Kong-wah told the reporters that I was "a rogue" because I chided his chairman. You are "a rogue", don't you know that?*

PRESIDENT (in Cantonese): Mr WONG Yuk-man, please raise your supplementary question.

MR WONG YUK-MAN (in Cantonese): *Let me tell you this. You are a typical, absolute thug, rogue.*

Does Hong Kong have a law on political parties? Has consideration been given to the enactment of a political party law? You feel high in quoting these so-called examples of the West or overseas countries. The election expenses of Mr TSANG Yok-sing were all funded by the Democratic Alliance for the Betterment and Progress of Hong Kong (DAB), and writing down just one line would suffice. As for us, if we submit just one receipt less, we have to be investigated by the ICAC for nine months. Is there any political party law? Stephen LAM, let me tell you that you are indeed blind. Is there any political party law? Have you considered enacting a political party law? If there is this law, the queries of Emily LAU would then be completely resolved. However, you even said righteously that the development of political parties would be impeded if they disclose their source of funding. Is that right? Has the Government considered enacting a political party law? Please answer me. If there is a political party law, there would also be a law on political lobbying and a law on political donation; only then would party politics in Hong Kong become mature and a "rogue" like you would not be able to go on talking nonsense.

PRESIDENT (in Cantonese): Mr Wong Yuk-man, please be seated. I would like to remind Members that according to the Rules of Procedure, Members should not make statements in asking supplementaries

MR WONG YUK-MAN (in Cantonese): *I am asking him whether any consideration is given to enacting a political party law?*

PRESIDENT (in Cantonese): and use offensive language.

MR WONG YUK-MAN (in Cantonese): *Has any consideration been given to enacting a political party law?*

PRESIDENT (in Cantonese): Mr WONG Yuk-man (*Mr WONG Yuk-man stopped asking his question*). Secretary, your answer please.

SECRETARY FOR CONSTITUTIONAL AND MAINLAND AFFAIRS (in Cantonese): President, if Mr WONG Yuk-man has done his homework, he would have known that in 2005, the Government had discussed the feasibility of enacting a political party law, and this is in

MR WONG YUK-MAN (in Cantonese): *I am asking whether you would consider it now.*

PRESIDENT (in Cantonese): Mr WONG Yuk-man.

MR WONG YUK-MAN (in Cantonese): *I am asking whether you would consider it now.*

PRESIDENT (in Cantonese): Mr WONG Yuk-man (*Mr WONG Yuk-man stopped asking his question*). Secretary, please answer it.

SECRETARY FOR CONSTITUTIONAL AND MAINLAND AFFAIRS (in Cantonese): President, if I have heard it correctly, he was asking whether we had considered it.

MR WONG YUK-MAN (in Cantonese): *Is it under consideration at present?*

SECRETARY FOR CONSTITUTIONAL AND MAINLAND AFFAIRS (in Cantonese): I would answer both. At the meeting of the Legislative Council Panel on Constitutional Affairs in February 2005, there had been discussions by various political parties on matters relating to whether a political party law would be introduced. At that time, the Democratic Party and some other parties were of the view that enacting a political party law at that stage might hinder the development of the development of political parties. Hence, we have continued to carry out work which we consider conducive to the development of political parties, including offering financial assistance scheme to encourage the public to

take part in elections, and considering increasing the number of seats and taking some other practical steps such as printing on the election form the logos of the political parties or other organizations in support of the candidates. In our present consideration of political party law, we do not want to include other provisions at this stage, least that it would impede the development of political parties.

MR ALBERT HO (in Cantonese): *President, in consistently stating that democratic countries overseas have to raise their own funds, the Secretary seemed to be drawing the inference that there would be no need to provide subsidy since they will raise funds. However, this was entirely misleading and untrue. Currently, while political parties overseas in need of subsidy will conduct fund raising, it does not mean that there is no government subsidy; in fact, they all receive statutory subsidies. Therefore, I hope that the Secretary would stop misleading the public with these untrue remarks.*

President, what I would most like to ask is the Secretary has stated a reason that is even harder to believe. He said that if the activities of political parties were subsidized by public funds, it would not be fair to the independents. We could see that in democratic countries or places over the world, there would certainly be independent persons without political affiliation. Is it that we should not support the political parties because of this? Is it that no legislation should be enacted on subsidizing the activities of political parties? I would like to ask the Secretary this: He said that since there are independent persons, it would not be fair for political parties to be subsidized. To put it in another way, since it would cause unfairness as long as there are independents, is the Secretary saying that there would never be any system in Hong Kong in support of political parties? Is the Government making use of this as a pretext for not considering granting any subsidies out of public coffers to reasonably assist the development of political parties?

SECRETARY FOR CONSTITUTIONAL AND MAINLAND AFFAIRS (in Cantonese): President, this is not the case. We are indeed promoting the development of political parties in a gradual and orderly manner. Most importantly, Hong Kong is currently progressing towards the stage of democracy and general election step by step. We need to open up room for political

participation step by step. As Mr Albert HO may remember, a few years ago in the Legislative Council, Mr CHEUNG Man-kwong had asked whether there could be a scheme for funding the election. At that time, the proposal he raised was \$5 per vote and later, I proposed to double it to \$10 per vote. Therefore, in the 2004 Legislative Council election, \$14 was spent. It was estimated that \$16 million would be needed in 2008. In 2007, in response to the suggestion of your Party, the Government implemented the financial assistance scheme of \$10 per vote in the 2007 DC election, and \$9.4 million was spent at that time.

Therefore, in implementing the financial assistance scheme, our practices are in line with the experience overseas. In Canada and some European countries, for example, there are subsidy schemes to cater for this. I believe from now till 2020 during which we will progress towards the aim of the election of the Legislative Council by universal suffrage, we could consider how to increase these subsidies step by step.

MR ALBERT HO (in Cantonese): *The Secretary has not answered my supplementary question. Just now, I said that according to his reasoning, if there were independents participating in politics, supporting political parties would be unfair. By his inference, does it mean that the Government would not render support to political parties as long as there are independents participating in politics? I am not asking him about how much subsidy per vote is provided.*

SECRETARY FOR CONSTITUTIONAL AND MAINLAND AFFAIRS (in Cantonese): President, my reply is that regarding any scheme which encourages aspiring candidates to take part in election and politics, not only do we have to support those from the political parties, we also have to support the independents, just as what we have been doing under the financial assistance scheme for elections now.

MR ALBERT HO (in Cantonese): *The Secretary has not answered my supplementary question.*

PRESIDENT (in Cantonese): Mr Albert HO, I believe that the Secretary has answered your supplementary question, just that you are not satisfied with the answer.

MR LEE WING-TAT (in Cantonese): *President, regarding reimbursing the individuals their election expenses, the Government has indeed accepted some of the suggestions of the Democratic Party; however, the Government entirely has not accepted the fundamental concept that political parties are part and parcel of the democratic political system. The Government possesses the largest political resources for promoting or impeding the development of political parties.*

The supplementary question I would like to ask is that since all the assistance from the Government is provided to those people in their personal capacity, but in Germany Stephen LAM is in fact aware of this, and I had debated this with him. In Germany, political parties can indeed obtain subsidies from the Government after securing a certain percentage of votes — and he nodded. Why does the Government not, at this stage — "proceed in a gradual and orderly manner" as he said — starting from the current term, as proposed by Ms Emily LAU, provide political parties with subsidies to cover expenses for offices, activities, mailing, communicating with the electors, and so on, after they have secured a certain percentage of votes?

SECRETARY FOR CONSTITUTIONAL AND MAINLAND AFFAIRS (in Cantonese): President, we offer financial assistance to everyone on an equal footing, whether they are politically-affiliated or independent. Our decision is that at the present stage, the enlisting of public support for political parties, including votes and financial resources, should be the responsibilities of the political parties themselves. In fact, members of the political parties are in the hope that Hong Kong could develop towards democracy step by step and that they can serve the public, and these are worth supporting. The public vote in the election every four years precisely to decide whether to support certain political parties and whether donations would be made to support them during those four years. This happens in all places over the world.

MR ALBERT CHAN (in Cantonese): *Not only is this Government sad, pitiful, and laughable, it is even shameful. Perhaps the officials are accustomed to being shameless; hence, they do not feel insulted or offended even when being accused as shameless.*

PRESIDENT (in Cantonese): Mr Albert CHAN, please raise your supplementary question.

MR ALBERT CHAN (in Cantonese): *President, my supplementary question is about government subsidy. "Eunuch" said just now that subsidy was fair*

PRESIDENT (in Cantonese): Mr Albert CHAN.

MR ALBERT CHAN (in Cantonese): *President, I am about to raise my supplementary question.*

PRESIDENT (in Cantonese): Please do not use derogatory words in addressing officials.

MR ALBERT CHAN (in Cantonese): *President, for so many years, he has not pointed out that it is offensive. President, he claims himself to be "Dongfang Bubai" (東方不敗)^{Note}.*

PRESIDENT (in Cantonese): Mr Albert CHAN.

MR ALBERT CHAN (in Cantonese): *He claims himself to be "Dongfang Bubai".*

PRESIDENT (in Cantonese): Please raise your supplementary Question.

MR ALBERT CHAN (in Cantonese): *My supplementary question is about subsidies. He said it was fair, but how was it fair? President, he is indeed talking gibberish. Back to subsidies, those members appointed by the Government are subsidized directly. For some political parties, around 40 members were appointed as DC members, and the subsidies provided by the Government through their appointment amount to \$40 million for four years. The appointment of Members of the Executive Council is another kind of subsidy. There are also many other kinds of political subsidies granted to various committees and district bodies through the so-called sponsorship by the Government. Is the Secretary aware that this is also a kind of subsidy, a kind of unfairness? Regarding his remarks, would he acknowledge that he was talking gibberish?*

SECRETARY FOR CONSTITUTIONAL AND MAINLAND AFFAIRS (in Cantonese): President, I am fond of reading the novels of Louis CHA as well, but no one has addressed me "Dongfang Bubai"

MR ALBERT CHAN (in Cantonese): *President, he claims himself to be "Dongfang Bubai".*

PRESIDENT (in Cantonese): Mr Albert CHAN. Secretary, your answer please.

MR ALBERT CHAN (in Cantonese): *He acknowledges it.*

SECRETARY FOR CONSTITUTIONAL AND MAINLAND AFFAIRS (in Cantonese): Several years ago, when I debated with Mr Albert CHAN here, it seemed that this name had been mentioned by someone. However, it has nothing to do with this question today.

PRESIDENT (in Cantonese): Secretary, please answer the question.

MR ALBERT CHAN (in Cantonese): *He is misleading this Council, cheating*

PRESIDENT (in Cantonese): Mr Albert CHAN.

MR ALBERT CHAN (in Cantonese): *President, he acknowledges it.*

PRESIDENT (in Cantonese): Please be seated. Secretary, please answer the question.

MR ALBERT CHAN (in Cantonese): *President, in cheating this Council, the government official is seriously insulting this Council.*

PRESIDENT (in Cantonese): Mr Albert CHAN, please sit down.

SECRETARY FOR CONSTITUTIONAL AND MAINLAND AFFAIRS (in Cantonese): President, the three-tier political structure of Hong Kong comprising of the executive, legislature, and judiciary operates according to the Basic Law. The elections of representative assemblies and the systems are all conducted in accordance with law. In the DCs, we

MR ALBERT CHAN (in Cantonese): *President, I protest against the Secretary talking nonsense. I am not going to listen to his reply. President, I think the Secretary*

(Mr Albert CHAN turned away from his seat)

PRESIDENT (in Cantonese): Mr Albert CHAN.

MR ALBERT CHAN (in Cantonese): *Later, after he finished answering*
.....

(Mr Albert CHAN walked towards the main entrance of the Chamber)

PRESIDENT (in Cantonese): Mr Albert CHAN, please stop speaking.

(Mr Albert CHAN left the Chamber)

PRESIDENT (in Cantonese): Secretary, please go on.

SECRETARY FOR CONSTITUTIONAL AND MAINLAND AFFAIRS (in Cantonese): The system of DCs is also dealt with in accordance with the District Council Ordinance. Members had discussed the introduction of appointed seats in this Council at that time. Regarding the Executive Council, it is part of the Basic Law system as well. Members of the Executive Council or DC members have their own duties, and there are arrangements for their conditions of service.

PRESIDENT (in Cantonese): This Council has spent over 20 minutes on this question. Second question.

2009 East Asian Games

2. **DR LAM TAI-FAI** (in Cantonese): *President, regarding the preparatory work for the Fifth East Asian Games (EAG) to be held in Hong Kong at the end of this year, will the Government inform this Council whether:*

- (a) *it knows the total amount of sponsorship committed by members of the public and the business sector, as well as the latest estimate of the deficit to be borne by the Government for the EAG;*

- (b) *it has publicized and promoted among the school sector the EAG; if it has, of the details of the publicity campaign; if not, the reasons for that; and*
- (c) *it has assessed the impact of the economic downturn on the attendance of the various events of the EAG, as well as the number of jobs that the EAG can create; if it has, of the assessment results; if not, the reasons for that?*

SECRETARY FOR HOME AFFAIRS (in Cantonese): President, I am very grateful for the question raised by Dr LAM Tai-fai. Regarding the preparatory work for the EAG to be held in Hong Kong at the end of this year:

- (a) The estimated expenditure for organizing the 2009 EAG is around \$240 million. The Legislative Council has already approved a funding of \$123 million. As regards revenue, cash sponsorship amounting to \$64 million had been secured as at the end of 2008. Proceeds from the sale of admission tickets, that of merchandise, and the publicity and promotional programmes (for example, concert) will provide additional revenue of \$43 million. As for the remaining sum of around \$10 million, some other supportive individuals and organizations have already expressed interest in providing it. The 2009 East Asian Games (Hong Kong) Limited (EAG Company) is currently finalizing the details with these individuals and organizations. Therefore, we believe that sufficient funds will be available for organizing the 2009 EAG.
- (b) The Government and the EAG Company have jointly formulated a set of comprehensive, diversified and cost-effective strategies to be rolled out in stages to publicize and promote the 2009 EAG extensively. Publicity and promotional programmes for the school sector mainly include:
- a series of school activities organized in collaboration with the Education Bureau, including the production of EAG learning and teaching materials for use by teachers to explain to students the meaning of the EAG and information related to the event.

- guided tours for students to watch EAG events, thematic talks, school-roving exhibitions and seminars, mascots of the 2009 EAG colouring/drawing competition, the school cheerleading programme and so on.

Apart from the above promotional programmes for the school sector, the Government will continue to work closely with the EAG Company to further launch various types of publicity activities.

- (c) The EAG Company has started operation since August 2006 for the purpose of organizing the 2009 EAG. It plans to increase the size of its establishment from the current level of some 60 staff to about 100 staff this year. This plan will be implemented as scheduled and will not be affected by the economic situation. In preparation for the 2009 EAG, the Government has constructed the new Tseung Kwan O Sports Ground and is carrying out improvement works at 13 government venues. The main objective of the improvement works is to upgrade the facilities (including lighting, ventilation, and so on) to meet the standard for staging international multi-sports games and operational needs. All the works, which have created a total of some 1 000 jobs, are expected to be completed by mid-2009.

Moreover, the EAG Company will create about 1 000 temporary positions for the organization of the EAG through various service contracts. The positions will include security guards, drivers, executive staff, and so on.

In respect of the attendance at the EAG events, given the considerable appeal of the events, the tickets will be sold at reasonable prices having regard to the affordability of members of the public. In addition, we will conduct a whole array of local and overseas promotional activities. We believe that the changes in economic conditions will not affect attendance at the games.

DR LAM TAI-FAI (in Cantonese): *President, the Secretary said just now that apart from the promotional programmes for the school sector, the Government would continue to work closely with the EAG Company to further launch various*

types of publicity activities. I wish to ask the Secretary what other promotional programmes the Government has arranged. How will the Government make use of this opportunity of hosting the EAG to enhance the performance of Hong Kong athletes and promote public interest in sports in the long run?

SECRETARY FOR HOME AFFAIRS (in Cantonese): President, the Government and the EAG Company will promote in phases the 2009 EAG extensively. Publicity programmes include broadcasting the Announcements in the Public Interest (APIs) of the theme song of the EAG on television and radio starting from this month. The related publicity materials will be edited by the Government into digital video discs to be distributed for broadcast in schools, government premises and big shopping arcades in the territory. In addition to displaying large promotional banners at major government offices, banners and buntings will be displayed at major venues of the Leisure and Cultural Services Department (LCSD) in the 18 districts in the territory. Moreover, various exhibitions and related activities have been held at the EAG Gallery located at the Hong Kong Park Sports Centre to publicize the EAG while souvenirs have been manufactured and put on sale to members of the public and tourists. In the meantime, a new package of roving exhibition materials has been produced for staging roving exhibitions at the District Offices and the venues of the LCSD in the 18 districts as well as in several big shopping arcades.

On the other hand, cartoon EAG mascot standees will be displayed at various tourist spots early this year. We will grasp the opportunity of promoting the EAG in large-scale exhibitions and activities such as showing the EAG mascots at the Lunar New Year Lantern Carnival and at the mid-Autumn Lantern Carnival. The EAG will also be adopted as the theme in the Hong Kong Flower Show to be staged in March this year. In addition, two sets of the Heart-warming Stamps, the designs of which have been endorsed by the Amateur Sports Federation and Olympic Committee of Hong Kong, will be released by the Hongkong Post in March and August 2009. Furthermore, the EAG Commemorative Stamps will be issued on 5 December this year, the day when the opening ceremony of the 2009 EAG is to be held. The EAG will also be publicized extensively in various activities associated with the 2nd Hong Kong Games to be held in May this year. As for other promotional activities, I will not set them out here.

MR WONG TING-KWONG (in Cantonese): *The Secretary mentioned just now that the EAG admission tickets would be sold at reasonable prices. I wish to ask the Secretary at what prices they will be sold. In addition, insofar as the admission tickets are concerned, will there be co-operation with relevant travel agencies so as to devise a travel package ticket scheme, thereby promoting the tourism industry in Hong Kong? Has this been taken into account in the promotional programmes concerned? If not, why not?*

SECRETARY FOR HOME AFFAIRS (in Cantonese): *President, we are still exploring the exact prices of the admission tickets. The suggestion made by Mr WONG Ting-kwong to attract visitors from overseas by means of combo tickets is desirable. We will discuss it with the EAG Company.*

MR CHAN KAM-LAM (in Cantonese): *President, it can be said that the EAG is a very important sporting event to be held by Hong Kong. Of course, it is hoped that the Government can step up its publicity efforts. In this regard, I wish to know is this: The remaining amount of funds that need to be raised is \$10 million and the Secretary said that he had confidence in securing it, but I am more concerned about whether or not a budget of some \$200 million in total will be enough to cover the total expenditure for organizing the EAG. At present, we are aware that this event will be held in less than one year. However, it is apparent that the promotional activities are still conducted gradually in stages. If the EAG is to be elevated to such an extent that all members of the public in Hong Kong pay attention to it and all the East Asian countries become enthusiastic about it, this will incur a large expenditure. I would like to know whether the Government has formulated any ultimate strategy, that is, if \$200 million is not enough to cover the expenditure, will the Government act as the "underwriter" or will the EAG Company shoulder the responsibility of raising the additional amount of money that is needed?*

SECRETARY FOR HOME AFFAIRS (in Cantonese): *President, the budget of the EAG is drawn up after smooth discussions in and approval by the Legislative Council. The Government and the EAG Company will of course organize the EAG strictly within the budget where possible. We believe the EAG will be a successful, non-extravagant event which has its own characteristics. At the moment, some supportive individuals and organizations have gradually contacted*

us and expressed interest in providing sponsorships or donations to the EAG. If more sponsorship can be secured in this regard, we will accept it where possible, with a view to making the upcoming EAG a successful one.

PRESIDENT (in Cantonese): Mr CHAN Kam-lam, which part of your supplementary has not yet been replied to?

MR CHAN KAM-LAM (in Cantonese): *The Secretary has not given any answer to the part relating to who will act as the "underwriter". We of course agree that the EAG should not be organized in an extravagant manner and the funding should be sufficient. However, in case it is not, what can be done then?*

SECRETARY FOR HOME AFFAIRS (in Cantonese): President, as we will organize the EAG strictly within the budget, for the time being, I do not see any need for underwriting the expenses.

MR KAM NAI-WAI (in Cantonese): *President, the Secretary said he was confident that the EAG could be held within the budget. However, having heard the reply from the Bureau, I do not feel confident about that because I started checking out information on the EAG on the Internet only recently. Nevertheless, I still do not have much knowledge of it, despite the fact that I am concerned with what is happening in our society. I heard the Secretary say that a portion of the proceeds, that is, some \$40 million, would be generated from the sale of admission tickets, that of merchandise and the revenues from the concert. I understand that the sale of admission tickets for the concert is apparently quite satisfactory because the two singers are famous. However, when it comes to the EAG, how can the Secretary ensure that the sale of admission tickets and that of merchandise can live up to his expectation because we actually do not have much knowledge of the sporting events or the athletes concerned? Can the Secretary provide a breakdown of the estimated revenue? Regarding the proceeds of some \$40 million, what are the proportions of revenue generated from the sale of admission tickets and that of merchandise respectively? How will he ensure that the amount of proceeds will meet the target?*

SECRETARY FOR HOME AFFAIRS (in Cantonese): President, we believe that the target can be met because the upcoming EAG is in fact a sporting event of high standards. Let me cite an example. Recently, the Chinese Diving Team was invited to give a performance in Hong Kong and the admission tickets for the performance were sold out within a short period of time. The upcoming EAG will feature 23 sports and most of them will be of interest to local people and visitors to the region alike. We are still discussing it, and will find out afterwards the standard of the athletes from the participating teams. We believe that the interest of all parties can be aroused after the lists of athletes have been obtained.

MR KAM NAI-WAI (in Cantonese): *President, just now, I asked about the breakdown of the proceeds of some \$40 million in terms of the sale of admission tickets, that of merchandise and revenues generated from the publicity and promotional programmes. Can the Secretary tell us about that?*

SECRETARY FOR HOME AFFAIRS (in Cantonese): The Member asked for a breakdown of the proceeds. I can provide it to him after this meeting. (Appendix I)

MR IP KWOK-HIM (in Cantonese): *We are aware that the EAG is a momentous event to Hong Kong. It is hoped that it can be held successfully and I believe that many people are looking forward to this as well. In fact, the EAG will coincide with school examinations. In this regard, will the Secretary work with another Bureau Director to examine how to promote higher participation among students in the upcoming EAG which is such a spectacular event? Of course, students' participation depends on one important factor, that is, whether the Government has considered reserving some of the admission tickets for students. If it has, what is the proportion of the number of admission tickets reserved for students to the total number of tickets, so as to encourage them to participate in this event?*

SECRETARY FOR HOME AFFAIRS (in Cantonese): President, our bureaux will communicate with each other frequently. We will certainly do what Mr IP has suggested by encouraging schools to adopt the EAG as the theme for that

week. In addition, the LCSD and other departments will organize guided tours for students to watch some EAG events.

MR IP KWOK-HIM (in Cantonese): *President, regarding the admission tickets, the Secretary has not given any answer on the approximate number of tickets which can be reserved for students.*

SECRETARY FOR HOME AFFAIRS (in Cantonese): At present, we are not able to tell the exact number of tickets that can be allocated to the education sector or students. President, we will look into this afterwards.

MR PAUL TSE (in Cantonese): *As regards part (b) of the main reply given by the Secretary, Dr LAM Tai-fai asked just now in his supplementary what other promotional programmes had been arranged in addition to those for the school sector. In this regard, the Secretary mentioned a series of activities in his reply. However, apart from displaying cartoon EAG mascot standees at tourist spots and manufacturing souvenirs to promote tourism, I cannot see that any other programmes or strategies have been formulated by the Government for the promotion of the EAG. After all, some \$100 million is spent out of taxpayers' money on the promotion of this event. However, in view of the fact that the Olympic Games was held last year, it was no easy task to promote the EAG to tourists as a selling point. In this regard, I hope to hear from the Administration what strategies have been formulated when it comes to tourism. Has the Administration considered the target for promotion and making use of official channels or other channels in the community to promote tourism? At least in terms of tourism, how can Hong Kong benefit from this event?*

SECRETARY FOR HOME AFFAIRS (in Cantonese): President, we have a plan to co-operate with the Hong Kong Tourism Board and the tourism sector to further to step up promotion of the EAG outside Hong Kong. Meanwhile, information on the hosting of the EAG by Hong Kong and various cultural programmes to be held during the period of the EAG will be displayed at the airport and other border check points. All these will commence in stages in the coming months.

MR LAU KONG-WAH (in Cantonese): *President, in addition to the stamps, the mascots and the concert that the Secretary mentioned just now, I think the chief characters in the EAG should be the athletes. Therefore, has the Secretary considered deepening If you ask a Member who the elite athletes in the Hong Kong teams are, he may not be able to give you an answer. For that reason, I wish to ask what measures can be implemented so as to muster more support for athletes, thereby consolidating our support for the Hong Kong teams?*

SECRETARY FOR HOME AFFAIRS (in Cantonese): *President, there is a special feature in organizing the upcoming EAG, that is, we have allocated \$20 million to facilitate Hong Kong athletes' preparation for the EAG. The reason for so doing is to promote public participation in sports through organizing the EAG, in view of the fact that Hong Kong is the organizer of the upcoming EAG. Through our promotion of the EAG in the 18 districts, it is hoped that more sports programmes can be commenced in every district. At the same time, as we will be hosting the EAG, we hope that our athletes can achieve good results in certain events. Therefore, we will step up our support for the Hong Kong athletes, in the hope that they can achieve good results in the events that they are specially good at.*

PRESIDENT (in Cantonese): *Third question.*

Building Facilities to Commend Achievements of Hong Kong Celebrities

3. **MR PAUL TSE** (in Cantonese): *President, some people from the tourism trade have relayed to me that building facilities to commend the achievements of Hong Kong celebrities (for example, a Bruce LEE memorial hall) will be conducive to the development of tourism. In this connection, will the Government inform this Council whether:*

- (a) *it has conducted any survey to gauge the views of the public and tourists on building a Bruce LEE memorial hall and conserving the residence of Bruce LEE (the residence) in Kowloon Tong; if it has, of the results; if not, whether it will conduct such a survey;*

- (b) *it has studied the feasibility of the proposal put forward by the residence's owner to convert the building into a Bruce LEE memorial hall; if it has, of the details; if not, whether it will conduct the study expeditiously; and*
- (c) *it has any plan to set up facilities and take forward such projects to commend other internationally renowned Hong Kong celebrities; if it has, of the details and the criteria for determining whether it will set up facilities to commend a particular celebrity, so as to develop new tourist attractions; if it has not, the reasons for that?*

SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT (in Cantonese): President, the Government is committed to developing and promoting our various attractions, and exploring new and unique tourism products, so as to enhance Hong Kong's appeal as a premier tourist destination and enrich visitors' experience in Hong Kong.

My reply to Mr Paul TSE's question is as follows:

- (a) The Government has not conducted any formal survey to gauge the views of the public and tourists about the development of a Bruce LEE memorial hall and conserving the residence in Kowloon Tong. However, we have been monitoring public views on the establishment of a Bruce LEE memorial hall, in recognition of Mr Bruce LEE's achievements in martial arts and film development. We believe that the community will support the proposal of conserving the residence to commemorate and pay tribute to Mr Bruce LEE. Mr LEE is an international celebrity, and many people in China and abroad are interested in his life. Conserving the residence and opening it to both local and overseas visitors can commemorate Mr LEE and his achievements, and will also bring tourism benefits to Hong Kong.

The Kowloon City District Council discussed and supported the proposal at its meeting in July 2008. A Member pointed out that the proposed development should take account of the quiet and low-density environment of Kowloon Tong, as well as the possible impact on the traffic and surrounding areas.

- (b) On 6 January 2009, I met with Mr YU Pang-lin, owner of Mr Bruce LEE's former residence. We exchanged views and reached a consensus on how to conserve the property in commemoration of Mr Bruce LEE. Both sides have agreed to actively explore specific management and operation options under the broad principle of preserving and restoring the original appearance of the residence. This includes seeking the assistance of Mr Bruce LEE's family and identifying suitable partners. We will then consult Mr YU on concrete proposals.
- (c) When we consider whether a new public museum for commemorating a particular historical or renowned figure should be provided, we will have to take into account the concerned historical figure's association with local historical and cultural development, and his or her importance and influence on the development of Hong Kong. The Leisure and Cultural Services Department (LCSD) under Home Affairs Bureau manages 14 public museums, two heritage centres and the Hong Kong Film Archive. At present, the Dr SUN Yat-sen Museum is the only public museum commemorating a historical figure.

MR PAUL TSE (in Cantonese): *President, thanks to the Bureau for actively following up the matter concerning the Bruce LEE memorial hall. Although the matter has subsided for some time, the Government's enthusiasm in handling this matter is commendable and encouraging, whether such enthusiasm is a mere coincidence or a result of my intention to put a question on this topic. However, there is no detailed announcement on the timeframe of the development proposal concerned. I hope the Government can make the announcement as soon as possible.*

However, my greater concern is that the Secretary did not mention any policy that the Administration has in place, apart from the Bruce LEE memorial hall mentioned in part (c) of the main reply. Many Hong Kong celebrities, such as Jacky CHAN of the performing arts sector, film director John WOO and WONG Kar-wai, as well as TAN Dun of the music profession, are internationally renowned. Their achievements can be utilized to promote Hong Kong tourism. In countries abroad, an example is that commemorative events are held this year

to mark the 500th anniversary of Henry VIII; and many other historical figures are used to promote tourism. In this regard, I hope the Secretary can further explain why we cannot take forward the promotion of celebrities in various sectors more actively? It seems to be a little shamefaced that there is only the Dr SUN Yat-sen Museum on the record. Secretary, how can the situation be improved?

PRESIDENT (in Cantonese): Which Secretaries will reply? Secretary for Home Affairs.

SECRETARY FOR HOME AFFAIRS (in Cantonese): President, at present, the Dr SUN Yat-sen Museum is the only museum under the management of LCSD which commemorates a renowned figure. Apart from this Museum, the Home Affairs Bureau has no plan to provide any other public museums on renowned figures. The establishment of such museums require more than consideration of the relevant cultural and historical significance of the renowned figures. The availability of sufficient information on heritage and collections as well as the priorities of deployable resources are also paramount considerations. The Home Affairs Bureau will fully consider public aspirations. This actually involves two issues. First, the figure. If he or she is a historical figure, do we have sufficient information and artefacts to establish a museum? Second, concerning the ecology of the museum, apart from museums run by the Government, we very much hope to encourage more non-government organizations (NGOs) to operate museums on commercial principles. For instance, we will be pleased to see initiatives taken by NGOs in respect of those figures of the performing arts or cultural sectors mentioned by Mr TSE.

PROF PATRICK LAU (in Cantonese): *President, I wish to declare that Mr Bruce LEE was an elder schoolmate of mine. When I was in Primary five at La Salle Primary School, he was in Primary six. He also taught me how to fight.*

As Members may well know, setting up a museum on a renowned figure requires the assemblage of a lot of information, as clearly pointed out by the Secretary just now. In fact, many of our schoolmates are still in Hong Kong. Is it possible that we allocate a place in other museums to exhibit his biographic

information first and then pursue further development in future? In fact, he did not only live in that residence. Is it possible to collect information from his family first and exhibit part of it in the existing museum, and then send it to the dedicated museum in future? I know this is not an easy task and it will take a lot of time, but can we collect the information in this way first?

PRESIDENT (in Cantonese): Which Secretaries will reply?

SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT (in Cantonese): President, if I have not misunderstood Prof LAU, he was referring to Mr Bruce LEE, was he not? Our plan now is to preserve his residence in Kowloon Tong and then contact his family members to collect information and restore the original appearance of the residence. The Hong Kong Film Archive also maintains the information on films starring Mr Bruce LEE. Hence, in terms of collection of information, we will proceed in this direction. To make the memorial hall meaningful, I think before discussing with the owner in the next stage of work, we must first obtain information on the layout of the residence from his family and carry out the proposal in steps.

PROF PATRICK LAU (in Cantonese): *President, the Secretary did not answer whether she will now make active efforts to collect information. For instance, many of my schoolmates have photographs of him taken in primary school. May I know whether she will start doing this now?*

SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT (in Cantonese): President, the answer is yes, and work is in progress.

MS AUDREY EU (in Cantonese): *President, Mr Paul TSE's question has taken a tourism perspective, indicating that this is one way to commend Hong Kong celebrities. May I ask the Secretaries whether they have considered adopting a historical perspective to introduce figures who have made contribution to Hong Kong to the public? In countries abroad, we often find different buildings on the street which have a plaque indicating who once lived there. This can also*

arouse interest of the public in the place. This can hardly be done in Hong Kong as old buildings are often demolished. As there are actually many commemorable figures in Hong Kong, has the Government or the Secretaries considered at least placing a plaque at their residence where possible, to explain their contributions to Hong Kong as well as their deeds and biography?

PRESIDENT (in Cantonese): Which Secretaries will reply? Secretary for Home Affairs.

SECRETARY FOR HOME AFFAIRS (in Cantonese): President, the Government is glad to listen to views in this regard. If there are any commemorable figures, we will place signs or markings in places where they had lived or worked. If Members take the escalator to the Mid-levels, you may notice a certain building along the way in which a Philipino celebrity José RIZAL once resided. In response to requests from the Consulate General of the Philippines and the Philipinos, the LCSO placed a plaque at the building, indicating that it was once the residence of Mr José RIZAL. If Members have time, you can make a visit to the building. Wreaths can often be found there, which are probably placed by the Philipinos to pay tribute to Mr RIZAL. The Government is glad to accede to such requests from the community as long as the requests are considered as feasible and worthwhile after studies conducted by the Government.

MS AUDREY EU (in Cantonese): *President, the Secretary did not answer my question. I asked whether the Government will consider doing so. I was not asking whether the public can make such requests. I think this is a very good way to commemorate renowned figures. The Secretary said just now that she did not know what celebrities there are. There are indeed many renowned figures, for instance, among the vocalists and in other professions. President, I asked whether the Government will consider establishing this mechanism. The decision indeed has to be made by a committee, but a plaque should at least be placed at the residence of these celebrities or other related places, as these celebrities are commemorable not only to tourists, but also to the people of Hong Kong.*

PRESIDENT (in Cantonese): I believe you have made your supplementary question clear. Secretary, please reply.

SECRETARY FOR HOME AFFAIRS (in Cantonese): President, we will do so.

DR LAM TAI-FAI (in Cantonese): *Secretary, although I do not live in Kowloon Tong, I am familiar with the area. As far as I know, many celebrities, as well as many patriots and people who are considered important by Beijing, live in the area around Kowloon Tong, particularly in the vicinity of the future Bruce LEE memorial hall. I am very concerned about, firstly, whether the establishment of the memorial hall will affect the environment of this high-class residential area? And secondly, whether the development proposal will alter the land use and relax the ratio of the area, and thus become a precedent? Many problems may then stem from it.*

SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT (in Cantonese): President, I have emphasized again in the main reply that work is carried out on the broad principle of restoring the original appearance of the residence, and so, in our discussion with the owner, our direction is that we will not increase the floor area or the number of storey so as not to enlarge the area of the residence. We are aware of the concerns of the Kowloon City District Council about the impact on the surrounding environment and landscape. Hence, President, we now plan to preserve the original building, which is the target of this commemorative project.

MR WONG KWOK-HING (in Cantonese): *President, I love martial arts since I was small and have practised martial arts for decades. I have also organized fund-raising charity events on martial arts. I can be said as the only Member in this term of the Legislative Council who come from the martial arts sector. In this capacity, I have this question for the Secretaries. In taking forward the project of Bruce LEE memorial hall, for which we are certainly grateful to Mr YU Pang-lin for his donation, whether the Government has seriously discussed*

the project with representatives of the Hong Kong martial arts sector, particularly a group of organizations or persons relating to Bruce LEE (their names have slipped my mind)? President, as early as a decade ago when the Urban Council was not yet abolished, they already made such a proposal to the Urban Council. In that year, I was a member of the Urban Council, while Mrs Rita LAU was the last Director of Urban Services, if my memory does not fail me, and the Secretary may well remember this. Can the Government discuss the proposal with them, so that the preparation work can be done properly? Since Bruce LEE's martial arts teacher YIP Man is a Foshanese, some people in Foshan are planning to establish a Bruce LEE memorial hall in Foshan. I think it is not so desirable if our Bruce LEE memorial hall in Hong Kong becomes neither fish nor fowl. I thus hope that the Secretary can closely collaborate with them in the preparation work and also liaise closely with the memorial hall in Foshan. Can the Secretary answer this question of mine?

SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT (in Cantonese): President, our primary task now is to restore the original appearance of the residence first, such as locating the original building plan and internal layout plan. As this is the residence of a celebrity, the memorial hall will only be meaningful if the residence is restored to its original appearance. However, the owner Mr YU has proposed that under this premise, Mr Bruce LEE's achievements in respect of films and martial arts should also be demonstrated in the residence. It requires further studies to decide on the approach which can best demonstrate his life story or achievements which merit respect from the public. I thus have indicated in my main reply the need to identify suitable partners to take forward this project together. Work has been initiated and negotiation with them is now in progress. At this stage, it is inappropriate to disclose their identity and degree of involvement, but President, I can assure Members that in taking forward this project, we will respect the wishes of the owner while arriving at an approach most agreeable to all parties in consultation with Mr Bruce LEE's family.

PRESIDENT (in Cantonese): Mr WONG, which part of your supplementary question has not been answered?

MR WONG KWOK-HING (in Cantonese): *President, the Secretary did not answer whether she will liaise with representatives of the Hong Kong martial arts sector, particularly those persons who can reflect Bruce LEE's school of martial arts. After all, Bruce LEE is a martial arts master of the generation.*

PRESIDENT (in Cantonese): You have made your supplementary clear. Secretary, please reply.

SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT (in Cantonese): President, we will do so.

PRESIDENT (in Cantonese): This Council has spent almost 19 minutes on this question. Fourth question.

Impact of "Three Direct Links" on Hong Kong

4. **MR ALAN LEONG** (in Cantonese): *On 4 November last year, the authorities of the Mainland and Taiwan signed four cross-strait agreements on maritime, air and postal links as well as food safety and, as a result, both passenger and cargo traffic between the two places no longer have to go via Hong Kong. Moreover, cross-strait tension has eased recently. In this connection, will the Government inform this Council:*

- (a) *whether the Secretary for Constitutional and Mainland Affairs had taken part in the discussions on the implementation details of the above agreements, and of the role of the Government of the Hong Kong Special Administrative Region (HKSAR) in the discussions; if the Secretary was involved in the discussions, what suggestions the HKSAR Government had made to safeguard the interests of Hong Kong; if the Secretary was not involved, of the reasons for that; and*
- (b) *given that presently Taiwanese residents are required to hold valid visas for visiting Hong Kong, and HKSAR passport holders visiting Taiwan are required to comply with similar requirement, whether*

the HKSAR Government has, in view of the recent improvement in cross-strait relations, discussed with the Taiwanese authorities arrangements for mutual abolition of visa requirements?

SECRETARY FOR CONSTITUTIONAL AND MAINLAND AFFAIRS (in Cantonese): President,

- (a) Under the "One Country, Two Systems" principle, generally we do not participate in bilateral negotiations between the Mainland and other economies in areas such as trade and economic affairs, civil aviation and shipping, and so on. In accordance with the Basic Law and authorization by the Central Authorities, the HKSAR will handle on our own arrangements between Hong Kong and other economies in areas such as trade and economic affairs, civil aviation and shipping, and so on. Therefore, the HKSAR has not participated in the bilateral discussions on the "Three Direct Links" between the authorities of both sides of the Strait. However, we have all along been assessing the impact which the "Three Direct Links" might have on Hong Kong (including civil aviation and shipping, and so on) and have reflected our views to the Central Authorities.

Over the years, Hong Kong and Taiwan have built up a solid relationship in trade and economic affairs. Taiwan is the fourth largest trading partner of Hong Kong. We are confident that the Basic Law has already endowed Hong Kong with sufficient autonomy in continuing to develop our relationship with Taiwan in these regards. The HKSAR will continue to take a proactive and constructive approach in fostering economic and other ties between Hong Kong and Taiwan, and to strengthen our position as the international financial, trading and maritime centre in the region.

Accordingly, the HKSAR Government has implemented a number of measures, including:

- The Trade Development Council has set up an office in Taipei. This has been in operation since last October. This is the very first time we set up a sub-office of a Hong Kong

statutory body in Taiwan. This is a critical step, signifying the importance we attach to the long term development of the relationship between Hong Kong and Taiwan.

- We are preparing for the establishment of a Hong Kong-Taiwan Business Cooperation Committee. The Committee will comprise representatives of the industrial and business sectors. This is a bilateral parallel structure.
 - We will establish the Hong Kong-Taiwan Inter-City Forum to discuss issues related to economic and trade development, tourism, city management, and so on. We have attained consensus on this with the Mayor of Taichung City. The first Forum will be held in Hong Kong in a few months' time.
- (b) The HKSAR Government from time to time reviews its policy on visa/permit requirements. Suitable adjustment to the policy will be made in the light of changes in circumstances, taking into account various factors such as reciprocity, immigration control and security considerations, the circumstances of individual country or territory, and so on.

On 1 January 2009, the Immigration Department introduced two measures to further enhance the immigration facilitation for Taiwan residents, including (i) lifting the restriction that only two iPermits can be applied within 30 days; and (ii) extending the period of stay in Hong Kong for holders of iPermits and multiple-entry permits from 14 days to 30 days.

The HKSAR Government welcomes any immigration arrangements that would provide greater convenience to residents of Hong Kong and Taiwan. We will also keep an open mind on any exchanges of views on the subject with the Taiwan authorities.

MR ALAN LEONG (in Cantonese): *President, insofar as the impact of normalization of the cross-strait relations on Hong Kong is concerned, the SAR Government has been slow in responding and lacking a forward-looking vision and sense of crisis. In part (a) of the main reply, the Secretary said that the*

authorities had all along been assessing the impact which the "Three Direct Links" might have on Hong Kong and had reflected their views to the Central Authorities. President, my follow-up question is: To which departments of the Central Authorities have Hong Kong's views been reflected? What views have been reflected? What responses have been received?

SECRETARY FOR CONSTITUTIONAL AND MAINLAND AFFAIRS (in Cantonese): President, we have been forward-looking over the years because Hong Kong is the most important international trading, financial and maritime centre in the region and we know that the "Three Direct Links" will probably be implemented one day. So, we have all along been assessing its impact on shipping, tourism, and so on. For instance, in 2007, Taiwan travellers made 2.7 million passenger trips to and from the Mainland via Hong Kong, accounting for around 11% of the annual passenger throughput of the airport. Meanwhile, air cargo transshipments handled at the airport reached 280 000 tonnes, representing around 7.4% of the annual cargo throughput. These are figures of passenger and cargo traffic related to Taiwan. These assessments have been reflected to the Central Authorities because both fields will be affected if the "Three Direct Links" are implemented. As for sea freight, transshipment via Hong Kong to and from ports outside the Pearl River Delta totalled 138 000 TEUs, representing 0.7% of Hong Kong's total laden container throughput in 2007. The percentage is lower than that of air freight.

We have reflected our views to and communicated with the relevant departments of the Central Authorities, including the Hong Kong and Macao Affairs Office of the State Council and other departments responsible for these fields (such as the National Tourism Administration) and shipping matters. According to the assessment we have made, despite that there may be a limited impact on our passenger and cargo traffic, from the holistic point of view, if cross-strait relations can be improved, the trade and economic exchanges between the two sides and four places can become more frequent, and when enterprises of the two sides (including enterprises of Taiwan and the Mainland) can perform even better, they can continue to come to Hong Kong for listing and this will be conducive to Hong Kong's development as an international trade and financial centre.

MR ALAN LEONG (in Cantonese): *President, if the Secretary*

PRESIDENT (in Cantonese): Mr LEONG, which part of your supplementary question has not been answered?

MR ALAN LEONG (in Cantonese): *He did not mention what responses had been received. I asked him to which departments their views had been reflected and what responses had been received.*

SECRETARY FOR CONSTITUTIONAL AND MAINLAND AFFAIRS (in Cantonese): The overall response we have received is that the Central Government actually hopes that cross-strait exchanges and relations can be promoted while having regard to Hong Kong's interests. So, we have entered into the fifth Supplementary Agreement to CEPA under which Hong Kong's professionals and service industries will be benefited from measures for pilot implementation in Guangdong Province. There will be positive spill-over effect on the three places across the Strait. Taiwanese enterprises and other service industries can conduct business in the Mainland provided that they have set up branches in Hong Kong. In respect of tourism, requirements have been further relaxed recently so that Shenzhen residents may apply for visas to Hong Kong under the Individual Visit Scheme even though they are not the indigenous residents in Shenzhen. From the perspective of the Central Authorities, Hong Kong's interests have been taken care of while cross-strait relations is being promoted.

MR ALAN LEONG (in Cantonese): *President, I might have been asking for too much information which cannot be covered in just a few minutes. Can the Secretary provide a reply in writing?*

PRESIDENT (in Cantonese): A reply on what?

MR ALAN LEONG (in Cantonese): *To provide supplementary information on what he could not give a full account of just now*

PRESIDENT (in Cantonese): You mean the departments of the Central Government to which views have been reflected and their responses.

MR ALAN LEONG (in Cantonese): *Yes.*

SECRETARY FOR CONSTITUTIONAL AND MAINLAND AFFAIRS (in Cantonese): President, I can communicate with the relevant policy bureaux to see what further information can be provided. But I have to point out that, generally speaking, we will not comment in detail on the communications between the SAR Government and the Central Government. But regarding policies and services, we are most happy to communicate with the Legislative Council and explain to it the latest development.

MR WONG SING-CHI (in Cantonese): *President, what the Secretary said in part (a) of the main reply is most disappointing and worrying. Because under the Basic Law, Hong Kong has the right to attend in an independent capacity international economic and trade negotiations with the Mainland. Under "One country, Two systems", the impact of "Three Direct Links" on Hong Kong will be substantive, but Hong Kong has not participated in the economic and trade negotiations between the Mainland and Taiwan. May I ask the Secretary whether it is because Hong Kong chose not to participate in the negotiations or Hong Kong has no right to participate in them? If Hong Kong has the right to participate but has not done so, does it mean that the Government has failed to take care of Hong Kong's interests? On the other hand, if Hong Kong does not have such a right, is the Secretary telling us that Hong Kong's right to engage in economic and trade negotiations independently is subject to a condition, that it, it has to subject to the Mainland's economic and trade policies? Is it that Hong Kong will lose its independent status in striving for its interests whenever economic and trade negotiations involving the Mainland are held?*

PRESIDENT (in Cantonese): If Members hope that the Secretary can give a precise reply to their supplementary questions, their questions should be clear and succinct as far as possible. If Members have asked several supplementary questions, it will be very difficult to decide whether the Secretary has given a full reply or not.

MR WONG SING-CHI (in Cantonese): *I believe the Secretary has fully understood my question.*

PRESIDENT (in Cantonese): Rule 25 of the Rules of Procedure has made the relevant stipulation.

SECRETARY FOR CONSTITUTIONAL AND MAINLAND AFFAIRS (in Cantonese): President, I believe Mr WONG Sing-chi has basically adopted a positive attitude, as he hopes that there can still be new room for development for Hong Kong after the implementation of the "Three Direct Links". However, his understanding of how we handle economic and trade issues under "One country, Two systems" seems to be different from our actual practices. In fact, one of the most important areas under "One country, Two systems" and "a high degree of autonomy" is our role in international economic and trade negotiations. Hong Kong, as a member of the World Trade Organization (WTO), will participate in multilateral and bilateral trade negotiations under the name of Hong Kong, China. We have our own set of policies.

At the international level, including WTO and APEC, Hong Kong stands for Hong Kong, China. If we have to enter into multilateral and bilateral trading agreements, we will do so in the name of Hong Kong, China. In respect of participation in activities hosted by international organizations which allow only delegations of states, Hong Kong will take part as a member of the delegation of our country.

As for shipping and aviation arrangements, we may engage in bilateral negotiations on aviation rights with other economies because we have been vested with sufficient authority under the Basic Law and these are areas in which we enjoy a high degree of autonomy. As regards our relations with Taiwan, we will consider whether we can communicate with Taiwan on agreements

concerning Hong Kong's cargo and service industries if necessary. Hong Kong and Taiwan, as members of WTO, can communicate and negotiate with each other in that capacity.

MR FREDERICK FUNG (in Cantonese): *President, I would like to ask a question on part (b) of the main reply. During the reign of the Kuomintang, I often heard from Taiwanese officials that they would encounter more difficulties in applying for visiting Hong Kong than the Mainland even though their applications were made in their personal capacity rather than official capacity. Will there be any improvement to such a situation presently? It is more difficult for their applications to be approved for visiting Hong Kong. Is it because we have to seek prior approval from the Beijing Government or due to other reasons?*

PRESIDENT (in Cantonese): Which Secretary will answer the question? Secretary for Security.

SECRETARY FOR SECURITY (in Cantonese): President, I do not understand what is meant by "difficult" or "easy" as mentioned by Mr Frederick FUNG. In fact, among the 2 million-odd Taiwanese residents applying for travelling to Hong Kong annually, 99.99% of them are successful in doing so. Besides, our immigration arrangement is very simple. Over the past few years, we have simplified the procedures for Taiwanese residents coming to Hong Kong. Under the current arrangement which is almost visa free, if a Taiwanese resident has bought an air ticket to Hong Kong, the airline will, via its computer, connect to the computer of the Immigration Department. Approval signal from us will be sent to the airline in a few minutes so that the air ticket can be sold to the passenger who can then travel to Hong Kong. So, it is very convenient for Taiwanese residents to visit Hong Kong. On enforcing the immigration law and immigration policy, however, the Immigration Department has to consider Hong Kong's immigration control and other factors mentioned in the main reply earlier on, including immigration control and security. In this regard, I cannot comment on individual cases. But on the whole, it is very convenient for Taiwanese residents to visit Hong Kong.

PRESIDENT (in Cantonese): Mr FUNG, which part of your supplementary question has not been answered?

MR FREDERICK FUNG (in Cantonese): *President, he has not answered the key point of my question which is about Taiwanese officials. His reply is about the Taiwanese residents. He said that 99% of the applications would be approved. Does the remaining 1% refer to Taiwanese officials? He said that he did not know what the difficulty was. Let me make it clear. It is difficult because their applications will be rejected and approval will be granted only after their applications have been submitted for four or five times.*

SECRETARY FOR CONSTITUTIONAL AND MAINLAND AFFAIRS (in Cantonese): Let me try to answer this question.

President, I would like to add that in fact, as Members can see, over the past few years, there has been a breakthrough in the cross-strait relations, particularly after the visit made to the Mainland by LIEN Chan, Chairman of Kuomintang, on behalf of his party. Exchanges and communication between two sides of the Strait have since been expedited and enhanced. In Hong Kong, exchanges between Hong Kong and Taiwan have also become more frequent, as can be seen in various aspects. If Members have paid attention to activities in this aspect, then you will see that political figures from both the Pan-Blue camp and Pan-Green camp are welcomed by us. For instance, in 2006 and 2007, Mr LIN Cho-shui from the Green camp paid a number of visits to Hong Kong. He is a member of the Democratic Progressive Party. In 2008, there were visits by Mr Eric CHU Li-luan who is the Taoyuan County Magistrate, the Mayor of Kaohsiung city and the Mayor of Taichung city. In mid-2008, Mr CHIANG Pin-kung, Chairman of the Straits Exchange Foundation also paid a visit to Hong Kong. With these examples, I would like to show Members that it is the attitude of the SAR Government to welcome political figures from both the Pan-Blue camp and Pan-Green camp. We also consider that it will help promote Hong Kong-Taiwan relations and co-operation by having more of such exchanges and communication.

PRESIDENT (in Cantonese): This Council has spent more than 18 minutes on this question. Fifth question.

Gambling Policy

5. **MR WONG SING-CHI** (in Cantonese): *President, at the meeting of this Council on 26 April 2006, the former Secretary for Home Affairs pointed out that the spirit of the Government's gambling policy was not to encourage gambling. In this connection, will the Government inform this Council whether it has assessed if its gambling-related measures implemented in the past three years were consistent with the policy spirit of "not to encourage gambling"; if the assessment result is in the affirmative, of the details of the relevant measures, and whether it has assessed the effectiveness of such measures in realizing the above policy spirit; if so, of the results of the assessment?*

SECRETARY FOR HOME AFFAIRS (in Cantonese): President, the Hong Kong Special Administrative Region (SAR) Government does not encourage the public to participate in gambling activities. Our long-standing policy is to restrict gambling opportunities to a limited number of authorized and regulated outlets. At present, the regulated gambling outlets are mainly horse race betting, football betting and the Mark Six Lottery operated by the Hong Kong Jockey Club (HKJC).

At present, the licences of horse race betting, football betting and lotteries issued to the HKJC have imposed a number of conditions requiring the licensee to adopt measures to minimize the negative impact of gambling on the public, especially young people, including the licensee shall not permit juveniles to enter its betting premises, shall not accept bets from juveniles or pay dividends to juveniles, shall not target juveniles in its advertising or promotional activities, shall not accept bets on credit or accept credit cards as a means of payment for placing bets, shall not advertise on television or radio in specific time slots, and shall display notices in its betting premises and on its betting websites warning against the serious problems caused by excessive gambling and providing information on the services and facilities available for problem or pathological gamblers.

On the other hand, we have made use of the Ping Wo Fund to organize a series of publicity and public education programmes to prevent problems caused by excessive gambling and to deter gambling. The Ping Wo Fund Advisory Committee has also launched a sponsorship scheme in December 2008 to encourage community organizations to organize activities to prevent and alleviate problems related to gambling.

In 2007, the Home Affairs Bureau commissioned the Hong Kong Polytechnic University (the HKPU) to conduct a study on Hong Kong people's participation in gambling activities and their gambling behaviours, and to assess the effectiveness of our work in respect of the prevention of problem gambling as well as the future development. The Committee is studying the HKPU's report and will make recommendations to the Secretary for Home Affairs on the development of support and preventive measures for pathological gamblers. The Government will report to the Legislative Council Panel on Home Affairs after receiving the recommendations of the Committee.

MR WONG SING-CHI (in Cantonese): *President, the Secretary stated some widely known policies in the main reply. May I further ask the Secretary the following question: the regulation of the gambling industry and gambling activities is undertaken by the Betting and Lotteries Commission (BLC), but information suggests that half of the members of the BLC are members of the Hong Kong Jockey Club (HKJC), that is, people with direct interests in the HKJC. May I ask the Secretary, under such circumstances, whether it is contrary to your policy of "not to encourage gambling"? Besides, will additional members not associated with gambling and the HKJC be included in the BLC in the future, so that the policy of not to encourage gambling can really be implemented?*

SECRETARY FOR HOME AFFAIRS (in Cantonese): *President, the BLC is a statutory body established under the Betting Duty Ordinance. At present, the 12 members of the BLC who are not public officers come from different sectors, such as the education, religious, social service, accounting and legal sectors. As in the appointment of members to other advisory and statutory bodies, in appointing members of the BLC, consideration will be given to appointing the most suitable persons with reference to their individual characteristics in order to*

meet the requirements under the law and of the relevant organizations. In making appointments, we will take into consideration the individual's capability, expertise, experience, conduct, enthusiasm in serving society as well as the committee's function and job nature. There is no specific provision in the Betting Duty Ordinance on the relationship between members of the BLC and the HKJC and we also think that we should treat members of the BLC fairly.

MR CHEUNG KWOK-CHE (in Cantonese): *The Secretary mentioned just now that the Government would make use of the Ping Wo Fund to organize a series of publicity and public education programmes. Will the Secretary inform this Council of the current amount of annual provision allocated to these organizations by the Ping Wo Fund for such purposes? If the Ping Wo Fund lacks funding, does it mean that no such work will need to be carried out? Will the Secretary inform us of the relevant details about what the Government will do if the HKJC does not provide funding to the Ping Wo Fund?*

SECRETARY FOR HOME AFFAIRS (in Cantonese): President, please allow me to provide Honourable Members with the details on the specific expenditures and budget of the Ping Wo Fund after the meeting. (Appendix II)

Regarding the resources for the Ping Wo Fund, the HKJC has undertaken to make an annual donation of not less than \$15 million to the Ping Wo Fund in the five years between July 2008 and June 2013. Therefore, the Government, including the Home Affairs Bureau, will closely monitor the financial position of the Fund.

MS STARRY LEE (in Cantonese): *President, besides making use of the Ping Wo Fund to conduct publicity in order not to encourage gambling among the young people, may I ask whether the Bureau has put in place other measures? At present, horse racing news is published on separate pages of the newspaper. However, ever since the authorization of football betting, information on football betting has been published side by side with sports information. At present, many young people are actually forced to receive information on gambling when*

reading sports news. In this connection, will consideration be given to adopting some approaches, such as making reference to the handling of horse racing pages and publishing information on football betting and sports information separately?

SECRETARY FOR HOME AFFAIRS (in Cantonese): President, education is most important in deterring gambling and some efforts in this respect have been made by the Ping Wo Fund. Besides, in the education sector, the Education Bureau has all along attached great importance to instilling in students positive values and attitudes, and has been providing support in teaching resources through professional development programmes for teachers, promoting liberal studies and moral and civic education, and so on, in order to instil in students the concept of anti-gambling. As to whether newspapers can publish information on football betting and ordinary sports information separately, this involves freedom of the press and the autonomy of individual newspapers. We can provide advice in this respect but the final decision rests with individual news organizations.

DR LAM TAI-FAI (in Cantonese): *Just now the Secretary said that the Government will require the licensee to adopt measures to minimize the negative impact of gambling on the public, especially young people, including the licensee shall not permit juveniles to enter its betting premises. Secretary, I notice that the HKJC will encourage its members to bring their children to its premises on quite a number of race days or at horse racing activities. Is this practice adopted by the HKJC contradictory to the measure adopted by the Government? The HKJC has of course provided an explanation, but do you think the reason provided by the HKJC is a bit deceptive both to itself and others? Actually, many young people use the telephone betting account of adults to engage in football betting. How will you eradicate this situation?*

SECRETARY FOR HOME AFFAIRS (in Cantonese): President, it is the Government's policy to strictly prohibit the participation of juveniles in authorized betting activities. The Government and the BLC will continue to closely monitor the relevant situation. As regards the issue raised by Dr LAM

Tai-fai just now, the HKJC has indeed put forward to the Government the proposal of allowing racehorse owners to bring juveniles to racecourses on race days on the ground that it is a family activity and the arrangement is in response to the request from racehorse owners and is applicable only to day meetings at the Sha Tin racecourse. After checking the details, we think this arrangement of the HKJC has not violated its licensing conditions. We will continue to monitor this issue closely. We know that the HKJC has already put in place various measures to ensure clear separation of betting halls and to strictly guard against entrance of juveniles to these halls. Members of the BLC also conducted visits to the Sha Tin racecourse in June 2007 in order to have a better understanding of the relevant arrangements. We will pay close attention to this issue.

MR KAM NAI-WAI (in Cantonese): *President, the Secretary said that the Government strictly prohibits juveniles from participating in gambling. However, in the main reply, the Secretary only said that the Government would be mindful of the practice adopted by the HKJC, which seems that it has no intention of taking any action at all. The Government has been saying that it does not encourage gambling in order to avoid contaminating the young people. May I ask the Government whether it has assessed if the problem of youth gambling has worsened after the authorization of football betting? What is the current situation? Has the Government conducted any study? At present, young people can enter the racecourses, and some Members also mentioned just now that many young people participated in football betting with the telephone betting account of their family members. Has the Government examined whether the problem of youth betting has worsened? Are remedies available?*

SECRETARY FOR HOME AFFAIRS (in Cantonese): We have commissioned the Ping Wo Fund and the HKPU to conduct a survey and we will carry out some analyses based on the figures obtained therein. Besides, I visited the premises operated with the support of the Ping Wo Fund in providing assistance for pathological gamblers and services for preventing pathological gambling and consulted some front-line staff members. Systematic analysis has yet been

made, pending the results of the relevant survey. However, based on the cases they have come across, the front-line staff members do not think that gambling has shown a very strong upward trend or has been particularly intensifying in recent years.

MR KAM NAI-WAI (in Cantonese): *President, my question was whether young people*

PRESIDENT (in Cantonese): Mr KAM, please state your supplementary question clearly.

MR KAM NAI-WAI (in Cantonese): *The supplementary question I raised just now was whether the problem of youth gambling has worsened. My question was on young people, not just on the popularity of gambling.*

SECRETARY FOR HOME AFFAIRS (in Cantonese): President, according to current statistics, we do not see a significant increase in the popularity of gambling among young people.

MR TOMMY CHEUNG (in Cantonese): *President, I have to declare that my children have betted on horse racing with me before, but they are adults instead of juveniles.*

Secretary, I notice that the passage for children in the racecourses is actually very winded so as to keep betting areas out of their sight. I think the HKJC has done quite a good job in this regard. However, may I ask the Secretary whether statistics on the permission of access by juveniles to racecourses for viewing horse racing — that is, not for gambling — in overseas countries are available? Has such information been collated? If not, whether such statistics will be collated?

SECRETARY FOR HOME AFFAIRS (in Cantonese): President, we have not collated any specific information in this respect. However, when putting

forward the proposal of allowing its members to bring their families to day meetings held at the Sha Tin Racecourse, the HKJC mentioned that there was such a practice in overseas countries.

MR WONG SING-CHI (in Cantonese): *President, I would like to further pursue my question addressed to the Secretary because it is the Government's policy not to encourage gambling. However, I think even adult children of racehorse owners should not be allowed access to racecourses for gambling.*

As we can see, there are a lot of problems with many off-course betting branches. Under the policy of not to encourage gambling, the Government should encourage people to pay more attention to whether or not they have symptoms of pathological gambling. The Secretary said that the HKJC would include in bills or receipts on betting sentences written in a serious tone that gambling would give rise to problems and punters are vulnerable to pathological gambling. May I ask the Secretary whether, as far as he knows, such sentences are written on the bills and receipts issued by all off-course betting branches now? As far as I know, they are not. May I ask the Secretary whether he hopes that, if such sentences are really not included, the HKJC will make more efforts in this regard so that gamblers can be reminded of the problems related to gambling?

SECRETARY FOR HOME AFFAIRS (in Cantonese): *President, after Mr WONG raised the question on a previous occasion, I have come across some news reports stating that the existing legislation only requires that such sentences be displayed in off-course betting branches instead of on the bills and receipts on betting.*

MR WONG SING-CHI (in Cantonese): *President, I was asking the Secretary whether consideration would be given to this and I was not saying that such sentences are already included at present. It is precisely because they are not included that I asked whether the Government would consider requiring the HKJC to include these warnings on bills and receipts on betting in line with the policy of not to encourage gambling.*

SECRETARY FOR HOME AFFAIRS (in Cantonese): President, we will not give consideration to this for the time being.

MS STARRY LEE (in Cantonese): *President, I would like to follow up my supplementary question raised just now. I think the practice of publishing racing news on separate pages merits consideration because information on football betting and sports information have been placed side by side upon the authorization of football betting. I hope the Secretary and various Secretaries of Department will consider liaising with media friends and urging them to follow the practice adopted for horse racing pages so as to reduce the exposure of young people to such information. Will the Government conduct a review in this respect or examine its feasibility in future?*

SECRETARY FOR HOME AFFAIRS (in Cantonese): President, I think this is a good idea. However, as I said in my reply just now, since this involves the mass media and freedom of the press, we can only provide advice, and the Government and Honourable Members of this Council can work together to this end.

PRESIDENT (in Cantonese): Last oral question.

Complaints Against Police Office

6. **DR JOSEPH LEE** (in Cantonese): *President, there are quite a number of comments that the Complaints Against Police Office (CAPO) of the Hong Kong Police Force lacks credibility and transparency in handling complaints against the Police, for example, the investigations are conducted by police officers, and it has also been claimed that the Independent Police Complaints Council (IPCC) has limited monitoring power. In this connection, will the Government inform this Council:*

- (a) *of the number of police officers who were disciplined in each of the past three years after the complaints against them had been*

substantiated, together with a breakdown by the type of penalties imposed on them; and

- (b) *whether it has considered further strengthening IPCC's power on monitoring the day-to-day investigation of CAPO (such as appointing full-time observers) to ensure that the investigations are conducted in a fair and impartial manner; if so, of the details; if not, the reasons for that?*

SECRETARY FOR SECURITY (in Cantonese): President,

- (a) In 2006 to 2008, 325 police officers were disciplined on substantiation of the complaints against them. Of these, 292 were given advice, 12 given warnings, 12 cautioned, 2 reprimanded, 6 severely reprimanded and 1 dismissed subsequent to criminal conviction.

A breakdown by year and by type of disciplinary action taken is at the Annex.

- (b) The IPCC Ordinance (the Ordinance) enacted in July 2008 puts the IPCC on a statutory basis while maintaining the existing two-tier police complaints system. Under the existing system, the Police Force is responsible for investigating complaints made by the public against members of the Police Force and the IPCC is responsible for monitoring such investigations. Upon establishment as a statutory body, the Chinese title of the IPCC will be changed to "獨立監察警方處理投訴委員會"("監警會"). The Ordinance sets out clearly the powers, functions and duties of the IPCC under the police complaints system. It also stipulates the obligation of the police to provide assistance to the IPCC in various respects and to comply with other requirements made by the IPCC under the Ordinance.

The enactment of the Ordinance is conducive to enhancing and reinforcing the independent status as well as the monitoring function of the IPCC. It also enhances the transparency and creditability of

the police complaints system. The Ordinance confers upon the IPCC a wide range of powers to carry out its monitoring role. Such powers include requiring the police to provide any information or material relating to reportable complaints and to clarify any fact, discrepancy or findings; requiring the police to investigate or re-investigate reportable complaints; interviewing the persons concerned for the purpose of considering investigation reports on reportable complaints submitted by the police; requiring the police to submit to the IPCC reports on any actions taken or to be taken by the police in respect of any recommendations made by the IPCC; requiring the police to consult the IPCC on any proposed new order or manual of the Police Force that relates to the handling or investigation of reportable complaints, or any significant amendment proposed to be made to such orders or manuals of the Police Force. Under the Ordinance, the police have to comply with the requirements of the IPCC to facilitate it in the performance of its monitoring function.

Furthermore, the Ordinance empowers IPCC members and observers to attend any interviews to be conducted by the police and to observe the collection of evidence undertaken by the police in respect of reportable complaints (for example, attending scene visits to locate possible witness(es) and evidence, to re-construct the events which have led to the complaint, to corroborate the statements of any party to a complaint and to check the physical layout of the scene of the complaint), with or without prior appointment at their discretion. After conducting an observation, they must submit a report to the IPCC stating their opinion on whether the police have conducted the interview or collection of evidence in a fair and impartial manner, and stating any irregularities detected. Such observation arrangements significantly reinforce the monitoring role of the IPCC and ensure that the police investigate complaints thoroughly and impartially.

Currently, the IPCC has 18 members from different sectors of the community and with different professional backgrounds. In addition, there are 88 independent observers who also come from

various sectors of the community, including Members of the Legislative Council and District Councils, legal and medical professionals, and community leaders. With their rich experience in the community and public service, they are able to directly monitor the investigation of complaints by the police in a thorough and objective manner.

In order that the Observers Scheme can perform its role more effectively, the IPCC is updating its internal guidelines to remind IPCC members and observers of the issues requiring special attention when performing their observation functions. In addition, the Force also arranges briefing sessions and visits to police formations for IPCC members and observers from time to time so that they will have a deeper understanding of policing work. The Police will also stipulate in their internal guidelines that all officers must make every effort to facilitate the work of IPCC members and observers, and provide the greatest possible convenience as far as practicable. In particular, the police will, where possible, allow for a longer notification period for IPCC members and observers in respect of upcoming interviews or evidence collection. The Administration will also consider appointing more observers as necessary.

The Member's question specifically refers to the employment of full-time observers as an example to enhance the monitoring role of the IPCC in future. Although this is an initial suggestion, I would like to briefly point out that the suggestion has limitations. For example, the job nature of such posts and their promotion prospects may not provide sufficient incentive to attract and retain highly qualified individuals. We also wish to maintain, or even expand, the participation of members of the community in the Observer Scheme with a view to assisting the IPCC in its work. In any event, CAPO will continue to proactively support the work of the statutory IPCC. The Administration will also carefully consider any feasible suggestion that will help enhance IPCC's monitoring role.

Following the enactment of the Ordinance in July last year, the IPCC has been actively making preparations and is now ready for its intended establishment as a statutory body under the Ordinance on 1 April this year. At the same time, I have appointed 1 April this year to be the date on which the Ordinance shall come into operation under section 2 of the Ordinance. The relevant Commencement Notice, which has already been published in the Gazette, is tabled at the Legislative Council today. We hope that with the establishment of the statutory IPCC, we can better ensure the impartial handling of complaints made by the public against members of the Police Force, thereby raising the confidence of the public in the police complaints system.

Annex

Police Officers Disciplined on Substantiation of Complaints

<i>Type of disciplinary action</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>
Advice	101	77	114
Warning	5	2	5
Caution	5	5	2
Reprimand	0	1	1
Severe Reprimand	2	2	2
Dismissal subsequent to criminal conviction	0	1	0
Total	113	88	124

DR JOSEPH LEE (in Cantonese): *President, the Secretary said in the main reply that the police would make every effort to support the work of the observers. I would first like to declare my interest as a member of the IPCC. However, according to past experience, we are all volunteers and we were usually informed of the opportunity to observe interviews without prior appointment or just a day or two before, but we have never done it. The Secretary pointed out in his main reply that the proposal might not be attractive to highly qualified individuals, thus it could hardly retain full-time observers. What better way does the*

Secretary have to bring the functions of IPCC observers into full play, so that they can truly fulfil an effective monitoring role on the police in the collection of evidence and interviews conducted within CAPO?

SECRETARY FOR SECURITY (in Cantonese): President, with regard to Dr LEE's supplementary question, in fact, we have discussed this issue with the police, that is, to give sufficient time for IPCC observers to monitor procedure in respect of interviews or evidence collection conducted by the police. We now hope that the police can give prior notice not less than 48 hours. However, in some cases, it is difficult for the police to notify the IPCC of upcoming interviews or evidence collection within 48 hours. For example, sometimes the police have to carry out immediate and urgent investigation, and sometimes the complainant or witness may not be available at the time of the interview, but we still hope that we can give a 48-hour notification period for the IPCC as far as possible, so that it could have enough time to arrange for its members or observers to perform the monitoring work.

DR MARGARET NG (in Cantonese): *President, this Council is very concerned about whether the monitoring role could truly be enhanced after the establishment of a statutory IPCC, or will its operation become even worse than before? The Secretary mentioned in the main reply that the IPCC was now ready. In the course of our scrutiny of the Bill, we were particularly concerned about the Secretariat of the IPCC, that is, the establishment of a secretariat to support the future IPCC. With regard to manpower, in particular the transition of experiences, what will be the arrangement? So, with regard to comment that the IPCC is now ready, can the Secretary tell us more details about the establishment of the Secretariat? What are the transitional arrangements? Why does the Secretary think that the monitoring power of the IPCC will be enhanced?*

SECRETARY FOR SECURITY (in Cantonese): President, during the preparations of the statutory IPCC, the Government has been actively co-operating with the existing IPCC Secretariat. As for the support of resources, we have been endeavouring to secure the necessary resources from our colleagues in the Financial Services and the Treasury Bureau, so that the future statutory

IPCC can have sufficient resources to operate. The IPCC Secretariat has done a lot of work before the Ordinance came into effect, and such work must be completed before transition to the future statutory IPCC.

The work of the Secretariat includes, first of all, the review of meeting procedures of the IPCC and its committees, including internal procedures such as detailed rules on the declaration of interests, as well as the review and the determination of the procedure for the submission of CAPO investigation reports. Procedures in this regard include a number of tasks, such as reviewing and improving the guidelines, procedures, forms and reports of the Observers Scheme, reviewing and determining the guidelines, procedures, forms and reports for interviews. Other tasks include appointing auditors, printing publicity materials for the establishment of a statutory IPCC system, determining the levels of fees charged by the IPCC in future (if necessary), drawing up guidelines for public access to information, as well as matters relating to the operation of the office and the accounting system. In addition, the recruitment of staff will also be included, as the future independent IPCC will have the right to employ its own staff. I hope that most of the work can be completed in the next few months.

DR MARGARET NG (in Cantonese): *The Secretary has given an irrelevant answer, probably because I have not made myself clear enough. In particular, he has not answered my supplementary question about manpower and the transition of experiences, that is, the part on how many staff members of the existing secretariat would go to the new secretariat to ensure the continuity of experience.*

SECRETARY FOR SECURITY (in Cantonese): President, this question must be answered by the existing IPCC or the future IPCC. As far as I know, the existing IPCC has set up a team to take charge of matters relating to the transition. Since it has to recruit staff for the future secretariat, the Government has undertaken that before new staff are recruited, the civil servants will continue to serve the secretariat during the transitional period until the IPCC had recruited their own staff.

MS EMILY LAU (in Cantonese): *President, a lot of people had criticized that the system of the police investigating complaints against itself would result in a lack credibility and transparency, and the United Nations Commission on Human Rights had also made similar comments. Therefore, the amendment to the Ordinance is of no use at all, President. The United Nations will hold a hearing next month, and the Democratic Party will assail it again.*

President, the main question mentioned the appointment of full-time observers to assist in the investigation, which is a very humble request, but the authorities is still unwilling to do so. May I ask the Secretary how many reportable complaint cases were there over the past few years? How many cases were being monitored? How many cases were observed by observers? How many cases were monitored by IPCC members? President, the Secretary said that these observations would help IPCC to perform its role effectively, may I ask what the percentage was? How many cases had brought the monitoring role into play, President?

SECRETARY FOR SECURITY (in Cantonese): *President, according to the information that I have at hand, as of November 2008, 458 observations of interviews and evidence collection were performed by observers. As to the question that Ms Emily LAU asked just now about the number of reportable complaints, I do not have such information now, perhaps I will provide a written reply. (Appendix III)*

MS EMILY LAU (in Cantonese): *President, I am utterly baffled because for such a basic question my supplementary question consisted of two parts; first, how many of those cases were observed; second, how many of these cases were observed by those busy IPCC members. I think the Secretary really has some problems if he has no such information.*

SECRETARY FOR SECURITY (in Cantonese): *President, I do have the information from January to November 2008 at hand, and a breakdown of the data from January to November. As I said earlier, from January to November last year, 458 observations were performed by observers or IPCC members. As far as I know, the IPCC would like to increase the number of observations*

performed by observers. For example, in August last year, that is, since August 2008, the Security Bureau has required that all newly appointed or re-appointed observers to perform at least four observations a year. In addition, the IPCC has also urged observers to perform more observations in addition to the minimum requirement of four observations, in particular, surprise observations.

MS EMILY LAU (in Cantonese): *President, will the Authorities provide a written reply? I hope the Secretary will write down the questions that I have asked and then provide a written reply, thank you.*

SECRETARY FOR SECURITY (in Cantonese): I can do this.

MR LEUNG KWOK-HUNG (in Cantonese): *President, it is actually a waste of time to put questions to Secretary LEE, and the Thailand incident has not been resolved*

PRESIDENT (in Cantonese): Mr LEUNG, please ask your supplementary question.

MR LEUNG KWOK-HUNG (in Cantonese): *Of course, I certainly wish to ask Secretary LEE a question through the President, right? The IPCC will have a case for investigation only when a complaint is received. Let me monitor you today. A young girl was raped inside Mong Kok Police Station, and TANG King-shing did not say a word; has the case been followed up? In the Cross Street incident, a few hundred people (including triad elements) could be released on bail, but other people were not allowed to be released on bail; has any investigation been made into that? There is no need for IPCC to monitor you; I am now monitoring you here, do you have anything to say? Has TANG King-shing actually apologized in private? If so, please offer an apology on his behalf here. Have you ever seen him? Since the young girl was raped inside*

Mong Kok Police Station, has he reported to you in private and offered his apology? If so, please say so, and that can be regarded as an apology. Yes or no?

PRESIDENT (in Cantonese): Mr LEUNG Kwok-hung, please sit down. Secretary, please reply.

SECRETARY FOR SECURITY (in Cantonese): President, with regard to the case mentioned by Mr LEUNG Kwok-hung just now, it has created a furore. I myself, as the Secretary for Security, as well as the Commissioner of Police consider that the occurrence of such cases will deal a very heavy blow to the overall reputation of the Police Force, and this, we consider very regrettable. However, since the case is not a complaint and it is under criminal investigation, therefore, President, I am not at liberty to comment on it.

MR LEUNG KWOK-HUNG (in Cantonese): *President, he has not answered my supplementary question. I asked the Secretary whether he has met TANG King-shing and if TANG King-shing had offered his apology in private. Because when I took part in the demonstration the other day, he was unwilling to offer his apology. That the case is undergoing to trial is not an excuse. When the defendant is prosecuted, of course the prosecution will consider him to be guilty of an offence. If the incident was true, will you feel apologetic? We are not talking about the outcome of the trial, so please do not try to substitute concepts here. The Secretary did not answer whether or not he had met TANG King-shing, and whether TANG King-shing had offered his apology in private. Will the Secretary offer his own apology?*

PRESIDENT (in Cantonese): Mr LEUNG, please sit down. Secretary, do you have anything to add?

SECRETARY FOR SECURITY (in Cantonese): President, I have nothing to add, but I have already said that the Commissioner of Police and I feel very regrettable about this incident.

MR LEUNG KWOK-HUNG (in Cantonese): *I think this is the most shameless of all.*

PRESIDENT (in Cantonese): This Council has already spent more than 20 minutes on this question. Since the Secretary has spent quite a long time on the main reply, I will allow one more Member to raise the last supplementary question.

MR ALBERT HO (in Cantonese): *President, we can see from the figures provided by the Secretary that the number of these so-called independent observers was rather small and yet, we still consider that they are unable to bring into full play their that is, I think I have reason to believe that they are unable bring their function into full play, in particular, as there are so many cases are involved, and many of the cases have caused a huge stir. With regard to the Observers Scheme, what mechanism can be put in place to ensure that when the observers found a problem, they can fully reflect such a problem before or after the investigation, with a view to correcting these deficiencies? Will there be a mechanism within the existing and future IPCC to deal with such queries in future?*

SECRETARY FOR SECURITY (in Cantonese): President, as I said in reply to Dr Margaret NG's supplementary, in the transition from the existing IPCC to the future IPCC, this is the work to be carried out in these several months, including how the Observers Scheme could be improved and what procedures and forms could be adopted by observers when they furnish the report upon completion of observation. In this context, directions will not be given by the Security Bureau, but by the IPCC, which will study ways to improve the future Observers Scheme, and ways to facilitate the future IPCC to accomplish their duties.

MR ALBERT HO (in Cantonese): *President, under the existing system of the IPCC, if an observer finds a problem, will his view be fully reflected and dealt with?*

SECRETARY FOR SECURITY (in Cantonese): President, if an observer finds any problem, he will submit a report to the IPCC, and the IPCC will look into whether any inequity or problem is involved when the police was conducting investigation or interviews.

PRESIDENT (in Cantonese): Oral question time ends here.

WRITTEN ANSWERS TO QUESTIONS

Procurement of Third Party Risks Insurance by Owners' Corporations

7. **MR ALBERT HO** (in Chinese): *President, section 28 of the Building Management Ordinance (BMO) (Cap. 344) stipulates that the owners' corporation (OC) of a building shall procure third party risks insurance in relation to the common parts of the building and the property of the OC. Since there are still 1 300 buildings with OCs which have not yet procured third party risks insurance, the Government has recently proposed that the commencement date for the section be deferred by two years to 1 January 2011. In this connection, will the Government inform this Council whether:*

- (a) *it knows, among the aforesaid buildings which have not yet procured third party risks insurance:*
 - (i) *the number of old single-block buildings which require completion of building maintenance works before third party risks insurance can be procured, with a breakdown of the number of buildings in each District Council district by the number of flats (20 or below, 21 to 50, 51 to 150 and 151 or above) in such buildings;*
 - (ii) *the number of buildings the OCs of which have attempted to approach insurance companies for procuring third party risks insurance, and the number of such OCs which have approached three or more insurance companies; and*

- (iii) *the number of buildings the OC management committees (MCs) of which are required to fill vacancies in their membership before meetings can be convened to discuss the procurement of insurance matters;*
- (b) *it has studied if the proposal to group together certain old single-block buildings in close proximity with comparatively small numbers of flats to carry out building maintenance works and procure third party risks insurance is feasible; if so, of the results of the study; if not, the reasons for that; and*
- (c) *it will relax the existing eligibility criteria for loans and grants under various building maintenance schemes, including relaxing the restrictions under the income and asset tests, offering interest-free loans and increasing the amounts of loans and grants, so as to encourage OCs to maintain their buildings and reducing difficulties in procuring third party risks insurance; if so, of the relevant details; if not, the reasons for that?*

SECRETARY FOR HOME AFFAIRS (in Chinese): President, procurement of third party risks insurance by OCs can protect the interests of owners and the third party in the event of accidents. Section 28 of the BMO stipulates that the OC of a building shall procure third party risks insurance in relation to the common parts of the building and the property of the OC. After consulting the Panel on Home Affairs in December 2008, we propose to implement the relevant legislation on 1 January 2011 to allow sufficient time for OCs to make preparation. My reply to Mr HO's question is as follows.

- (a) Among the buildings which have formed OCs but not yet procured third party risks insurance, about 1 200 are single-block buildings. Most of them are located in the five districts with a higher concentration of old single-block buildings, that is, Yau Tsim Mong District, Central and Western District, Kowloon City District, Sham Shui Po District and Wan Chai District. The breakdown is set out below.

<i>District</i>	<i>Number of single-block buildings</i>				
	<i>≤20</i>	<i>21-50</i>	<i>51-150</i>	<i>≥151</i>	<i>Total</i>
Yau Tsim Mong	159	62	18	2	241
Central and Western	177	28	8	1	214
Kowloon City	87	60	11	2	160
Sham Shui Po	78	63	11	1	153
Wan Chai	71	23	2	0	96

Note: The other districts have fewer single-block buildings, and detailed breakdown by number of flats is not available.

While we do not have the statistics on the breakdown of the reasons for OCs not having procured third party risks insurance, our experience shows that these reasons include: some OCs do not fully understand the benefits of procuring insurance and hence are not eager to do so; some OCs are not active and hence have not convened MC meetings to discuss the procurement of insurance; some OCs may need to fill up vacancies in their MCs first; and some cases involve building maintenance works.

The reasons for an OC having not yet procured third party risks insurance differ from case to case. Moreover, non-procurement is often not attributed to one single reason. Hence, we will adopt a targeted approach to encourage and assist OCs to procure insurance. We will contact individual OCs to understand their specific circumstances, and provide them with a full range of assistance which best suit their needs. These include promoting the importance of third party risks insurance among owners, assisting OCs to convene MC or OC meetings, and introducing to owners the various building maintenance grant and loan schemes offered by the Buildings Department (BD), the Hong Kong Housing Society (HKHS) and the Urban Renewal Authority (URA).

- (b) The BMO provides for the procedural requirements for a building to carry out maintenance works, such as invitation to tender and convening owners' meetings. According to section 28 of the BMO, an OC shall procure third party risks insurance in relation to the common parts of the building and the property of the OC and shall

ensure that the relevant insurance policy meets the requirements set out in the Building Management (Third Party Risks Insurance) Regulation. For example, the policy is required to provide the insured OC with insurance of not less than \$10 million in respect of any prescribed liability that is incurred in respect of the death and bodily injury of a third party arising out of one event. We will endeavour to assist OCs to carry out maintenance works and procure third party risks insurance in a cost-effective manner, provided that the above requirements are met.

- (c) To encourage and assist owners and OCs to repair and maintain their buildings and procure third party risks insurance, the BD, the HKHS and the URA offer a number of building maintenance grant and loan schemes to provide financial and technical support to owners and OCs. For example, under the Building Maintenance Incentive Scheme of the HKHS and the Building Rehabilitation Materials Incentive Scheme of the URA, an OC may in general apply for a subsidy of 20% of the total project cost or up to \$3,000 per eligible unit. Upon completion of the maintenance works, the OC may apply for an annual subsidy of up to \$6,000 or 50% of the annual premium for third party risks insurance for a period of not more than three years.

To further encourage owners of old buildings to carry out comprehensive maintenance works for the buildings, the HKHS relaxed the eligibility criteria of its Building Maintenance Incentive Scheme in November 2007 and September 2008 respectively. These measures include:

- (i) raising the upper limit of the number of residential units in an eligible building from 200 to 400;
- (ii) increasing the subsidy for small buildings with 20 flats or less to 30% of the total project cost, subject to a ceiling of \$150,000. For buildings with more than 20 but fewer than 50 flats, a subsidy of 20% of the total project cost or \$150,000 at maximum will also be available; and

- (iii) relaxing the restrictions on the rental values of the relevant properties, so that the number of residential units that are eligible for the Scheme will increase to 623 000. This amounts to some 81% of the buildings aged over 20.

From April 2009 onwards, the URA will also implement the measures on enhanced subsidies as mentioned in item (b) above under its Building Rehabilitation Materials Incentive Scheme.

In addition, the BD adjusts the income and asset limits of the low income category persons defined under its Comprehensive Building Safety Improvement Loan Scheme every year, taking into account the adjustments for the monthly income limits for singleton and family applicants of the Public Rental Housing Waiting List of the Hong Kong Housing Authority, as well as the monthly income and/or asset limits for the Comprehensive Social Security Assistance Scheme and the Normal Old Age Allowance (NOAA) of the Social Welfare Department, so that owners with financial difficulties can apply for interest-free loans. The latest adjustment was completed in April 2008.

In line with the policy objective of care for the elderly, the Government launched the \$1 billion "Building Maintenance Grant Scheme for Elderly Owners" in May 2008 to help elderly owner-occupiers in need to repair and maintain their self-occupied properties and to improve building safety. The Scheme targets elderly owner-occupiers aged 60 or above. Each eligible elderly owner-occupier may receive a maximum grant of \$40,000 within a period of five years. The grant can also be used to repay the loan(s) of the applicants with the BD, the URA or the HKHS in relation to building maintenance. The income and asset limits of the Scheme adopt the NOAA's limits as the general basis. In respect of assets, as most needy elderly have little recurrent income and they tend to rely heavily on their savings as their means of livelihood, we have adopted a more generous level of asset limit (that is, doubling the asset limit of the NOAA) for the Scheme. The asset limit does not include the value of the self-occupied flat of the elderly

owner-occupiers under application. Should there be any adjustments to the income and asset limits for the NOAA, the limits of the Scheme will also be adjusted correspondingly.

Government's One-off Injection into Accounts of Members of MPF Schemes and Occupational Retirement Schemes

8. **MR LEUNG YIU-CHUNG** (in Chinese): *President, to enhance its commitment to the retirement protection for lower-income working people, the Government will commence a one-off injection of \$6,000 into the accounts of members of the Mandatory Provident Fund (MPF) Schemes and MPF-exempted Occupational Retirement Schemes (ORSO schemes) (that is, Provident Fund Schemes) within the current fiscal year. As there have been comments that given the currently volatile financial market, such injection may result in investment loss, will the Government inform this Council whether it will reconsider giving cash directly to the relevant persons instead of making injection into the accounts of members of MPF Schemes and Provident Fund Schemes, in order to relieve their stress of living under inflation at present; if not, of the reasons for that?*

SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY (in Chinese): President, the objective of injecting \$6,000 into the MPF accounts of eligible persons is to enhance the retirement protection for the lower-income MPF Scheme members and ORSO schemes members. To implement this policy objective, the Administration briefed Members of the Legislative Council Panel on Financial Affairs at its meeting on 5 May 2008 and Members of the Bills Committee on the Mandatory Provident Fund Schemes (Amendment) Bill 2008 (the Bill) subsequently on the eligibility criteria for the injection project. The Administration also submitted information papers to the Bills Committee to explain in detail the practical application of the relevant criteria. The Legislative Council passed the Bill on 10 July 2008, providing a legal framework for injecting funds into the MPF accounts of eligible persons through the existing MPF system. The Bill has provided that the funds injected are equivalent to mandatory contributions which will be deposited into the relevant MPF accounts until withdrawal upon the retirement of an eligible person.

The Administration plans to seek approval of the Legislative Council Finance Committee for the required funding in February 2009 so as to commence injection into the accounts of eligible persons within the 2008-2009 financial year. The purpose of the MPF System is to achieve capital gain within a relatively long investment period and therefore the injection arrangements should not be affected by the fluctuations of the financial market during a specific period.

In addition to the above arrangements to inject funds into MPF accounts, the 2008-2009 Budget has also included a number of other relief measures that would help alleviate the economic hardship of the lower-income group. These measures include electricity charge subsidy, paying one month's rent for lower income families living in the rental units of the Hong Kong Housing Authority and the Hong Kong Housing Society, relaxing the eligibility criteria and requirements of the pilot transport support scheme, as well as providing additional Comprehensive Social Security Assistance, Disability Allowance and Old Age Allowance. We believe that the above measures can benefit people with different needs in the society.

As in the past, in formulating the budget measures for the coming year, the Government will take full account of the views of the public and the socio-economic development needs of Hong Kong as a whole.

Refusal to Offer Property Mortgage Loans by Banks

9. **DR PRISCILLA LEUNG** (in Chinese): *President, I have recently received complaints from quite a number of real estate agents who pointed out that since the latter half of last year, due to the deteriorating economic outlook amid the financial tsunami and the plunge in property prices, banks have tightened the criteria for vetting and approving applications for property mortgage loans and refused in different ways to offer loans (such as deliberately underestimating the property value). In this connection, will the Government inform this Council whether:*

- (a) *it knows the number of cases in the past six months of banks refusing to offer mortgage loans to prospective buyers of first-hand or*

second-hand residential properties, as well as their reasons for refusing to offer loans;

- (b) it knows the respective numbers of cases in the past six months of residential property buyers being refused, after signing the Official Agreements for Sale and Purchase, to be offered mortgage loans by individual banks, such buyers having to defer the date for completing the transaction as they had yet to secure a mortgage loan, as well as buyers having their deposits ultimately forfeited due to failure to secure a mortgage loan;*
- (c) the Hong Kong Monetary Authority (HKMA) presently has any mechanism in place to handle complaints lodged by the public about banks deliberately refusing to offer property mortgage loans; if so, of the details; if not, the reasons for that; and*
- (d) it has assessed the impact of the banks tightening the criteria for vetting and approving property mortgage applications on the estate agency trade; if so, whether it has measures in place to assist real estate agents; if not, the reasons for that?*

SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY (in Chinese): President, the current global financial crisis has had an impact on the local property markets. In such an uncertain environment, it is understandable that authorized institutions (AIs) have become more cautious in their mortgage lending.

Ultimately the question of whether or not to provide mortgage loans to customers is a commercial decision for individual AIs, and the Administration is not in a position to interfere with such commercial decisions. However, in order to encourage AIs to continue lending and performing their vital financial intermediation role despite the current economic situation, the HKMA has introduced a series of measures including, among other things, the injection of ample liquidity into the banking system and the provision of full deposit guarantee¹. The Hong Kong Mortgage Corporation has also lowered the

¹ The guarantee covers all protected deposits as defined in the Deposit Protection Scheme Ordinance (Cap. 581), were the Ordinance to apply to all AIs.

threshold loan-to-value (LTV) ratio at which it offers mortgage insurance from 70% to 60% (subject to a total LTV ratio of 90%).

The HKMA, together with the Estate Agents Authority (EAA), had a meeting on 17 December 2008 with a group of six estate agents' associations to discuss their concerns about banks' practices in relation to mortgage loans. Subsequent to that meeting, the HKMA and the EAA jointly organized a further meeting involving the representatives of the banking industry and the six trade associations on 7 January 2009. At that meeting, the trade associations made suggestions on how banks might improve their mortgage services (for example, introducing service commitments on the time required for approval of mortgage loans and the provision of a mortgage pre-approval service). The representatives of banking industry present at the meeting agreed to consider these suggestions and implement them where appropriate. The HKMA and the EAA will continue to assist in communication between the banking industry and the estate agents' associations.

The Administration's detailed responses to the questions are set out below:

(a) and (b)

The HKMA does not have the statistics requested under questions (a) and (b). The HKMA has been in discussion with major banks on their mortgage lending activities recently. These banks have indicated that they have continued to provide mortgage services. They have not changed their approval criteria (such as LTV ratio and debt-to-income ratio) in relation to mortgages for residential properties generally. However, some banks have tightened the financing criteria for luxury properties. Some have also adopted more prudent practices in assessing borrowers' repayment capability (for example, by excluding commissions and bonuses on the ground that these are unstable sources of income). These adjustments in lending practices do not appear unreasonable under the current economic situation.

(c) The HKMA has a dedicated unit to handle complaints against AIs. The focus is to ensure that AIs handle their customers' complaints in

a fair and efficient manner. The HKMA follows up complaints which raise issues of supervisory concern, such as breaches of the Code of Banking Practice or other guidelines or regulations issued by the HKMA or other relevant authorities. However, it will not be involved generally in the commercial decisions of individual AIs.

- (d) Given the impact of the current local economic and property market conditions on the estate agency sector, the EAA has agreed to waive six month's licence fees for all types of licences involving about \$24.3 million under the Estate Agents Ordinance on a one-off basis, with a view to helping the estate agent sector tide over the difficult time. The licence fee concessions are expected to be implemented in the second quarter of 2009.

Import and Export Declaration Charges

10. **MS MIRIAM LAU** (in Chinese): *President, under the Import and Export (Registration) Regulations (Cap. 60 sub. leg. E), every person who imports or exports any article, other than an exempted article, is required to make an import/export declaration and pay a declaration charge in respect of the article. Presently, for non-food items, the declaration charge for the imports and exports is 50 cents for the first \$46,000 of the value of goods declared and 25 cents for each additional \$1,000 or part thereof and rounded up to the nearest 10 cents. In this connection, will the Government inform this Council:*

- (a) *of the total amount of declaration charges collected last year, and the administrative, manpower and other expenses thus incurred;*
- (b) *what criteria were used by the Government to determine the calculation method and levels of the declaration charges; whether it has compared such calculation method and charge levels with those of other customs duty territories; if so, of the results; if not, the reasons for that; and whether it will consider making such a comparison;*
- (c) *whether it will review how the calculation method of the declaration charges may be simplified, for example, standardizing the declaration charges regardless of the value of the goods; and*

- (d) *given that Hong Kong's freight industry is facing stiff competition from other regions, whether it will consider lowering the declaration charges and exempting re-export goods from import declaration charges, so as to enhance the competitiveness of Hong Kong's freight industry?*

SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT (in Chinese): President,

- (a) In the 2007-2008 financial year, the declaration charges collected by the Government amounted to about \$1.279 billion while the administrative and manpower expenses, and so on, incurred by the Census and Statistics Department and the Customs and Excise Department in collecting and processing trade declaration forms was about \$121 million.
- (b) As far as we know, major economies such as the United States, the United Kingdom and the mainland China do not collect trade declaration charges. Nevertheless, they generally impose import tariffs.
- (c) and (d)

Since the introduction of trade declaration charges in 1966, the Government has reviewed and adjusted their calculation method and levels several times. Currently, we do not have any plans to change the calculation method or levels of trade declaration charges and their scope of exemption, but we will review them if the situation so warrants.

Assistance to Hong Kong People who Used to Work Outside Hong Kong upon Their Return

11. **DR RAYMOND HO** (in Chinese): *President, as the financial tsunami has caused global economic downturn, quite a number of Hong Kong residents who used to work outside the territory have recently returned one after another to reside in Hong Kong because they had lost their jobs. In this connection, will the Government inform this Council:*

- (a) *of the number, at the end of each of the past three years, of Hong Kong residents who worked outside Hong Kong;*
- (b) *of the impact of these people returning to reside in Hong Kong on the territory's employment and unemployment statistics in recent months;*
- (c) *whether it will assess the number of such people returning to reside in Hong Kong in the coming two years as well as the impact of their return on both the local labour market and the demand for public services, so as to formulate corresponding measures; and*
- (d) *whether the authorities will focus on the special needs (such as short-term accommodation, admission of their children to school and employment) of such people and offer them assistance?*

SECRETARY FOR LABOUR AND WELFARE (in Chinese): President,

(a) and (b)

According to the results of the General Household Survey conducted by the Census and Statistics Department, there were some 125 800, 126 400 and 124 000 "Hong Kong residents working outside Hong Kong" in 2005, 2006 and 2007 respectively. The corresponding figure for 2008 is still being compiled.

As background information, the current size of total labour force in Hong Kong is 3.65 million (as at second quarter of 2008).

"Hong Kong residents working outside Hong Kong" refer to persons in the Hong Kong Resident Population¹ with usual place of work outside Hong Kong. However, persons who resided in Hong Kong for less than one month during the six months before and after the reference time-point are not included in the Hong Kong Resident Population, hence they are not covered in the above figures of "Hong Kong residents working outside Hong Kong" either.

As the General Household Survey does not identify persons who were previously working outside Hong Kong, and returned to Hong Kong solely because of loss of jobs, there are no separate statistics for the number of such persons.

(c) and (d)

As mentioned above, since the General Household Survey does not separately identify statistics for the number of persons who were previously working outside Hong Kong and returned to Hong Kong solely because of loss of jobs, there is no basis for us to make any projection or assessment in a scientific manner.

Notwithstanding this, we believe that the current public services available should be able to address the demand of those in need of short-term accommodation, education for their children and employment-related support services. These respective public services include:

(i) *Short-term accommodation*

Any members of the public who have pressing housing needs because of economic hardship or various reasons and could not resolve such needs by themselves or their families may

¹ The "Hong Kong Resident Population" includes both "Usual Residents" and "Mobile Residents". "Usual Residents" include two categories of people: (1) Hong Kong Permanent Residents who have stayed in Hong Kong for at least three months during the six months before or for at least three months during the six months after the reference time-point, regardless of whether they are in Hong Kong or not at the reference time-point; and (2) Hong Kong Non-permanent Residents who are in Hong Kong at the reference time-point. As for "Mobile Residents", they are Hong Kong Permanent Residents who have stayed in Hong Kong for at least one month but less than three months during the six months before or for at least one month but less than three months during the six months after the reference time-point, regardless of whether they are in Hong Kong or not at the reference time-point.

approach the Integrated Family Service Centres of the Social Welfare Department/non-governmental organizations for assistance. Social workers will consider the resources available to the persons concerned and provide appropriate assistance in light of the needs and special circumstances of individual cases. The assistance may include, for example, short-term financial assistance to meet rental and removal expenses, referrals for applications for Comprehensive Social Security Assistance, arrangements for admission to urban hostels for single persons, making recommendations to the Housing Department for consideration of allocation of public rental housing flats under the Compassionate Rehousing scheme, and so on.

(ii) *Education for children*

The Education Bureau (EDB) will offer adequate education and support services to the newly arrived children (NAC), including returnees from overseas, to help them integrate into local schools and cope with learning difficulties as early as possible. The main support services include the Full-time Initiation Programme, Induction Programme, School-based Support Scheme Grant, and so on. As for schooling, the Regional Education Offices of EDB will provide school placement service to NAC and make referrals to schools. Where appropriate, arrangements will also be made for them to enrol in the Initiation Programme or Induction Programme.

(iii) *Employment-related support services*

On employment, the Government at present provides multifarious support services to help the unemployed and people of different backgrounds enter or re-enter the job market.

For instance, eligible local residents may apply for training and retraining courses offered by the Employees Retraining Board according to their interests and needs so as to acquire new or enhanced skills for adjustment to changes in the economic environment.

Also, the Labour Department provides a full range of employment services to Hong Kong people, including residents who returned from overseas, through its 12 Job Centres, the Telephone Employment Service Centre and the Interactive Employment Service website. Job seekers who are in need of more personalized and intensive employment service may join the Job Matching Programme under which placement officers will help them evaluate whether their academic qualifications, job skills and work experience match the requirements of the employment market, and assist them to look for suitable jobs. Job seekers will also be referred to attend suitable training courses where necessary to enhance their employability.

Civil Service Provident Fund Scheme

12. **MS LI FUNG-YING** (in Chinese): *President, regarding the impact of the financial tsunami on the Civil Service Provident Fund (CSPF) Scheme, will the Government inform this Council:*

- (a) *of the rates of return on investment of various funds under the CSPF Scheme in the past 12 months; and*
- (b) *as it has been reported that since December last year, the Hospital Authority has provided its staff the option of withholding the withdrawal of their provident funds upon retirement or leaving the service and keeping their provident fund accounts for a maximum period of five years in the hope that better returns may be gained in the future, whether the Government has plans to provide similar options for civil servants; if it has, of the details of such plans; if not, the reasons for that?*

SECRETARY FOR THE CIVIL SERVICE (in Chinese): President, by way of background:

The CSPF Scheme is set up by the Government as the retirement benefit system for civil servants recruited on or after 1 June 2000 and appointed on new

permanent terms. Under the CSPF, there are three approved master trust schemes (MTSs) selected by the Government from time to time to provide services to CSPF members. The three MTSs are mandatory provident fund (MPF) schemes set up and approved under the Mandatory Provident Fund Schemes Ordinance (MPFSO) (Cap. 485). Each MTS has its own governing rules and constituent funds and each constituent fund (CF) has its own investment policy in accordance with the provisions of the MPFSO. Each of the existing three MTSs offers seven or ten CFs which can broadly be classified into six types having regard to the level of risk of investment. Individual CSPF members can choose to join one of the three MTSs, and to choose from the different types of CFs in their respective MTS or make changes to their choices of CFs within the same MTS according to the arrangements stipulated under the relevant MTS; or change from one MTS to another. The investment return for an individual CSPF member depends on his/her investment decisions at different point of time.

Referring to part (a) of the question, the six broad types of CFs available to CSPF members are Capital Preservation Fund, Money Market Fund, Guaranteed Fund, Bond Fund, Mixed Assets Fund and Equity Fund. The investment return rate of each CF depends on the fund's investment objectives and instruments, and the markets in which it is invested. The performance of the CFs of the three MTSs joined by CSPF members is generally in line with the performance trend of the same type of MPF funds. The performance, calculated on the basis of net asset value over the past 12 months (ended 31 December 2008), ranges from 4% (Guaranteed Fund) to -52% (Equity Fund). The performance of the different types of CF is at Annex.

Referring to part (b) of the question, the Hospital Authority Provident Fund Scheme (HAPFS) is a defined contribution scheme registered under the Occupational Retirement Schemes Ordinance (ORSO) (Cap. 426). It operates according to the Trust Deed and Rules of the Scheme and provides benefits to the employees of the Hospital Authority (HA). Before 1 December 2008, a HAPFS member normally had to cease his/her membership on the date that his/her employment with the HA ceased. To allow members of the HAPFS to have greater flexibility, the Trustees of the HAPFS and the HA have introduced an enhancement initiative with effect from 1 December 2008, which allows HAPFS members to remain in the Scheme for a period of up to five years from the date of cessation of employment with the HA if they wish and to redeem their benefits any time within the five-year extension period. The introduction of this initiative is provided for by the Trust Deed and the Rules of the HAPFS.

Although the HAPFS and the CSPF are both retirement schemes set up for employees, they are different in that the HAPFS is operated under the ORSO while the CSPF is operated under the MPFSO; and the operations of ORSO and MPF schemes are different. For example, under the MPFSO which governs the MTS under the CSPF, accrued benefits derived from mandatory contributions can only be claimed for payment when members reach the age of 65 (except for early retirement at the age 60 or under special circumstances such as permanent departure from Hong Kong, death or permanent incapacity). For ORSO scheme such as the HAPFS, accrued benefits are claim for payment (unless otherwise provided) when members leave the service of the participating employer.

As the CSPF is provided for civil servants recruited on or after 1 June 2000, most of the CSPF members are at a relatively young age, and so there will be a long investment period before they are eligible to withdraw accrued benefits derived from mandatory contributions. Moreover, according to the governing rules of the MTSs, CSPF members, when becoming eligible to claim accrued benefits upon retirement or termination of service, can choose to become a preserved account-holder of the concerned MTS and retain such accrued benefits in the MTS. Their investment return will only be realized when they eventually withdraw their benefits at a time chosen by them. In view of this, there is no need for the Government to provide an option to CSPF members similar to the five-year extension period available to HAPFS members.

Annex

Performance of Broad Groupings of Constituent Funds under CSPF Scheme¹

<i>Broad groupings of Constituent Funds²</i>		<i>Risk Level</i>	<i>Investment Instrument</i>	<i>Performance in 2008</i>
1.	Capital Preservation Fund	Low	Short-term bank deposit and short-term high quality debt securities	0.09% to 2.07%
2.	Guaranteed Fund	Low	Short-term interest bearing money market instruments, bonds and equities	0.25 % to 4% ³
3.	Money Market Fund	Low	Short-term interest bearing money market instruments such as short-term bank deposits, government bills or commercial papers	0.27%

<i>Broad groupings of Constituent Funds²</i>		<i>Risk Level</i>	<i>Investment Instrument</i>	<i>Performance in 2008</i>
4.	Bond Fund	Low to medium	Bonds	3.71%
5.	Mixed Assets Fund	Medium to high	Bonds and equities	-9.89% to -34.29%
6.	Equity Fund	High	Equities	-31.25% to -52.05%

Notes:

- 1 The performance is calculated on the basis of net asset value over the past 12 months (ended 31 December 2008).
- 2 The number of CF in each grouping is: Capital Preservation Fund: 3; Guaranteed Fund: 2; Money Market Fund: 1; Bond Fund: 1; Mixed Assets Fund: 6; Equity Fund: 14.
- 3 The quoted return rates are for members who meet the guarantee condition and are eligible to enjoy the stated guaranteed return rate when leaving the service upon retirement or termination of service. Where the guarantee condition is not met, for example, a member deciding to switch fund, the return rate in the past year is -6.65% to 0%.

Public Toilets at Camp Sites and Barbecue Areas

13. **MR ALBERT CHAN** (in Chinese): *President, some members of the public have recently relayed to me that the number of public toilets at the camp sites and barbecue areas within the country parks is inadequate, and most of the toilets in such places do not have baby-sitting rooms and water closet cubicles for the disabled, which cause inconvenience to those in need. In this connection, will the Government inform this Council:*

- (a) *of the following details of each of the camp sites and barbecue areas with public toilets:*

<i>Name of the camp site/barbecue area</i>	<i>Name of the country park at which such camp site/barbecue area is located</i>	<i>Aqua privy or flushing toilet</i>	<i>Number of water closet cubicles for the male</i>	<i>Number of water closet cubicles for the female</i>	<i>Number of water closet cubicles for the disabled</i>	<i>Number of baby-sitting rooms</i>

- (b) *of the names of the camp sites and barbecue areas without public toilets, as well as the names of country parks within which such camp sites or barbecue areas are located; and*

- (c) *whether it will increase the number of public toilets and water closet cubicles (especially the ones for the disabled) as well as install baby-sitting rooms at the above locations; if so, of the details; if not, the reasons for that?*

SECRETARY FOR THE ENVIRONMENT (in Chinese): President, when deciding on the type and size of toilets to be built, the number of cubicles to be provided, and whether closet cubicles for the disabled should be provided, the Agriculture, Fisheries and Conservation Department (AFCD) takes into consideration a number of factors, namely the location of the barbecue areas and camp sites, the number of visitors, visitors' needs, topography, and impact to the natural environment and catchments area of reservoirs. My reply to the three parts of the question is as follows:

- (a) Information about toilets in camp sites and barbecue areas within country parks are at Annexes 1 and 2 respectively.
- (b) There are toilet facilities at all camp sites and barbecue areas or in their vicinity.
- (c) The AFCD would assess visitors' needs, the number of cubicles and the number of closet cubicles for the disabled in existing camp sites and barbecue areas within country parks, in reviewing whether to increase the number of toilets, build flushing type toilets or provide more closet cubicles for the disabled. The AFCD can only provide mobile or dry toilets to certain locations owing to their remoteness, low utilization rate, and the lack of public sewerage system or power/water supply.

As the AFCD has received few requests for using facilities in relation to baby-sitting rooms in country parks, therefore the existing toilets in country parks do not have such facilities. Providing baby-sitting rooms in existing toilets will occupy the space and reduce the number of cubicles in the toilets. Therefore, the AFCD will not consider retrofitting existing toilets with baby-sitting rooms at the moment.

Annex 1

<i>Name of Camp Site</i>	<i>Name of the country park at which such camp site is located</i>	<i>Type of Toilet (Flushing/ Mobile⁺/ Dry⁺)</i>	<i>No. of cubicles (male)</i>	<i>No. of cubicles (female)</i>	<i>No. of cubicles (disabled)</i>	<i>No. of baby-sitting room</i>
Nga Ying Kok Camp Site	Lantau North Country Park	Dry	1		0	0
Kau Ling Chung Camp Site	Lantau South Country Park	Dry	1		0	0
Lo Kei Wan Camp Site	Lantau South Country Park	Dry	1		0	0
Man Cheung Po Camp Site	Lantau South Country Park	Dry	1		0	0
Nam Shan Camp Site	Lantau South Country Park	Flushing	2	3	1	0
Ngong Ping Camp Site (Lantau)	Lantau South Country Park	Flushing [#]	2	3	0	0
Pak Fu Tin Camp Site	Lantau South Country Park	Dry	1		0	0
Shap Long Camp Site	Lantau South Country Park	Dry	1		0	0
Shek Lam Chau Camp Site	Lantau South Country Park	Dry	1		0	0
Tai Long Wan Camp Site	Lantau South Country Park	Dry	1		0	0
Tsin Yue Wan Camp Site	Lantau South Country Park	Dry	1		0	0
Ngong Ping Camp Site (Ma On Shan)	Ma On Shan Country Park	Dry	1		0	0
Shui Long Wo Camp Site	Ma On Shan Country Park	Dry	4		0	0
Chung Pui Camp Site*	Pat Sin Leng Country Park	Flushing	7	9	1	0
Hok Tau Camp Site	Pat Sin Leng Country Park	Flushing	2	3	0	0
Lau Shui Heung Camp Site	Pat Sin Leng Country Park	Mobile	1		0	0
Tung Ping Chau Camp Site*	Plover Cove (Extension) Country Park	Dry	1		0	0
Sam A Chung Camp Site	Plover Cove Country Park	Dry	1		0	0
Long Ke Wan Camp Site	Sai Kung East Country Park	Dry	1		0	0
Luk Wu Camp Site	Sai Kung East Country Park	Dry	1		0	0
Pak Lap Camp Site	Sai Kung East Country Park	Dry	1		0	0
Pak Tam Au Camp Site	Sai Kung East Country Park	Dry	1		0	0
Po Kwu Wan Camp Site	Sai Kung East Country Park	Dry	1		0	0
Sai Wan Camp Site	Sai Kung East Country Park	Flushing [#]	2	2	0	0
Wong Shek Camp Site*	Sai Kung East Country Park	Flushing	2	6	1	0
Yuen Ng Fan Camp Site	Sai Kung East Country Park	Dry	1		0	0
Cheung Sheung Camp Site	Sai Kung West Country Park	Dry	1		0	0
Tai Tan Camp Site*	Sai Kung West Country Park	Flushing	2	5	2	0
Hau Tong Kai Camp Site*	Sai Kung West Country Park	Flushing	2	4	1	0
Yee Ting Camp Site	Sai Kung West Country Park	Dry	1		0	0
Wan Tsai Peninsula West Camp Site	Sai Kung West Country Park (Wan Tsai Extension)	Flushing	9	9	2	0

<i>Name of Camp Site</i>	<i>Name of the country park at which such camp site is located</i>	<i>Type of Toilet (Flushing/Mobile⁺/Dry⁺)</i>	<i>No. of cubicles (male)</i>	<i>No. of cubicles (female)</i>	<i>No. of cubicles (disabled)</i>	<i>No. of baby-sitting room</i>
Wan Tsai Peninsula South Camp Site	Sai Kung West Country Park (Wan Tsai Extension)	Flushing	5	9	2	0
Lead Mine Pass Camp Site	Shing Mun Country Park	Flushing	2	3	1	0
Ho Pui Camp Site	Tai Lam Country Park	Mobile	2		0	0
Tin Fu Tsai Camp Site	Tai Lam Country Park	Dry	1		0	0
Twisk Camp Site	Tai Lam Country Park	Dry	2		0	0
Rotary Club Park Camp Site*	Tai Mo Shan Country Park	Flushing	7	9	1	0
Tung Lung Chau Camp Site*	Tung Lung Chau Special Area	Dry	3		0	0

Notes:

- * Share the same toilet facility with the camp site under the same name
- + mobile and dry toilets do not have separate cubicles for male and female users
- # provided by Food and Environmental Hygiene Department

Annex 2

<i>Name of BBQ Area</i>	<i>Name of the country park/ special area at which such barbecue area is located</i>	<i>Type of Toilet (Flushing/Mobile⁺/Dry⁺)</i>	<i>No. of cubicles (male)</i>	<i>No. of cubicles (female)</i>	<i>No. of cubicles (disabled)</i>	<i>No. of baby-sitting room</i>
Aberdeen P.H.A.B. Barbecue Area/Aberdeen Reservoir Barbecue Area	Aberdeen Country Park	Flushing	3	3	3	0
Lung Ha Wan Barbecue Area	Clear Water Bay Country Park	Dry [#]	3	3	0	0
Tai Hang Tun Barbecue Area	Clear Water Bay Country Park	Flushing	2	5	1	0
		Flushing	2	5	2	0
Kowloon Reservoir Barbecue Area	Kam Shan Country Park	Mobile	1		0	0
Ma Tsz Keng Barbecue Area	Kam Shan Country Park	Mobile	1		0	0
Shek Lei Pui Barbecue Area	Kam Shan Country Park	Flushing	2	4	1	0
		Mobile	1		0	0
Nam Shan Barbecue Area	Lantau South & Lantau North Country Park	Flushing	3	4	1	0
Cheung Sha Barbecue Area	Lantau South Country Park	Mobile	3		0	0
Pak Fu Tin Barbecue Area	Lantau South Country Park	Dry	1		0	0

<i>Name of BBQ Area</i>	<i>Name of the country park/ special area at which such barbecue area is located</i>	<i>Type of Toilet (Flushing/ Mobile⁺/ Dry⁺)</i>	<i>No. of cubicles (male)</i>	<i>No. of cubicles (female)</i>	<i>No. of cubicles (disabled)</i>	<i>No. of baby-sitting room</i>
San Shek Wan Barbecue Area	Lantau South Country Park	Dry	1		0	0
Shui Hau Barbecue Area	Lantau South Country Park	Flushing [#]	1	2	0	0
Shek Pik Barbecue Area	Lantau South Country Park	Flushing [#]	2	4	1	0
Tong Fuk Barbecue Area	Lantau South Country Park	Flushing [#]	1	2	0	0
Tung Chung Au Barbecue Area	Lantau South Country Park	Mobile	2		0	0
Hung Mui Kuk Barbecue Area	Lion Rock Country Park	Flushing	2	4	0	0
Lung Fu Shan Barbecue Area	Lung Fu Shan Country Park	Flushing	2	2	0	0
Ma On Shan Barbecue Area	Ma On Shan Country Park	Flushing	3	4	1	0
Nai Chung Barbecue Area	Ma On Shan Country Park	Flushing	2	4	2	0
Sha Tin Pass Barbecue Area	Ma On Shan Country Park	Dry [#]	2	3	0	0
Chung Pui Barbecue Area*	Pat Sin Leng Country Park	Flushing	7	9	1	0
Hok Tau Barbecue Area	Pat Sin Leng Country Park	Flushing	2	4	1	0
Lau Shui Heung Barbecue Area	Pat Sin Leng Country Park	Flushing	2	4	1	0
Bride's Pool Road Barbecue Area — Chung Mei Section	Plover Cove & Pat Sin Leng Country Park	Mobile	4		0	0
Bride's Pool Road Barbecue Area — Bride's Pool Section	Plover Cove & Pat Sin Leng Country Park	Flushing	2	4	1	0
		Mobile	3		0	0
Bride's Pool Road Barbecue Area — Wu Kau Tang and Kong Ha Au Section	Plover Cove & Pat Sin Leng Country Park	Flushing	2	2	1	0
Fung Hang Barbecue Area	Plover Cove Country Park	Mobile [#]	1		1	0
Ham Hang Mei Barbecue Area	Plover Cove Country Park	Mobile	2		0	0
Tai Mei Tuk Barbecue Area	Plover Cove Country Park	Flushing	7	9	1	0
Tung Ping Chau Barbecue Area*	Plover Cove (Extension) Country Park	Dry	1		0	0
Tsak Yue Wu Barbecue Area	Sai Kung East Country Park	Dry	1		0	0
		Dry [#]	3	3	0	0
Wong Shek Barbecue Area*	Sai Kung East Country Park	Flushing	2	6	1	0
Hau Tong Kai Barbecue Area*	Sai Kung West Country Park	Flushing	2	4	1	0

<i>Name of BBQ Area</i>	<i>Name of the country park/ special area at which such barbecue area is located</i>	<i>Type of Toilet (Flushing/ Mobile⁺/ Dry⁺)</i>	<i>No. of cubicles (male)</i>	<i>No. of cubicles (female)</i>	<i>No. of cubicles (disabled)</i>	<i>No. of baby-sitting room</i>
Hoi Ha Barbecue Area	Sai Kung West Country Park	Flushing [#]	2	3	0	0
Pak Tam Chung Barbecue Area	Sai Kung West Country Park	Flushing	2	5	1	0
		Flushing	7	9	1	0
		Flushing	0	0	4	0
Tai Mong Tsai Barbecue Area (Tai Wan)	Sai Kung West Country Park	Dry [#]	4	2	0	0
		Flushing	3	4	1	0
Tai Mong Tsai Barbecue Area (Tso Wo Hang)	Sai Kung West Country Park	Flushing [#]	1	2	0	0
		Mobile	2		0	0
Tai Mong Tsai Barbecue Area (Tai Mong Tsai)	Sai Kung West Country Park	Flushing [#]	2	3	0	0
		Dry	1		0	0
		Mobile	1		0	0
Tai Mong Tsai Barbecue Area (Cham Chuk Wan)	Sai Kung West Country Park	Flushing [#]	3	5	1	0
		Dry	2		0	0
Tai Tan Barbecue Area*	Sai Kung West Country Park	Flushing	2	5	2	0
Sai Sha Road Barbecue Area	Sai Kung West & Ma On Shan Country Park	Flushing	2	4	1	0
Shing Mun Barbecue Area	Shing Mun Country Park	Flushing	3	4	1	0
		Mobile	4		0	0
Chuen Lung Barbecue Area	Tai Lam & Tai Mo Shan Country Park	Mobile	0		1	0
		Dry	2		0	0
Fu Tei Barbecue Area	Tai Lam Country Park	Mobile	1		0	0
Sham Tseng Barbecue Area	Tai Lam Country Park	Flushing	1	2	1	0
		Mobile	1		0	0
Shek Kong Barbecue Area	Tai Lam Country Park	Flushing	7	8	1	0
		Mobile	2		0	0
Tuen Mun Barbecue Area	Tai Lam Country Park	Mobile	4		0	0
Twisk Barbecue Area	Tai Lam Country Park	Dry	1		0	0
Tai Tong Barbecue Area	Tai Lam Country Park	Flushing	3	4	1	0
		Flushing	2	4	1	0
		Flushing	5	8	1	0
		Dry	1	1	0	0
		Dry	1	1	0	0
Rotary Club Park Barbecue Area*	Tai Mo Shan Country Park	Flushing	7	9	1	0
Kornhill Barbecue Area	Tai Tam Country Park (Quarry Bay Extension)	Dry	1		0	0
Mount Parker Barbecue Area	Tai Tam Country Park (Quarry Bay Extension)	Flushing	2	4	1	0
		Dry	1		0	0

<i>Name of BBQ Area</i>	<i>Name of the country park/ special area at which such barbecue area is located</i>	<i>Type of Toilet (Flushing/ Mobile⁺/ Dry⁺)</i>	<i>No. of cubicles (male)</i>	<i>No. of cubicles (female)</i>	<i>No. of cubicles (disabled)</i>	<i>No. of baby-sitting room</i>
Tai Tam Barbecue Area	Tai Tam Country Park	Flushing	2	3	1	0
Tai Tam Tuk Barbecue Area	Tai Tam Country Park	Flushing	2	2	0	0
Tai Fung Au Barbecue Area	Tai Tam Country Park	Flushing	2	3	1	0
Tung Lung Chau Barbecue Area*	Tung Lung Chau Special Area	Dry	3		0	0

Notes:

* Share the same toilet facility with the camp site under the same name

+ some mobile and dry toilets do not have separate cubicles for male and female users

Food and Environmental Hygiene Department toilet

Concrete Batching Plant at Tin Wan

14. **MR KAM NAI-WAI** (in Chinese): *President, quite a number of members of the public have relayed to me that the distance between the concrete batching plant at Tin Wan Praya Road on Hong Kong Island and the residential area is less than 500 metres, and the residents have been dissatisfied with the pollution problems created by that plant. It is learnt that upon expiry of the land lease for the plant at the end of last year, the plant owner has informed the Lands Department that the land will be surrendered at the end of March this year. In this connection, will the Government inform this Council whether:*

- (a) *it knows the average daily amount of concrete batched by the above plant during 2007 and the first 10 months of 2008, and the amount and percentage of concrete batched by the plant in the total amount of concrete used by construction sites on Hong Kong Island and in Kowloon and the New Territories during the said period;*
- (b) *it knows the date on which the plant will cease/ceased operation and when its facilities will be removed; and*
- (c) *it will rezone the relevant land as open space or for Social/Community/Institution use in the light of the aspiration of the*

residents in the area, and whether it will consider including the relevant land in the Aberdeen Tourism Project; if not, of the reasons for that?

SECRETARY FOR DEVELOPMENT (in Chinese): President,

- (a) According to the information provided by the operator, the average daily volume of concrete batched by the concrete batching plant at Tin Wan (the Tin Wan plant) during 2007 and the first 10 months of 2008 were 970m³, of which 967m³ were used on Hong Kong Island, accounting for about 80% of the total amount used there. Only 3m³, that is, a negligible percentage of the total production, were used in other areas (Kowloon and the New Territories).
- (b) In late 2008, the Lands Department was notified by the operator of the Tin Wan plant that it will not renew the land lease upon its expiry in late March 2009 at which point the land is required to be surrendered to the Government under the lease conditions. The operator has yet to provide any details of the date on which the plant will cease/ceased operation and when its facilities will be removed.
- (c) The Tin Wan plant, situated on the only site zoned for concrete batching on Hong Kong Island, is also the primary source of concrete supply for the Island. Concrete must be delivered to construction sites for use within a short time after production to ensure reliable quality. Long-haul transportation will not only compromise the stability of supply but also drive up the price. It is therefore necessary to retain at least one site for a concrete batching plant on the Island. Although the current operator is going to vacate the site in March 2009, any decision to change the land use of the site still depends on whether the Government can identify an alternative site for concrete batching on the Island.

The Planning Department conducted an exercise to identify suitable sites for reprovisioning of the existing plant and came up with a list

of 35 sites on Hong Kong Island. The results were reported to the District Development and Environment Committee (DDEC) of the Southern District Council in 2008. Nevertheless, none of these sites was considered appropriate because concrete batching will be incompatible with the land uses of adjoining sites, or there will be large scale tree felling or traffic problems. The Planning Department is now conducting a new round of site search and plans to brief DDEC of the Southern District Council on its findings by mid 2009.

Given that the Tin Wan plant is separated from the Aberdeen Tourism Project by factory buildings and traffic arteries and at a distance away from the core area of the Aberdeen Typhoon Shelter, the lot concerned has very limited potential for tourism development. If a change in land use is in order, the Planning Department will take into account the development needs of the Southern District and consult relevant bureaux, departments, the District Council and residents before submitting any recommendation on the change of land use for the consideration of the Town Planning Board.

Provision of Residential Care Home Services for Elderly and People with Disabilities

15. **MR CHEUNG KWOK-CHE** (in Chinese): *President, some elderly people and persons with disabilities (PWDs) have criticized that the current supply of subsidized places in residential care homes for the elderly (RCHEs) and in residential care homes for PWDs (RCHDs) falls short of demand, resulting in rather long waiting time for such places. In this connection, will the Government inform this Council:*

- (a) *of the respective current numbers of residents staying in subsidized care and attention (C&A) places and nursing home (NH) places and, in respect of each type of such places, the current numbers of vacant places and elderly people waiting for admission, as well as the average waiting time for admission;*

- (b) of the latest information on the following residential care homes for various types of PWDs;

<i>Type of residential care homes</i>	<i>No. of residents</i>	<i>No. of vacant places</i>	<i>No. of people waiting for admission</i>	<i>Average waiting time for admission</i>
<i>C&A Home for Severely Disabled Persons</i>				
<i>Hostel for Severely Mentally Handicapped Persons</i>				
<i>Hostel for Severely Physically Handicapped Persons</i>				
<i>Hostel for Severely Physically Handicapped Persons with Mental Handicap</i>				
<i>Hostel for Moderately Mentally Handicapped Persons</i>				
<i>Supported Hostel:</i> <i>Mentally Handicapped Persons Ex-mentally Ill Persons</i> <i>Blind Persons</i> <i>Physically Handicapped Persons</i>				
<i>C&A Home for the Aged Blind</i>				
<i>Hostel for Ex-mentally Ill Persons:</i> <i>Halfway House</i> <i>Halfway House with Special Provision</i> <i>Long Stay Care Home</i>				
<i>Self-financing Hostel:</i> <i>Mentally Handicapped Persons</i> <i>Blind Persons</i> <i>Ex-mentally Ill Persons</i> <i>Physically Handicapped Persons</i>				

and

- (c) *whether the Government will increase the number of subsidized places in various types of RCHEs and RCHDs in the coming five years, so as to shorten the waiting time for admission; if it will, of the respective numbers; and the assistance provided by the Government to the elderly people and PWDs who are currently waiting for those places?*

SECRETARY FOR LABOUR AND WELFARE (in Chinese): President, my reply to the question is as follows:

- (a) As at the end of November 2008, the numbers of residents occupying subsidized C&A places and NH places, the number of elders waiting for admission and the average waiting time are as follows:

<i>Types of residential care services</i>	<i>No. of residents</i>	<i>No. of people waiting for admission</i>	<i>Average waiting time (in month)</i>
C&A places	18 971	17 811	21 (Note)
NH places	1 887	6 418	40

Note:

Regarding the waiting time for C&A places, the average waiting time for admission is only seven months if applicants opt for allocation of subsidized C&A places under the "Enhanced Bought Place Scheme".

As at the end of November 2008, the occupancy rates of subsidized C&A places and NH places were about 96% and 94% respectively. Most of the vacancies are temporary in nature and are mainly due to natural wastage. The Social Welfare Department (SWD) is arranging other elders to take up those places. There is also a small number of vacant places designated for providing emergency placement and respite residential care services.

- (b) The SWD co-ordinates the allocation of subsidized residential care places for PWDs through a central waiting list in accordance with the availability of places in the subsidized residential care homes. The subsidized residential care homes will immediately notify the SWD of any vacant places for allocation to PWDs on the waiting list. There are no vacant places in the subsidized residential care homes for the time being. As at the end of November 2008, the number of places of various types of subsidized residential care services for PWDs, the number of PWDs waiting for admission and the average waiting time are as follows:

<i>Types of residential care services</i>	<i>Number of places</i>	<i>Number of people waiting for admission</i>	<i>Average waiting time (in month)</i>
1. C&A Home for Severely Disabled Persons	765	368	38.4
2. Hostel for Severely Mentally Handicapped Persons (including severely mentally handicapped persons with physical handicap)	2 940	1 886	78
3. Hostel for Severely Physically Handicapped Persons	461	408	89.6
4. Hostel for Moderately Mentally Handicapped Persons	2 104	1 337	48
5. Supported Hostel (including Mentally Handicapped Persons, Physically Handicapped Persons, Blind Persons and Ex-mentally Ill Persons)	400	776	20.4
6. C&A Home for the Aged Blind	825	45	6.2
7. Halfway House (including Halfway House with Special Provision)	1 509	633	4.6
8. Long Stay Care Home	1 407	714	34
9. Residential Special Child Care Centre	110	57	7.9

<i>Types of residential care services</i>	<i>Number of places</i>	<i>Number of people waiting for admission</i>	<i>Average waiting time (in month)</i>
10. Small Group Home for Mildly Mentally Handicapped Children	56	85	14.3
11. Integrated Vocational Training Centre*	170	—	—

Note:

* Operated by a non-governmental organization which arranges direct admission for service users.

Apart from the above subsidized residential care homes, as at the end of November 2008, there were 297 residential care places provided by self-financing homes and 225 of them were occupied, representing an occupancy rate of 76%. As these homes are not subsidized by the Government and applicants apply for admission to these homes direct, we do not have figures on the number of people on the waiting list or the average waiting time for such homes.

- (c) On subsidized residential care places, the Government has made every effort to respond to the demand of the elderly. The overall supply of subsidized residential care places has increased from around 16 000 in 1997 to around 26 000 at present, representing a rise of about 60%.

The Government will provide a total of 249 additional subsidized residential care places (including 75 C&A places and 174 NH places) in four newly constructed contract RCHEs in 2009 and 2010, and will continue to increase the supply of subsidized C&A places through the "Enhanced Bought Place Scheme". In addition, with a view to further increasing the supply of subsidized residential care places, we have earmarked five purpose-built premises for the construction of new contract RCHEs, and will proceed with the open tender process to select operators for these RCHEs in the next few years.

Besides, elders eligible for subsidized residential care services may opt for subsidized community care services during their waiting

period. Generally speaking, subsidized community care services, including personal care, nursing care, rehabilitation training, meal and escort services, and so on, can be arranged for elders within a short period of time. There are also elders choosing to stay in private RCHes during their waiting period. If they need financial assistance, they may apply for Comprehensive Social Security Assistance (CSSA) to meet the relevant expenses. In all, as at the end of November 2008, about 44% of the elders waiting for subsidized residential care places were receiving various kinds of government subsidies/services, including:

- about 11.2% were using subsidized community care services, including centre-based day care services and home-based care services;
- about 2.5% were using subsidized residential care services of a lower care level; and
- about 29.8% were staying in non-subsidized residential care places in private RCHes and are receiving CSSA.

The Government is mindful of the demand of the PWDs for residential care services. The number of subsidized residential care places has increased from around 6 400 in 1997 to over 10 700 at present, representing a rise of 67%. In 2008-2009, we expect to provide 439 additional residential care places, taking the total provision to 11 106 places. Besides, we anticipate that two new rehabilitation services centres will come into operation in 2010. These centres, together with another in-situ expansion project, will provide a total of 515 additional subsidized residential care places.

The Government will continue to closely monitor service demand and, as recommended in the Hong Kong Rehabilitation Programme Plan, adopt a three-pronged approach to implement the following measures, *viz*:

- (i) to regulate the RCHDs so as to ensure their service quality on the one hand while helping the market to develop residential care homes of different types and operational modes on the other;
- (ii) to support non-governmental organizations to develop self-financing homes; and
- (iii) to continue to steadily increase the number of subsidized residential care homes places.

In tandem, the Government has been actively developing day care and community support services, with a view to providing the PWDs with the necessary training and support to facilitate their continuous living at home and full integration into the community.

At present, the majority of PWDs waiting for subsidized residential care places are receiving various day training, vocational rehabilitation and community support services provided or subsidized by the SWD. These services include day activity centres and sheltered workshops, supported employment, day care for severely disabled persons, home-based training and support, and so on. Through the provision of the required rehabilitation services in response to individual needs, PWDs are given the necessary support and assistance which enables them to continue to live in the community while relieving the burden on and the stress of their families or carers. At present, the Government provides more than 15 900 day training and vocational rehabilitation places for PWDs in need.

On community support services, we have also introduced a new service mode for service enhancement. In January 2009, the SWD is setting up 16 district support centres for PWDs to provide one-stop service for strengthening the support for PWDs residing in the community and their family members through re-engineering the home-based training and support service. In addition, in March 2009, the Government will establish the first integrated community centre for mental wellness in Tin Shui Wai, providing integrated mental health support services in the community.

Statistics on Hong Kong-owned Factories in PRD Region

16. **DR DAVID LI:** *President, regarding the Hong Kong-owned factories in the Pearl River Delta (PRD) Region, will the Government inform this Council whether it directly gathers, in a way similar to local factories, from the manufacturers concerned statistics on their production activities; if so, of the respective percentages of their products over the past five years that were sold annually for export to overseas markets and for domestic consumption on the Mainland; if not, whether it will consider defining a set of useful statistics and, either directly or in concert with the relevant mainland authorities or non-government agencies, collecting and developing such data?*

SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT:

President, the Government of the Hong Kong Special Administrative Region does not directly gather statistics from Hong Kong-owned factories in the Mainland regarding their production activities. However, we have been maintaining close contact with the Guangdong People's Provincial Government and various trade associations, as well as studying their researches and statistics on Hong Kong-owned enterprises in the PRD Region. Such includes the survey report entitled "Made in PRD: Challenges and Opportunities for HK Industry" published by the Federation of Hong Kong Industries (FHKI) in April 2007^(Note). According to the report, there were approximately 55 200 Hong Kong-owned manufacturing enterprises in the PRD and the number of factories was estimated to be 57 500 at the time of the study. The report also revealed that, of the enterprises surveyed, 52.4% were engaged in exports only, 14.1% in domestic sales only, and 21.5% in both businesses. Based on the total value of the products, the ratio of exports to domestic sales of the surveyed enterprises was 7:3.

Apart from the above survey report, the Hong Kong Trade Development Council completed in June 2007 a research on "Implications of Mainland Processing Trade Policy on Hong Kong" for the Greater PRD Business Council. In March 2008, the Chinese Manufacturers' Association of Hong Kong also conducted a survey with a view to understanding the impact of the changes in the PRD business environment on Hong Kong-owned enterprises and their strategies in tackling the changes. The FHKI also conducted a similar survey during the same period.

We will continue to maintain close liaison with the trade, various trade associations and mainland authorities, and will consider how to better monitor the operation, production and development of Hong Kong-owned enterprises in the Mainland.

Influenza Pandemics Drugs and Vaccines

17. **MR ANDREW CHENG** (in Chinese): *President, will the Government inform this Council of:*

- (a) *the details of the drugs and vaccines procured by the Government in each of the past five years for the purposes of coping with and taking precaution against influenza pandemics (including setting out the quantity of each type of drugs/vaccines, the expenditure involved, the target and actual stockpile levels, as well as the quantity of drugs/vaccines in each procurement batch according to their expiry date); and*
- (b) *the actions taken by the authorities when such drugs/vaccines are approaching their expiry dates, in order to maintain the stockpile levels of potent drugs/vaccines?*

SECRETARY FOR FOOD AND HEALTH (in Chinese): *President,*

- (a) The stockpiling of antiviral drugs is an important element in the Government's Preparedness Plan for Influenza Pandemic. On the advice of its Scientific Committee on Emerging and Zoonotic Diseases (SCEZD), the Centre for Health Protection (CHP) of the Department of Health (DH) has stockpiled antiviral drugs to prepare for emergency situations. Currently, the stockpiling of antiviral drugs includes both oseltamivir (Tamiflu) and zanamivir (Relenza). In the financial year 2005-2006, the Legislative Council approved a funding of \$254 million for the Government to increase the stockpile level of antiviral drugs against avian influenza from 3.7 million doses to about 20 million doses. Types and quantity of drugs against avian influenza procured by the DH and the expenditure involved in the financial years 2004-2005 to 2008-2009 are tabulated below (Table 1):

Table 1

<i>Year</i>	<i>Type</i>	<i>Quantity (Dose)</i>	<i>Total Expenditure (Million)</i>
2004-2005	Tamiflu capsule	2 750 000	\$38.5
2005-2006	Tamiflu capsule	3 920 000	\$71.28
	Relenza spray	1 520 000	
2006-2007	Tamiflu capsule	7 920 000	\$129.34
	Tamiflu oral solution	1 000 000	
2007-2008	Tamiflu capsule	2 610 000	\$37.85
2008-2009	Tamiflu capsule	118 010	\$11.99
	Tamiflu oral solution	502 000	
	Relenza spray	250 000	
Total		20 590 010	\$288.96

The DH checks regularly the expiry dates of drugs so as to ensure their potency. Among the existing stockpile of drugs against avian influenza, 1 003 910 doses have expired, while the remaining 19 646 250 doses are still unexpired. Details of the unexpired drugs are set out below (Table 2):

Table 2

<i>Type</i>	<i>Quantity (Dose)</i>	<i>Expiry date (Financial Year)</i>
Tamiflu capsule ⁽¹⁾	610 490	2010-2011
	1 956 000	2011-2012
	13 947 040	2012-2013
	700 000	2013-2014
	161 610	2014-2015

<i>Type</i>	<i>Quantity (Dose)</i>	<i>Expiry date (Financial Year)</i>
Tamiflu oral solution	501 120	2009-2010
Relenza spray	1 519 990	2010-2011
	250 000	2013-2014

Note:

- (1) The expiry dates of all the Tamiflu capsules listed in Table 2 have taken account of the one-year and two-year extension of Shelf Life of Tamiflu capsules made by the manufacturer globally in November 2005 and July 2008 respectively after testing.

Regarding human vaccines against H5 avian influenza virus, the SCEZD of CHP is deliberating the stockpiling of the vaccines and the target groups for vaccination, taking into account the efficacy, safety and quality assurance of the vaccines. Given that the SCEZD has yet to come up with a conclusion, no human vaccines have been procured or stockpiled by the DH at the present moment. The DH will keep in view the situation of avian influenza and the latest scientific research on human vaccines against H5 avian influenza virus. The expert opinion of the SCEZD will also be sought.

- (b) The DH has been closely monitoring the Shelf Life of the antiviral drugs and their updated application. The DH will update the antiviral stockpiling strategies from time to time, taking into account the recommendations of the SCEZD and World Health Organization, and seek funding approval from the Legislative Council to procure antiviral drugs as and when necessary.

Unauthorized Building Works of Mobile Telephone Base Stations

18. **MS STARRY LEE** (in Chinese): *President, it has been reported that the supporting frames for the transmitters of some of the mobile telephone base stations (base station), approved by the Office of the Telecommunications Authority (OFTA) to be installed on rooftops of buildings and external walls of low-rise buildings, are unauthorized building works without the approval of the*

Buildings Department (BD), and they pose a threat to public safety. Moreover, the Office of The Ombudsman criticized in October 2005 that in vetting and approving applications by telecommunications operators for installing base stations, OFTA had unduly relied on the initiative of them to meet the requirements of other departments, and that the approval process contained loopholes. In this connection, will the Government inform this Council:

- (a) whether it knows the current number of base stations in each District Council (DC) district and, among them, the number of those with transmitters installed on rooftops of buildings and external walls of lowrise buildings;*
- (b) of the respective numbers of applications for installing base stations received, approved and rejected by OFTA in each of the past three years (with a breakdown by DC district), and the reasons for rejecting some of the applications;*
- (c) of the number of complaints about the unauthorized erection of base station transmitters (with a breakdown by DC district) received by BD in each of the past three years and, among them, the number of those which had been substantiated, as well as the number of removal orders issued;*
- (d) whether it will review the existing procedure for vetting and approving applications for installing base stations, and whether it will consider assigning OFTA the duty to co-ordinate the vetting work with various departments; if not, of the reasons for that; and*
- (e) of the improvement measures taken by OFTA and BD in view of the recommendations made by the Office of The Ombudsman in the abovementioned report?*

SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT (in Chinese): President, to ensure that there is adequate capacity in their mobile telephone networks to provide an uninterrupted service to the public, mobile telephone operators need to install radio base stations on a territory-wide basis in

accordance with their operational needs. The operators have to obtain approval from the OFTA, Planning Department (PlanD), BD and Lands Department (LandsD), in addition to the agreement from individual building owners or managers as the case may be, before they would be allowed to install radio base stations on roof-tops and/or mount the antennas on external walls of buildings. According to the current application procedures, the mobile operators should ensure that their proposed radio base stations would comply with the technical requirement of the OFTA in respect of radio interference and radiation hazard. In addition, the operators also need to comply with the requirement of the PlanD, BD and LandsD. To facilitate the operators to make their applications, the OFTA has issued a guidance note to provide information on the requirements and procedures of applying for such approval from the relevant government departments.

My replies to the specific questions are as follows:

- (a) Currently, there are over 21 500 radio base stations at various locations, out of which over 13 700 (that is, about 64%) are outdoor stations installed at the roof-tops and external walls of buildings. The geographical distribution of these approved radio base stations is at Annex 1.
- (b) In the past three years, the OFTA has received a total of 4 113 applications for installation of outdoor base stations. None of these applications were rejected due to non-compliance with OFTA's technical requirement in respect of radio interference and radiation hazard. The breakdown of application and approval in each geographical region in the past three years is at Annex 2.
- (c) In the past three years, the BD received 68 complaints in relation to mobile base stations. The cases involved mobile base station supporting structures and poles, prefabricated cabinets for equipment and change-of-use of flats. The number of complaints broke down by DC boundaries is at Annex 3.

Among these cases, the BD has served 11 removal orders under section 24(1) of the Buildings Ordinance (Cap. 123) against

unauthorized building works that were accorded with immediate enforcement status in accordance with the department's enforcement policy.

(d) and (e)

The OFTA has carefully considered the recommendations of the Office of The Ombudsman on the application procedures for installing radio base stations and has implemented an interim arrangement since November 2005. Under the arrangement, the OFTA provides the BD, PlanD and LandsD copies of applications received for installing base stations from the operators so as to ensure that the concerned departments are aware of the locations of the proposed base stations.

Upon receipt of the referral from the OFTA, the BD would remind the applicants that prior approval and consent under the Buildings Ordinance is required for any non-exempted building works associated with the applications. The BD will process applications from the operators in accordance with the established procedures for building plan approval. The LandsD, upon receipt of a referral from the OFTA on such applications, will also issue a letter reminding the applicant to fulfill the land lease conditions and guidelines.

In the longer term, the Government will implement a one-stop application procedure for the installation of base stations by the mobile network operators. Under the proposed one-stop procedure, the OFTA will assume a co-ordinating role with concerned government departments, and will be responsible for granting final approval for the installation. The OFTA is now working with the LandsD, BD and PlanD, as well as the mobile network operators, on the details of the one-stop procedure.

In addition, the BD is now planning to introduce a minor works control system which would enable building owners to follow simplified statutory procedures without the need for prior approval and consent from the Building Authority to conduct minor building works. The BD is examining, in consultation with the relevant stakeholders, the feasibility of specifying the building works for the

installation of radio base stations of certain dimensions as minor works under the minor works control system so as to simplify the processing and approval procedure.

The Government will continue to monitor the installation of outdoor radio base stations and take necessary actions to facilitate the operators to roll out mobile network in Hong Kong while ensuring public safety.

Annex 1

Geographical distribution of outdoor radio base stations ⁽¹⁾

<i>Geographical Region</i>	<i>Number of Base Stations (as at end 2008)</i>
Central & Western	1 100
Eastern	751
Islands	664
Kowloon City	886
Kwai Tsing	712
Kwun Tong	898
North	525
Sai Kung	615
Sha Tin	910
Sham Shui Po	754
Southern	576
Tai Po	426
Tsuen Wan	557
Tuen Mun	519
Wan Chai	1 129
Wong Tai Sin	348
Yau Tsim Mong	1 509
Yuen Long	888
TOTAL	13 767

Note:

- (1) OFTA's record of radio base station locations is classified according to geographical regions, rather than strictly following the DC boundaries.

Annex 2

Breakdown of application and approval of radio base stations in each geographical region ⁽²⁾

<i>Geographical Region</i>	<i>Number of application and approval</i>		
	<i>2006</i>	<i>2007</i>	<i>2008</i>
Central & Western	139	69	80
Eastern	104	43	59
Islands	151	57	35
Kowloon City	127	50	64
Kwai Tsing	103	68	43
Kwun Tong	131	55	57
North	94	47	54
Sai Kung	107	48	34
Sha Tin	128	68	100
Sham Shui Po	112	61	55
Southern	81	31	27
Tai Po	64	33	31
Tsuen Wan	113	43	34
Tuen Mun	85	41	36
Wan Chai	143	38	74
Wong Tai Sin	52	22	33
Yau Tsim Mong	196	137	99
Yuen Long	168	107	82
TOTAL	2 098	1 018	997

Note:

- (2) OFTA's record of radio base station locations is classified according to geographical regions, rather than strictly following the DC boundaries.

Annex 3

Breakdown of complaint number (by DC boundaries) received by the BD

<i>District</i>	<i>Number of complaints received</i>		
	<i>2006</i>	<i>2007</i>	<i>2008</i>
Central & Western District	1	2	3
Eastern District	0	0	4
Islands District	0	0	3

<i>District</i>	<i>Number of complaints received</i>		
	<i>2006</i>	<i>2007</i>	<i>2008</i>
Kowloon City District	7	7	4
Kwai Tsing District	0	0	0
Kwun Tong District	1	1	0
North District	0	0	0
Sai Kung District	1	0	1
Sha Tin District	0	0	0
Sham Shui Po District	0	0	0
Southern District	0	0	4
Tai Po District	0	0	1
Tsuen Wan District	0	1	2
Tuen Mun District	0	3	1
Wan Chai District	4	1	0
Wong Tai Sin District	0	4	1
Yau Tsim Mong District	1	2	6
Yuen Long District	0	0	2
TOTAL	15	21	32

Implementation of New Senior Secondary Academic Structure

19. **MR CHEUNG MAN-KWONG** (in Chinese): *President, as the new senior secondary (NSS) academic structure will be implemented formally in the coming school year, some secondary schools need to undergo class restructuring according to the guiding principles stipulated by the authorities. It has been learnt that all secondary schools in Hong Kong have submitted to the authorities applications regarding class structures under the NSS academic structure for the next school year. In this connection, will the Government inform this Council:*

- (a) *in respect of the various types of secondary schools, namely government schools, aided schools and Direct Subsidy Scheme schools,*
- (i) *of the respective numbers of schools in each school year since 2000-2001;*

- (ii) of the projected numbers of schools in each of the next two school years; and
- (iii) in respect of each education administration district, of the number of Secondary 1 (S1) places to be provided and the number of school-aged S1 students within the same district in the coming school year, as well as the discrepancy between these two figures; and
- (b) of the respective numbers of government schools, aided schools and Direct Subsidy Scheme schools which will adopt various class structures under the NSS academic structure (set out in the following table)?

Current class structure	Number of secondary schools adopting such class structure under the NSS academic structure				
	36 classes (6+6+6+6+6+6)	30 classes (5+5+5+5+5+5)	24 classes (4+4+4+4+4+4)	18 classes (3+3+3+3+3+3)	Other class structures
31 classes (5+5+5+5+5+3+3)					
30 classes (6+6+6+4+4+2+2)					
29 classes (5+5+5+5+5+2+2)					
27 classes (5+5+5+4+4+2+2)					
24 classes (4+4+4+4+4+2+2)					
Other class structures					

Figures in the brackets represent the respective numbers of classes from S1 to Secondary 6 (S6)/Secondary 7 (S7)

SECRETARY FOR EDUCATION (in Chinese): President, each year, we issue a circular in March to invite all aided secondary schools to apply for recurrent and non-recurrent grants for operating classes and appointment of teaching staff in the following school year, and we approve their provisional class structures in early May.

As the development of schools is different, some schools are still adopting an asymmetrical class structure. Some students who have completed Secondary 3 (S3) in these schools may have to be placed to Secondary 4 (S4) in other schools through the school places allocation mechanism. Upon the implementation of the NSS academic structure, we hope that students will be able to complete their six years of secondary education in the same school under normal circumstances. As such, we have to conduct class restructuring. At present, we are processing the class restructuring applications made by some asymmetrical schools with a view to enabling students to continue their senior secondary education in the same school as far as possible. In general, these schools will have a reduction in their S1 classes and an increase in S4 classes to absorb their own S3 graduates, while keeping their overall number of classes unchanged. A few of the schools will only increase their S4 classes. We will consider the applications in the light of the actual circumstances of individual schools.

My replies to the questions are as follows:

(a) (i) and (ii)

The numbers of various types of secondary schools from the 2000-2001 to 2008-2009 school years, and the projected numbers of these schools in the 2009-2010 and 2010-2011 school years are at Annex 1.

(iii) The projected numbers of S1 places in various types of secondary schools in the 2009-2010 school year are at Annex 2. As public sector secondary school places are planned on a territory-wide basis, we are not able to provide a breakdown of the number of school-aged S1 students by district. According to our projection, the total number of S1 places to be provided by various types of secondary schools in the 2009-2010 school year will exceed the number of school-aged S1 students by about 600.

(b) Under the existing mechanism, we conduct headcount of S1 students in public sector schools in mid-September every year to confirm the

number of S1 classes to be operated by each school, and the approved number of S1 classes will be carried forward to Secondary 2 (S2) and S3 in the following two school years. Headcount will also be conducted in mid-September of the year in which this cohort of students progresses to S4. Similarly, the approved number of S4 classes will also be carried forward to Secondary 5 (S5) and S6 in the following two school years. This headcount arrangement can reduce uncertainty for schools so that they can set their direction of development that facilitates more effective curriculum and manpower planning.

As the class structures of public sector schools will depend on their approved numbers of S1 and S4 classes each year, we cannot provide the projected class structures to be adopted by various types of schools under the NSS academic structure. Nevertheless, the class structures adopted by various types of schools in the 2008-2009 school year according to our records are set out at Annex 3.

Annex 1

Numbers of Various Types of Secondary Schools
from the 2000-2001 to 2010-2011 School Years

School Types	School Year										
	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010 (Projected) ⁽¹⁾	2010-2011 (Projected) ⁽¹⁾
Government	37	37	37	37	37	37	36	35	35	32	32
Aided	363	367	368	368	371	375	375	372	367	367	367
Caput	9	9	9	9	9	9	7	6	4	4	4
Direct Subsidy Scheme	25	27	31	41	45	48	55	56	60	60	61
Private ⁽²⁾	24	33	30	22	34	32	30	34	33	33	33

Notes:

- (1) The projected numbers of schools are compiled based on the applications or development options submitted by schools concerned.
- (2) International schools and English Schools Foundation schools are excluded.

Annex 2

Projected Numbers of S1 Places in Various Types of Secondary Schools and
School-aged S1 Students in the 2009-2010 School Year ^(note)

District	Projected Number of S1 Places in Types of Schools							Projected Number of School-aged S1 Students (All Districts)
	Government	Aided	Caput	Direct Subsidy Scheme	Private	Total	All Districts	
Central and Western	190	1 406	0	532	0	2 128	77 794	77 200
Eastern	684	4 012	0	646	0	5 342		
Islands	114	1 102	0	114	0	1 330		
Wan Chai	494	1 558	38	228	0	2 318		
Southern	0	2 074	0	380	0	2 454		
Kowloon City	304	5 358	0	494	0	6 156		
Kwun Tong	342	4 598	228	950	0	6 118		
Sai Kung	190	3 268	0	1 140	0	4 598		
Sham Shui Po	190	2 734	190	1 140	190	4 444		
Wong Tai Sin	114	3 846	0	228	152	4 340		
Yau Tsim Mong	342	1 976	152	494	0	2 964		
Sha Tin	342	6 284	0	798	0	7 424		
Tai Po	228	2 888	0	342	0	3 458		
North	228	3 078	0	190	0	3 496		
Kwai Tsing	0	5 434	0	76	0	5 510		
Tuen Mun	380	5 912	0	0	0	6 292		
Tsuen Wan	190	2 204	0	0	0	2 394		
Yuen Long	760	5 546	0	722	0	7 028		

Notes:

- (1) We consider the age of 12 appropriate for S1 education. Given that public sector school places are planned on a territory-wide basis, we do not have a breakdown of the number of school-aged S1 students by district.
- (2) The figure refers to the projected number of children aged 12, irrespective of whether they are enrolled in schools or not. The projected population should not be taken as the projected number of students. Besides, students at S1 can be under or over the age of 12. Hence, the actual number of students can be different from the projected school-aged population.
- (3) The school-aged population projection is compiled based on the 2006-based population projections released by the Census and Statistics Department in July 2007. The latter set of projections has taken into account a number of factors and assumptions. Amongst those assumptions, the effect of those related to new arrival children from the Mainland and babies born in Hong Kong by mainland women on the projections is particularly important. This is because the actual numbers of such children/babies who will arrive or settle in Hong Kong are difficult to predict. Any deviations of the assumptions from the actual situation may render the projected figures different from the actual figures.
- (4) Figures refer to the position as at September of the respective school years. Cross-boundary students are included but mobile residents are excluded.
- (5) Figures are rounded to the nearest hundred and may not add up to the respective totals due to rounding.
- (6) Only a small number of private secondary schools operate S1 classes based on the local curriculum.

Annex 3

Class Structures Adopted by Various Types of Secondary Schools
in the 2008-2009 School Year

Current Class Structure	Types of Schools			
	Government	Aided	Caput	Direct Subsidy Scheme
31 classes (5+5+5+5+5+3+3)	5	36	0	2
30 classes (6+6+6+4+4+2+2)	0	0	0	0
29 classes (5+5+5+5+5+2+2)	8	125	0	6
27 classes (5+5+5+4+4+2+2)	0	48	0	0
24 classes (4+4+4+4+4+2+2)	4	40	1	5
Other class structures ^(Note)	17	116	3	47

Figures in brackets represent the numbers of classes from S1 to S6/S7.

Note:

- (1) Other class structures refer to those which do not fall within the above classification of class structures.

Associate Degrees

20. **MR CHAN HAK-KAN** (in Chinese): *President, the Report of the Phase Two Review of the Post Secondary Education Sector made public in April last year recommended that "the Government should continue to take the lead in enhancing recognition for Associate Degree (AD) qualification". Moreover, there are currently 13 grades which set Higher Diploma (HD) as an entry qualification requirement also accept AD qualification. In this connection, will the Government inform this Council:*

- (a) *whether it will increase the number of civil service grades accepting AD qualification as an entry requirement; if so, of the details; if not, the reasons for that;*

- (b) *given that the Government announced at the end of last year the creation of over 60 000 civil service posts and other temporary posts to stimulate the economy, of the number and percentage of such posts which accept AD qualification as an entry requirement, as well as the average monthly salary of such posts; and*
- (c) *whether it will consider creating temporary and internship posts which only accept applications from holders of AD qualification; if so, of the details; if not, the reasons for that?*

SECRETARY FOR THE CIVIL SERVICE (in Chinese): President, regarding part (a) of the question, individual heads of grade would, on the basis of the operational needs of the grades under their purview, set the entry requirements for the grades concerned in terms of academic or professional qualifications, technical skills, working experience, language proficiency, and so on. For civil service appointment, AD qualification is accepted as broadly equivalent to HD qualification. At present, there are 13 grades which set HD and AD as entry qualification requirement. In addition, AD graduates may also apply for grades requiring academic qualifications below sub-degree (including AD and HD) level, including grades requiring two passes at Advanced Level in Hong Kong Advanced Level Examination plus three credits in Hong Kong Certificate of Education Examination (the so-called "2A3O") or those requiring attainment of School Certificate level. AD graduates will also be accepted for application for posts requiring a diploma/higher certificate/certificate in a specialized field if the AD qualification is in the same or relevant field. Besides, AD holders may also apply for disciplined services grades with entry qualification requirements set at sub-degree/2A3O/School Certificate or below levels. In sum, there are more than 80 civil service grades which accept applications from AD graduates.

Since the release of the "Report on Phase 2 Review of the Post-secondary Education Sector" in 2008, the Government has been taking active measures in enhancing recognition of sub-degree qualification. For civil service appointment, the Civil Service Bureau has issued a memorandum to all government departments, clearly articulating that qualification of AD graduates is broadly equivalent to HD qualification. In addition, the Education Bureau has invited representatives from post-secondary institutions to introduce sub-degree programmes in briefing sessions organized for government departments to enhance their understanding on sub-degree qualifications and to promote the recognition of sub-degree qualifications.

Regarding part (b) of the question, the Chief Executive has announced earlier the creation of over 60 000 jobs through expediting major and minor infrastructure projects, advancing the recruitment of civil servants and creating temporary jobs.

On advancing civil service recruitment, the Government plans to recruit 7 700 civil servants to fill the vacancies in the remaining months of 2008-2009 (since December 2008) and 2009-2010. The entry qualifications of the posts concerned are set on the basis of the operational needs of individual grades. Among these posts, about 1 200 posts require degree or professional qualifications. Of the remaining 6 500 posts, AD graduates may apply for about 4 300 posts requiring entry academic qualifications at sub-degree, 2A3O, School Certificate level or below. Besides, about 2 200 posts requiring a diploma, higher certificate or certificate in a specified field may also accept applications from AD graduates of the same or relevant field. The monthly salary of each post depends on the starting salary of individual ranks. AD holders appointed to civil service posts requiring sub-degree qualification are remunerated at Master Pay Scale point 13 (currently at \$18,885 per month) as the benchmark entry point. AD holders appointed to disciplined services officer ranks with multiple entry points are remunerated at the entry points for sub-degree qualifications. For instance, the starting salaries of AD graduates appointed as Police Inspector and Station Officer of the Fire Services Department are \$30,370 and \$28,705 per month respectively.

On expediting major and minor infrastructure projects, the Government and the Hong Kong Housing Authority will raise the capital works expenditure in 2009-2010 to provide over 55 000 jobs, of which about 5 200 are for professional/technical staff and over 50 000 are for labourers. As regards the plan to create about 4 000 temporary jobs, most of the jobs will be provided by the Hospital Authority, non-governmental organizations and service contractors, and so on. Since the recruitment of these jobs will be conducted by the organizations concerned, the Government is unable to provide information on the entry qualification requirements of these jobs.

Regarding part (c) of the question, the Government conducts a summer internship programme each year to offer summer internship placements to local students enrolled in full-time post-secondary programmes, including students

undertaking AD programmes. The internship programme aims to familiarize interns with the work of the Government and the recruiting departments concerned and to provide them with work experience in their field of studies or interest. The recruiting departments would make use of the websites of the Civil Service Bureau and their respective departments as well as the Joint Institution Job Information System to make available the information of the internship placements. The Government has no plan at this stage to create internship or temporary posts which only accept applications from holders of AD qualification.

MEMBERS' MOTIONS

PRESIDENT (in Cantonese): Members' Motions. Two motions with no legislative effect. I have accepted the recommendations of the House Committee: That is, the movers of these motions each may speak, including reply, up to 15 minutes, and have another five minutes to speak on the amendments; the movers of amendments each may speak up to 10 minutes; and other Members each may speak up to seven minutes. I am obliged to direct any Member speaking in excess of the specified time to discontinue.

First motion: Formulating a comprehensive elderly policy.

PRESIDENT (in Cantonese): Members who wish to speak in a debate on a motion will please indicate their wish by pressing the "Request to speak" button.

I now call upon Mr CHEUNG Kwok-che to speak and move his motion.

FORMULATING A COMPREHENSIVE ELDERLY POLICY

MR CHEUNG KWOK-CHE (in Cantonese): President, my purpose of moving the motion "Formulating a comprehensive elderly policy" today, is to call on Members to care about the elderly people. According to the data of the Census and Statistics Department (C&SD), the number of people aged above 60 exceeded 1 million in 2007. This is because our population is ageing, and the elderly population is expected to grow further in the future. Unfortunately, the

needs and opinions of the elderly were not given heavier weight notwithstanding their growing number. The Chief Executive's withdrawal of the proposed introduction of a means test mechanism to Old Age Allowance (OAA) last year is, no doubt, a reflection of his failure to grasp the aspirations of the elderly. Did the Government really not hear the aspirations of the elderly? The elderly have requested, for example, the provision of half-fare concessions and half-price elderly health care services, the shortening of the waiting time for residential care homes for the elderly (RCHes), or even simply the abolition of the requirement of the so-called "bad son statement" relating to the application for elderly CSSA, as well as the abolition or extension of the absence limit of OAA recipients to facilitate their living in the Mainland. Nowadays, the Government still responds in the same way as it often did in the colonial era a decade ago by treating the head when there is headache and treating the leg when there is a leg pain — Mr LEE Cheuk-yan just told me that it is treating the leg when there is headache and treating the head when there is a leg pain, which is even more troublesome — it failed to respond to the elderly's aspirations with a basket of comprehensive measures. It has been 11 years since the reunification of Hong Kong, and we should have formulated long-term social policies laying down initiatives for the long-term development of the economy and community services. Today, I hope that our colleagues will make proposals for the elderly from various perspectives, with a view to coming up with an elderly policy that can cater for all their needs.

The existing health care, housing, transport and welfare policies for the elderly all have inadequacies, and I am going to talk about these respects. Insofar as health care services are concerned, since the elderly will unavoidably suffer minor illnesses when they age, many of them wish to undergo annual physical checkup to avoid seeking medical consultation only when they are seriously ill. But due to the exorbitant fees of private physical checkup services, which cost at least a few hundred dollars, recipients of the \$1,000 monthly OAA will not be able to afford an annual physical checkup if they do not cut down on other expenses. That is why so many elderly persons are reluctant to undergo regular physical checkup. In order to help the elderly, the Government should establish elderly health centres in the 18 districts to provide physical checkup services for them at low costs. These centres may also provide general out-patient services so that the elderly no longer need to waste time queuing up at hospitals, which would only add to the demand for out-patient services of hospitals. Furthermore, given that elderly persons generally suffer from certain chronic and elderly illnesses, the Government should establish a specialist

hospital for the elderly where resources will be pooled together to tackle such common elderly diseases as dementia and rheumatic diseases. This specialist hospital may also conduct researches on the common elderly diseases, so that the tormented elderly patients and their families could have a better understanding of the way to rehabilitation. In fact, care for the discharged elderly patients is equally important. It would be best if their families can take care of them, but how about those elderly singletons or those who are not properly cared for? The Government should comprehensively strengthen the community rehabilitation services, and encourage the discharged elderly patients to participate in rehabilitation activities organized by the elderly health centres.

On accommodation, there is presently a serious shortfall of places in the RCHEs and care and attention homes, and the waiting time has long given cause for public criticism. It is the wish of the elderly to be provided with sufficient services so as not to become a burden of their families. For this reason, while it is necessary for the Government to increase the residential care places, improvements should also be made to day care services for the elderly because if sufficient day care centres are established or the opening hour is extended to 8 pm, the families of the elderly can be relieved of the pressure to take care of them. All along, the Secretary has advocated that the philosophy underlying the Government's elderly policy is "ageing in the community". It is true that some elderly are comparatively well-off and they can afford to buy properties with their pensions, but they may have to live on the OAA. What is more, their properties are subject to quarterly rates payment and even Government rent for properties in the New Territories. As a result, this group of so-called "middle-class" elderly does not live so well either. It is hoped that while stressing the care for the grass-roots elderly, the Government will also pay attention to the burden of this group of so-called "middle-class" elderly.

(THE PRESIDENT'S DEPUTY, MS MIRIAM LAU, took the Chair)

Insofar as transport is concerned, the currently exorbitant public transport fares have discouraged those ordinary elderly persons from taking public transport. They have therefore given up the chance of visiting their friends

across the districts, or participated less frequently in activities. It can be said that this is exactly like imprisoning the elderly in their own districts. Actually, public transport operators should perform their social responsibilities and repay the elderly by offering public transport half-fare concessions for the elderly who have made contribution to us and to the prosperity of the community for most part of their lives. Reference can also be made to overseas examples, where elderly persons are offered free rides on all modes of public transport on public holidays and Sundays so as to encourage them to visit their friends across the districts and participate in different activities, thereby brightening up their twilight years. Although many Hong Kong people are now more willing to give seats to the elderly, promotion and education by the Government and public transport operators must be further enhanced to raise the awareness of the general public for giving seats and disseminate more extensively the message of loving and caring for the elderly.

Deputy President, the Labour and Welfare Bureau is responsible for providing most of the elderly welfare services, and many of its measures have been very well-received. However, as the elderly population grows, those well-received services should be enhanced. Given that the granting of the non-means-tested \$1,000 OAA payment is in line with the aspirations of the elderly, by the same token, those who aged 65 to 69 should also be exempted from the means test. For those elderly who do not wish to apply for the elderly CSSA but merely dependent on the OAA, we suggest that the Labour and Welfare Bureau should explore the concept of a second safety net to improve the living of the elderly. By so doing, they will be provided with another safety net and hence no longer need to depend on the OAA. In fact, an ultimate solution to the problems faced by the elderly in their living is the introduction of a universal retirement protection scheme, such that all elderly persons can rest assured of their retired life.

The high elderly suicide rate in Hong Kong has long been an issue of concern. According to a global research study conducted by the World Health Organization, while Singapore has the highest suicide rate among elderly aged above 60 in the world, Hong Kong is among the top five. Despite different views on the reason of elderly suicide, I believe the elderly suicide rate should drop if they lead a more fulfilling and happy lives and if society loves and cares about them. The Government should therefore vigorously encourage various institutions and organizations to organize courses for the elderly to promote the target of "realizing their worthiness and engaging in lifelong learning". And in

order to promote lifelong learning among the elderly, we can expand the coverage of the Continuing Education Fund to help further developing their interests and strengths, so that they can be well-prepared for their golden twilight years. Furthermore, the Government may also make reference to the approach adopted in Japan to cope with an ageing population by establishing an elderly research fund. It aims to encourage more universities to look into issues relating to the elderly, hence providing the data and conducting analyses for the long-term development and planning of elderly services.

Deputy President, I strongly believe that an ageing population is a development rather than a problem of society. In order to prepare ourselves for such a development, we should train up more academics in Gerontology to enable the Government to provide more professional elderly services. Since elderly services cover a diversity of areas, including leading fulfilling lives in the golden twilight years, retirement protection, continuing education and health care services, I therefore request that a comprehensive policy should be implemented to facilitate more active participation of and co-operation among various policy bureaux, with a view to improving the quality of living of the elderly. Deputy President, I beg to move.

MR CHEUNG Kwok-che moved the following motion: (Translation)

"That, given the trend of an ageing population, the Government estimates that elderly people aged 65 and above in 2036 will constitute 27% of the total population and amount to over two million; as the services in areas such as welfare, housing, medical and health care as well as life development currently provided by the Government for the elderly are insufficient to cater for the overall needs of the elderly in various aspects, coupled with the fact that at present the majority of the elderly people do not have full retirement protection, this Council urges the Government to consolidate the various existing elderly services and coordinate the relevant bureaux and executive departments to formulate a comprehensive and forward-looking elderly policy which, apart from catering for their physical and psychological needs, provides the elderly with more opportunities to enable them to actively participate in social building and continue to contribute to the community, so as to provide "golden twilight years" for the increasingly sizeable elderly population."

DEPUTY PRESIDENT (in Cantonese): I now propose the question to you and that is: That the motion moved by Mr CHEUNG Kwok-che be passed.

DEPUTY PRESIDENT (in Cantonese): Four Members will move amendments to this motion. This Council will now proceed to a joint debate on the motion and the four amendments.

I will call upon Mr TAM Yiu-chung to speak first, to be followed by Mr WONG Kwok-hing, Mr WONG Sing-chi and Mr Frederick FUNG; but no amendments are to be moved at this stage.

MR TAM YIU-CHUNG (in Cantonese): Deputy President, in recent years, a lot of efforts have been made by the SAR Government to improve the welfare of the elderly. But in the face of the long-term pressure of an imminent ageing population, the Government should formulate a holistic plan for elderly services as early as possible to prepare for the rainy days. In the wake of the financial tsunami, we can see that the lifelong savings of many elderly persons have disappeared overnight, thus resulting in a serious confidence crisis. It is foreseeable that public demand for various public services will definitely increase. Regarding this very meaningful motion moved by Mr CHEUNG Kwok-che today, the Democratic Alliance for the Betterment and Progress of Hong Kong (DAB) certainly supports it. Meanwhile, we will express our views on the nine major issues of particular concern to the elderly.

As reflected in the uproar caused by the recent revision of the Old Age Allowance (OAA) and the changes made by the public transport operators to the elderly fare concessions, members of the public are gravely concerned about the changes in the welfare of the elderly. At the end of last year, when the MTR Corporation Limited (MTRCL) and four franchised bus companies announced the scrapping of the \$2 fare concession offered to the elderly on Sundays and public holidays, strong opposition immediately arose in the community. Under public pressure, the bus companies withdrew the proposal and extend the relevant concessionary period for one year. The MTRCL also gave in by offering elderly fare concessions on Wednesdays and public holidays, which will nonetheless last for eight months only. The intention of offering fare concessions to the elderly

is to encourage them to go out to take part in activities on holidays, which is a token of our care and concern for them. We therefore hope that the MTRCL will reinstate the fare concessions to the elderly on Sundays and make it a permanent measure, and the bus companies will also implement fare concessions to the elderly on holidays on a permanent basis.

Since health care expenses take up a substantial part of the daily expenses of the elderly, inexpensive and convenient health care services are of vital importance to them. The elderly generally welcome the health care voucher scheme launched at the beginning of this year, but consider the value of the voucher too small. I wish to quote again the data collected in a survey conducted by the DAB in September 2006: 7.4% of the elderly spend more than \$800 a month on health care expenditure, 19.1% spend \$300 to \$800, and 32.7% spend \$100 to \$300. Therefore, the provision of a health care voucher of \$20 per month for the elderly to consult private medical practitioners is simply a drop in the bucket. The value of health care voucher is too small and cannot divert the elderly away from the public health care services. And, elderly persons must still wait a long time for government out-patient services. Regarding the health care vouchers introduced by the Government recently, it is learnt that more than 10% of the elderly have used up all the \$250 in one single medical consultation. We therefore request the Government to expeditiously increase the annual amount of health care voucher from the present \$250 to \$1,000, and lower the eligible age from 70 to 65. Problems have been encountered in the course of implementation, including complicated procedures, as clinics are required to spend considerable time on and deploy additional manpower for registering and opening a medical account for each elderly patient, and the problem that some clinics have subsequently withdrawn from the scheme. We hope that rectifications will be made as early as possible to streamline the complicated procedures and make the scheme more user-friendly.

To alleviate the medical burden of the elderly, we should start from lowering the public medical fees borne by the elderly. At present, over 40% of the total in-patient services are used by elderly aged above 65, whereas more than 50% of the accident and emergency services are used by the elderly. So, many elderly persons worry that they cannot afford the fees for in-patient services, accident and emergency services and medicine, and hence eagerly hope that the Government will cut these fees by half. Furthermore, the application procedure for waiver of fees should be streamlined such that the patients' declared income

no longer needs to be subject to cumbersome procedures of verification. Besides, instead of requiring frequent elderly patients to make multiple applications, a fee waiver for one year or even longer should be granted to these patients direct.

We understand that as health care resources are limited, it is therefore important for the Government to provide better primary health care services, which include enhancing disease prevention, introducing medicare schemes and providing inexpensive physical checkup services for the elderly. Also, more elderly health centre places should be made available so as to shorten the waiting time for membership. Besides, health assessment, counselling and health education should also be enhanced. Furthermore, the Government must strengthen the dental, ophthalmic and various inoculation services for the elderly, and promote elderly health activities so as to minimize their chance of contracting serious diseases, thereby enabling them to live more healthily.

In order to provide the elderly with greater financial protection, the Government should abolish the absence limit for OAA recipients and introduce an elderly maintenance grant scheme for elderly persons aged over 60 who are ineligible for CSSA, and allow the elderly to receive Disability Allowance and OAA concurrently. The significant increase in the payment of OAA this year has been very much welcomed by the elderly, and any further improvement must be geared towards relaxation of the permissible limit of absence from Hong Kong. While the limit of absence has now increased to 240 days, they still have to take the trouble of traveling back to Hong Kong to report their presence due to the residency requirement, which is indeed very inconvenient to them. A number of welfare organizations reflected that they have established elderly homes in the Mainland to provide Hong Kong elderly persons with cheaper residential care in a better environment, but the utilization rates of these elderly homes are by no means high. One of the main reasons is the absence rule imposed on OAA recipients. Elderly inmates of these homes for the aged are required to live in Hong Kong for 90 days a year, but welfare organizations are simply unable to provide these elderly persons with any temporary three-month accommodation in Hong Kong. Even large-scale welfare organizations have to give up, not to mention the ordinary elderly persons. The provision of OAA is meant as a token of the Government's respect for the elderly, but because of this absence limit requirement, elderly persons are deprived of the freedom of choosing where to live. The elderly are all looking forward to the complete removal of this obstacle after the Government's review this time around.

Insofar as the OAA is concerned, we cannot but regard it as a solution to the problem of elderly poverty. All along, the Government has depended solely on the CSSA system as a way to tackle the problem of elderly poverty. While many elderly persons are not well-off, they do not want to apply for CSSA unless they really have no other alternative. On the other hand, the CSSA system is much too rigid and harsh. Applications must be made by a family. Elderly persons who live with their children are rendered ineligible for CSSA because their children have regular income. What is more, as the children of the elderly concerned are often reluctant to sign the "bad son statement" to sever the parental tie, many poor elderly persons are deprived of due social assistance. So, in order to help the elderly, apart from reviewing the CSSA system, the Government should also consider introducing an "elderly maintenance grant scheme" which has been repeatedly proposed by the DAB, with a view to providing the necessary financial assistance to the poor elderly who are ineligible for CSSA.

In respect of long-term health care, sustainable community and institutional care must be enhanced, and the carers should be provided with support.

Another important area relating to the services for the elderly is the promotion of mental health. The Government should step up its effort in this regard.

MR WONG KWOK-HING (in Cantonese): Deputy President, before delivering my speech, I would like to tell a touching true story. Last Sunday, there was a television programme featuring the implication of the redevelopment of Lower Ngau Tau Kok Estate on the elderly residents. One of the scenes shows a reporter interviewing a mobility-impaired old lady, who was pushing a trolley of waste paper that she intended to sell. The reporter asked the old lady how much she could get from selling the paper, and she replied, "Ten dollars, which is better than nothing." She was wearing a smile on her face when she said this. This shows how diligent and contented the Hong Kong elders are, and how hard they have tried to earn their own living, and they are not greedy at all.

Secretary, it has been very cold lately and the cold spell warning issued by the Hong Kong Observatory has been in effect for 10-odd consecutive days. If

it is 10°C in the urban area, the temperature will definitely be a couple of degrees lower in the remote areas of the New Territories. Every morning, over 100 elderly persons will be queuing on the superstructure of the Light Rail Transit Station in Tuen Mun town centre, where the temperature is a couple of degrees lower than the urban area. What are they queuing for? Just for a copy of free newspaper, and after they get a copy, they will queue up again for another one. In such cold weather, why did they not stay in their warm beds but have to queue up there? The reason is that they wish to collect more newspaper and then sell it. If the Secretary does not believe this, he can go there in person tomorrow morning and he can see it everywhere. It also shows how miserable the life of Hong Kong elderly is in their twilight years. How incommensurate this is with the claim made by Hong Kong people and the Government that Hong Kong is an international metropolis and financial centre, and how sarcastic this is. How come elderly persons living in this international metropolis and financial centre are leading such kind of life in their twilight years?

The Government could have provided certain welfare benefits or established certain mechanisms or made certain grants, but it was not until the elderly staged petitions and demonstrations that the Government implemented measures in a way like "squeezing toothpaste out of a tube". This illustrates that the Government is merely taking one step at a time and responding in a way like "squeezing out toothpaste" in its elderly policy, rather than formulating a complete and holistic policy to care for the elderly. Neither is there a comprehensive elderly policy.

Today, I am grateful to Mr CHEUNG Kwok-che for moving this motion. However, I still consider the original motion incomprehensive and have therefore proposed an amendment. I hope that through this debate today, the Government will genuinely formulate a comprehensive elderly policy that respects the elderly, loves the elderly and cares for the elderly in its administration, and will work hard to achieve the goal of "giving the elderly a sense of belonging, a sense of security, a sense of worthiness and a sense of being useful". If even the Government fails to properly implement the so-called elderly policy, no wonder those monopolistic public organizations, particularly transport operators, are so mean to the elderly.

Therefore, in my amendment, I first urge the Government to comprehensively collect the views of the elderly, thereby enabling them to

participate in and express views on the elderly policy which can then be compiled and consolidated. The Government may even organize a council or forum for the elderly to collect their views for the publication of a consultation document similar to a green paper. The Government should avoid doing things behind closed doors and confining its discussions to the upper echelon. Rather, it should start from the bottom and work all the way up. Only by so doing can we come up with a comprehensive elderly policy. However, the Government is currently making remedies by merely taking one step at a time, and is treating the symptoms but not tackling the problem at root.

Moreover, the most crucial part of the elderly policy is how we can enable the elderly to secure stable income for their twilight years. There is currently a lack of a comprehensive retirement protection scheme in Hong Kong. Despite that the Mandatory Provident Fund (MPF) system has been introduced, not many elderly persons can benefit from it, not to mention that the MPF system alone cannot address the problem. The Hong Kong Federation of Trade Unions proposed the introduction of a comprehensive retirement protection scheme as early as in the 1980s, but our proposal was neglected by the Government at that time. Even now, the Government will only listen to some of our views. So, I eagerly hope that the Government will genuinely consider the implementation of a comprehensive retirement protection scheme and attain this goal. This is the only way to tackle the issue at root and provide retirement protection to all the people, rather than protecting some people but not all members of the public.

Furthermore, when we proposed the promotion of elderly services, the Government has highlighted the importance of harmonious families and care for the elderly. Yet, its housing policy is often contradictory. The existing well-off tenant policy introduced by the Hong Kong Housing Authority and the Housing Department has actually encouraged the younger generation not to support their elderly parents and expel them from the family. Besides, in order not to pay 1.5 times or double the rent, the younger generation chooses not to live with the elderly. This is the existing policy. After much criticism, the Government now proposes the idea of so-called harmonious families. For applicants living with the elderly, their applications will be processed more speedily, and they can even enjoy better transfer arrangements. Nonetheless, the wrong policy has remained unchanged as CSSA applications are still

family-based. As a result, the elderly cannot submit independent applications if their children refuse to sign the "bad son statement". All these government policies are contradictory.

On transport issues, the Government, being the largest shareholder of MTRCL, is also very mean to the elderly. Why did it not continue to offer fare concessions when there is evidently no public request for an increase in the number of trains running on Saturdays and Sundays? If even the Government has acted in this way, how can it encourage the transport operators or other enterprises to discharge their social responsibilities together? If the Government itself is not doing the right thing, how can it convince other people to join hands to respect and love the elderly?

Besides, primary care services for the elderly also have a lot of drawbacks. Insofar as primary care is concerned, not only is there a shortfall of places in community elderly centres, the waiting time for residential care places is so long that the elderly may have gone to Heaven while they are still waiting. In respect of the \$250 health care vouchers, what kinds of services are available for the elderly? Approximately five times of medical consultation. Worse still, many initiatives in the so-called continuum of support policies have yet to be implemented. So, all the available facilities, measures and supporting resources for the elderly are provided by various departments individually. Honestly speaking, only Secretary Matthew CHEUNG is present at the meeting today, but the elderly issue actually involves other policy bureaux which are not represented in this meeting. Nothing can be done as this is the existing system. I know that Secretary Matthew CHEUNG has the sincerity to do something, but I do not see such sincerity in other Directors of Bureau. In the absence of an overall objective in the Government, Secretary Matthew CHEUNG has to fight on his own. He has to discuss with us issues relating to this policy area all by himself without any involvement from other Directors of Bureau.

In addition, my amendment also mentions the assistance provided to the elderly on financial planning. As seen in the Lehman Brothers saga, a lot of elderly persons have suffered heavy losses. This is an important issue indeed.

Another point I wish to talk about is the hospice care services. Be it the elderly or people in this Chamber, we all will go to Heaven someday. How can

we ensure that the elderly enjoy good hospice care services? Government policies often fail to address this issue. Besides, people always point out that there is a lack of columbarium (*The buzzer sounded*)

Thank you, Deputy President.

MR WONG SING-CHI (in Cantonese): Deputy President, as a result of a decline in birth rate and a longer life expectancy in recent years, Hong Kong is now facing the problem of an ageing population. According to the 2006 Population By-census, the number of elderly persons increased at an average annual growth rate of 5.1% between 1961 and 2006. The proportion of elderly persons in the total population also rose continuously over the past four decades or so from 2.8% in 1961 to 12.4% in 2006, and it was 12.58% in 2008 from the statistics of the Census and Statistics Department (C&SD). A survey conducted by the Hong Kong Council of Social Service (HKCSS) points out that the ageing population will peak in 2033, when people aged 65 or above will account for one quarter of Hong Kong's population. The HKCSS also points out that according to the United Nations (UN), when people aged over 65 accounts for more than 10% of the total population of a country or region, it indicates that the country or region concerned has become an ageing society. Since the proportion of the elderly population in Hong Kong, which was earlier said to be 12.58%, has already exceeded the prescribed ageing indicator of the UN, and as the percentage will double that of the indicator by 2033, an ageing population is no longer a problem in future. It is happening right now and is continuously worsening.

To put it simply, the typical population pyramid has already changed. Following an increase in the proportion of the elderly population, the importance of elderly policy also increases. There have been more and more public discussions on elderly policy, so are the requests for the formulation of a comprehensive elderly policy. In the face of an ageing population, necessary adjustments must be made by the Administration in the formulation of policy.

The motion moved by Mr CHEUNG Kwok-che today aims to draw up an elderly policy that can address both the symptoms and the core of the problem of ageing population issue.

The Democratic Party supports the nine elderly policies proposed in Mr TAM Yiu-chung's amendment, but I would like to add something to point (c), which proposes to abolish the absence limit for Old Age Allowance (OAA). The Democratic Party agrees that the absence limit for OAA should be abolished so that the elderly are only required to return to Hong Kong to report to the Government once a year, for the purposes of ensuring that the elderly recipients are still alive and that they still wish to receive the OAA. This helps to avoid granting OAA to deceased elderly persons. Hence, the elderly need not travel between the two places frequently and can live in the Mainland at ease. The quality of living of the elderly can therefore be enhanced, particularly those who are mainly dependent on OAA for meeting their major expenses. Regarding point (c) of the amendment about the "elderly maintenance grant scheme", just as Mr Fred LI said on 5 November during the motion debate on "Old age allowance and universal retirement protection system", while this scheme could provide the poor elderly with a second tier of CSSA, it might be an excuse for the Government to abolish the OAA scheme. But since the beneficiaries of this scheme include elderly persons aged 60 to 64 who have reached the retirement age but are ineligible for OAA, it is indeed a way to fill the gap of the OAA scheme. For this reason, the Democratic Party supports Mr TAM's amendment.

The Democratic Party also supports Mr WONG Kwok-hing's amendment, but we hope that he can further elaborate on his stance on point (c) of his amendment. According to the data provided by the C&SD, the number of singleton elderly rose from 84 767 in 2001 to 98 829 in 2006, an increase of more than 10 000. The Democratic Party therefore supports the amendment concerned, which proposes the launching of measures to encourage children to live with their elderly parents. In his amendment, "expanding the schemes to foster harmonious families in public rental housing and providing home purchase assistance and loan schemes" is merely one of the measures.

The Democratic Party also supports Mr Frederick FUNG's amendment, which urges the Government to expeditiously implement the recommendations made in the amendment and improve the problem of elderly poverty. All in all, the Democratic Party supports all the amendments today.

In my amendment, I have proposed a number of focused policies for the elderly.

An ageing population is not only attributable to low birth and death rates, but also due to the post war baby boom generation advancing into old age, such that the population starts to age rapidly within the next few years. Despite that the number of elderly with retirement protection continues to grow and the accrued benefits under the Mandatory Provident Fund (MPF) Scheme will increase, an expanded elderly population coupled with a shrinking workforce will start to push up the social welfare expenditure arising from an ageing population after 2011, which will increase year-on-year thereafter. This will definitely pose immense pressure on public expenditure. My first proposal is therefore to set up an "Old Age Reserve Fund" (Reserve Fund), which will, for example, draw money annually from the investment income of the Exchange Fund and 50% will be set aside as recurrent income of the Reserve Fund. This is a suggestion of the Democratic Party. It is estimated that even in the absence of other investment income, the Reserve Fund will accumulate up to \$190 billion in five years, and can then be used to foot the bill of other public health care and social welfare expenses arising from the ageing population, thereby maintaining the various welfare benefits and services provided for the elderly.

Furthermore, the Democratic Party suggests that the retirement and employment policies and services should be reviewed so as to address the negative financial implication brought about by the ageing population. Extending the work life of the elderly will enable them to earn a living, increase the labour force participation rate and facilitate economic growth. Comparing the 2001 Population Census and the 2006 Population By-census, the percentage of elderly persons who have received no education or have not attained pre-primary education dropped from 42.4% to 35.8%, whereas those who have attained post-secondary education rose from 3.8% to 6.6%, an increase of nearly 30 000 people. In addition, the numbers of elderly persons working as professionals, managers and administrators also increased from 980 and 9 040 in 1996 to 2 196 and 11 536 in 2006 respectively, and the increase was significant. It is believed that these changes are attributable to the government policy of nine-year free education and the recent expansion of higher education. It is projected that the education level of the elderly population will further increase in the future. Even though the elderly's physical strength may fall and they may no longer be capable of taking up manual labour work, their experience, their professional knowledge and strong personal network could become important assets of a company in a knowledge-based economy. For this reason, it is

proposed that the Government should "legislate against age discrimination to safeguard equal employment opportunities for the aged population". The Democratic Party suggests that the Government should, by all means, enhance the competitiveness of the aged population in the labour market, remove any obstacles affecting the labour force participation rate, inducing more enterprises to employ the elderly and protect elderly staff members from any unfair treatment in terms of welfare benefits due to their age.

Point (c) of the amendment urges that the Government should revamp the health care financing and retirement protection systems. According to the information provided by the Hong Kong Council of Social Service, while the majority of the elderly are physically fit, many (70%) do suffer from one or more than one kind of chronic diseases, among which the most common are hypertension, arthralgia, eye diseases and diabetes. In the course of revamping the health care system, the elderly should be provided with information on health care financing and retirement protection reforms, and the Government should gain a better understanding of the elderly's concerns and views, as well as enhance their understanding of the policies. By so doing, initiatives like establishing a long-term health care system can better meet the needs of the elderly, and achieve sustainability in the welfare benefits and public services provided for the elderly.

I hope that the Honourable colleagues will support all these policies proposed for the elderly. With these remarks, I propose the amendment.

MR FREDERICK FUNG (in Cantonese): Deputy President, first of all, I am grateful to Mr CHEUNG Kwok-che for moving this motion to urge the Government to formulate a comprehensive elderly policy.

Deputy President, concerning my amendment, in order to avoid adding details to the motion as if hanging decorations to a Christmas tree or a New Year wishing tree, thus rendering the motion cumbersome and incomprehensible to the public and media, my amendment only asks the Government to expeditiously implement the recommendations on the related issues made in the last term of the Legislative Council in the Report on Elderly in Poverty and the Report of the Commission on Poverty.

In fact, these two reports have incorporated all kinds of views, in particular the Report on poverty alleviation of the Legislative Council. It has incorporated the views of different political parties and put forwards various concrete and practicable recommendations to cater for the needs of the elderly in various aspects. There are both short-term and long-term policies, covering the economic, medical, housing, social and health care areas, as well as the promotion of universal retirement protection and so on. I believe that as long as the Government can really implement these recommendations, and with the support of a long-term and comprehensive elderly policy, not only can the elderly live a decent life in their twilight years, they can also continue to participate in social building and contribute to the community, so that Hong Kong can enjoy sustainable development.

Deputy President, according to the census in 2006, elderly people aged 65 or above constituted 12.4% of the total population in Hong Kong and amounted to 850 000. Among these 850 000 people, the dependency ratio was 168, which means that 168 in 1 000 elderly people were in need of care. It is estimated that in 2033, the elderly population will increase to 2.17 million while the dependency ratio will be 428. In other words, there will be one elderly person among four people. It is foreseen that the peak of the dependency ratio will appear in 40 to 50 years' time. By then, the elderly population will constitute more than 30% of the total population.

Facing the above estimated figures, some people can see the optimistic and positive side. For instance, the silver-hair market will have a prosperous development in the future. The community should make use of these precious resources, that is, these elderly people with abundant experience, to co-ordinate with social development. Besides, individuals, families, the business sector and the Government can play different roles in supporting the future development and needs of the elderly.

However, Deputy President, it is unfortunate that the Government of the Hong Kong Special Administrative Region (SAR) can only see the negative side. When it comes to shouldering responsibilities to meet the needs of the elderly, the Government will instantly change its look and become Mr SCROOGE. It will deal with the elderly problem with its usual mindset of a miser. With only a

dollar sign in its mind and some figures on hand, it will describe the elderly as a heavy burden to society in the future. Being wantonly vilified, the elderly people are portrayed as the prime culprit for the heavy medical and welfare expenditures.

Deputy President, as we all know, from the past to the present, Hong Kong has always lacked a sound and comprehensive elderly policy, and this is why the Legislative Council basically has to discuss and debate the elderly issue time and again every year. Even though the motions concerned were passed over and over again, the Government has still turned a blind eye to them. Since the beginning of the Legislative Session in 2008, Members have been debating the related issues many times. In fact, the one who started debating this issue is the Chief Executive himself. In the latest policy address, the Chief Executive surprisingly introduced a means test system for the Old Age Allowance (OAA), which is completely against the consensus reached by the Legislative Council and the public. In our opinion, the OAA is a realization of the community's responsibility towards the elderly, and a goodwill gesture in return for their long contributions to society. However, the Government has chosen to do just the opposite and is oblivious to public sentiments by stirring up conflicts between the Government and the public, which is perplexing indeed.

Later on, due to strong pressure from the community, the Chief Executive changed his stance within 10 days by shelving the proposal on the introduction of a means test and increasing the OAA to \$1,000. The Hong Kong Association for Democracy and People's Livelihood (ADPL) and I, of course, welcome this move. In response to this, I even withdrew my amendment to the Motion of Thanks some time ago. Nevertheless, judging from the remarks and attitude of the Chief Executive when he suddenly made an about-turn on that day, the public could see how unwilling and reluctant he was to make this move. It seemed that he himself was the only one who was rational, while the public and the elected representatives in this Legislative Council were all emotional. He is completely oblivious to Hong Kong's support and respect to the elderly.

As I recall, the Government then pointed out that the expenditure on the OAA was around \$3.9 billion. With the increase in elderly population, the expenditure will jump to \$7.9 billion by 2033. In the event that the OAA is increased to \$1,000, the expenditure will be \$14 billion by 2033. Therefore, the Administration reckoned that this measure was not sustainable.

Nonetheless, the Government was very swift and determined when it reduced the corporate profits tax last year, neglecting the voices of opposition from society. Even though the business sector did not make such a request, it still reduced the profits tax by 1%, leading to a decrease of \$4.4 billion in government revenue. My question is that by 2033, how much less will the treasury be receiving? The answer is definitely over \$100 billion. However, the Government does not think that these measures are not sustainable. We thus see that the Government is adopting double standards towards the business sector and the elderly.

Deputy President, in fact, how much will a mere increase of \$14 billion in the OAA expenditure take up the Gross Domestic Product of Hong Kong in 24 years' time? We can estimate that it is negligible. The question is simply whether the Government and the public think that this amount of expenditure is important or not. Even if the OAA will really give rise to financial difficulties in the future, I believe that the public will still continue to give their support. They will also willing to help the elderly a little more and shoulder a little more for the elderly.

Deputy President, in fact, the reason for my repeating the arguments over the OAA is not to bring up an old issue, but I just want to highlight a key point. On the one hand, we see that a majority of the public and the Legislative Council view that on the premise of showing respect to the elderly and repaying the elderly for their contributions, we are willing to shoulder financial support for them. The community at large is willing to make commitments to supporting the elderly and meeting their needs without any regret. However, in formulating the elderly policy, co-ordination among individuals, families and part of the business sector is needed. And we see that they are willing to provide support and play an active role.

Conversely, on the other hand, the powers-that-be (the SAR Government, including the Chief Executive) insist to deal with the elderly problem with the mindset of a miser. Even on the issue of giving out just a little more OAA, they have refused to make any concession or commitment, and they have even exaggerated the impact brought by an ageing population, describing the elderly as a burden and a problem. It is with this attitude that they deal with the elderly policy. It can be said that the elderly policy will have no way out; it will go to a dead end and will have no breakthrough. For the discussion today, no matter

how many New Year wishes, Christmas wishes or gifts are hung onto the original motion, I believe that Members are merely wasting their time in putting forward their proposals, as the Government will not give consideration to them.

Deputy President, let me emphasize once again that the Government has to show some vigor to change its long-standing mindset of a miser. It should formulate a long-term and comprehensive elderly policy, instead of dealing the matter in a haphazard manner as in the present way. There is a difference between my view and Mr WONG Kwok-hing's view. He said that the Government was not attending to the real problem, just like treating the leg for a headache and treating the head for a leg pain. But I think that it is still not enough even if the Government can treat the head for a headache.

Take retirement protection for the elderly as an example. The financial tsunami has already shown clearly to the community the conspicuous flaws in the Mandatory Provident Fund (MPF) system. It can be greatly affected by the fluctuations of the financial market and the hard-earned money saved by the employees can be vaporized upon their retirement. Besides, the trustees also charge exorbitantly. And there is also a problem that due to insufficient coverage of the MPF, low-income people, the elderly and housewives all fall out of protection. Nevertheless, the Government has been ignoring the various loopholes of the MPF system just mentioned.

Deputy President, the World Bank and the Organization for Economic Co-operation and Development (OECD) have long been proposing to provide three kinds of retirement protection for the elderly, including basic pension, occupational retirement protection and personal voluntary investment. However, while Hong Kong has the second and third kinds of protection, it lacks the first kind of protection, namely, basic pension. The ADPL and I have been proposing to the Government that on the basis of the existing MPF system, the Government should introduce a universal retirement protection scheme with tripartite contributions from the Government, employers and employees respectively. This is to make up for the shortcomings of the MPF system so that basic protection to the elderly can be provided immediately while the scope of protection can be widened to cover those who are unprotected by the existing MPF system.

Deputy President, due to factors like exorbitant cost and taking care of the social needs of the elderly, the Government tends to adopt the family-oriented approach as the guiding principle. It has gradually changed the old approach of taking care of the elderly from institutional care to community and family care, giving us an impression that it is shirking its responsibility. The ADPL and I consider that the crux of the problem lies in whether the Government has provided sufficient resources to cope with this policy change, by providing corresponding support to the community and carers of the elderly, so that the elderly can spend their old age in the familiar environment of their community and family. In this connection, I would like to remind the Secretary that during a Subcommittee meeting related to the elderly issues in the last term, he promised to submit a report on the development plan of aged homes and care-and-attention homes for the elderly to the Panel on Welfare Services of the Legislative Council by the end of March this year. I hope that he can be true to his words.

Deputy President, what I have said above are basically closely connected with the entire elderly policy. Therefore, once again, I urge the Government to turn over a new leaf by changing its old mindset of a miser and formulating a sound and comprehensive elderly policy.

I so submit.

SECRETARY FOR LABOUR AND WELFARE (in Cantonese): Deputy President, first of all, I wish to thank Mr CHEUNG Kwok-che for moving the motion today and Mr TAM Yiu-chung, Mr WONG Kwok-hing, Mr WONG Sing-chi and Mr Frederick FUNG for proposing their respective amendments to the motion.

Like many other places in the world, Hong Kong is faced with the challenges posed by an ageing population. According to the latest statistics, the number of elderly persons aged 65 or above has been increasing continuously, and a drastic increase is even expected in the next two to three decades. At present, one in eight Hong Kong residents is an elderly person. By 2033, roughly one in four Hong Kong residents will be an elderly person. At the same time, Hong Kong's fertility rate is among the lowest in the whole world, while the average lifespan of its people ranks among the highest in the world. This means

that the dependency ratio will only increase. By 2033, only two in every four persons in Hong Kong will be working adults. Apart from raising their children, these working adults must also support the elderly members of their families.

The Government understands very deeply the concern about population ageing in various sectors of the community. People in society and the Legislative Council have been holding many discussions on this topic, and they have put forward plenty of precious advice to the Government. As rightly pointed out by Mr Frederick FUNG just now, the Report on Elderly in Poverty published by the Legislative Council Subcommittee to Study the Subject of Combating Poverty in June 2007 and the report of the Commission on Poverty released around the same time both made many recommendations that cover the provision of financial protection, welfare services, health care services and housing to the elderly and also the advocacy of healthy old age. All relevant policy bureaux and departments are currently studying the views put forward by the Legislative Council and the various social sectors. Corresponding measures are being put forward to better cater for the needs of the elderly and improve their livelihood.

In the following part of my speech, I shall give a concise account of the various government measures on supporting and looking after the elderly. I shall be as concise as possible.

To begin with, I wish to say a few words on providing the elderly with financial assistance and welfare services. As Members all know, in this regard, the Government has been providing financial assistance to the elderly mainly through the Comprehensive Social Security Assistance (CSSA) Scheme and the Social Security Allowance (SSA) Scheme under the social security system of Hong Kong.

The CSSA Scheme aims to cater for the basic livelihood needs of persons who cannot support themselves financially. At the same time, we seek to meet the special needs of the elderly through the provision of higher standard rates, special allowances and supplements, detailed as follows:

- (1) The standard rates for elderly persons (aged 60 or above) are higher than those for able-bodied adults, with each elderly person offered \$2,335 to \$4,220 monthly;

- (2) elderly persons are entitled to special allowances for meeting the expenditure on their special needs such as the purchase of spectacles, dental treatment, home removals, transportation to and from hospitals or clinics, diets recommended by doctors, and the purchase of rehabilitation and medical equipment; and
- (3) families with elderly members in receipt of CSSA for a continuous period of 12 months or more are each entitled to a long-term supplement for the replacement of household goods and durables.

As at the end of November 2008, totally 185 000 elderly persons aged 60 or above were in receipt of CSSA. The average monthly rate for singleton elderly is estimated to be \$3,875. The expenses on elderly CSSA cases account for half of the total expenditure on CSSA.

As for the SSA Scheme, the Old Age Allowance under it provides Hong Kong residents aged 65 or above with cash allowances to meet their special needs in old age. The Disability Allowance under this scheme provides cash allowances to Hong Kong residents with severe disabilities to meet their special needs arising from severe disabilities.

As Members all know, with effect from this month, the amounts of the Normal Old Age Allowance and the Higher Old Age Allowance (commonly called the "fruit grant") are both increased to \$1,000 a month. At the end of November 2008, there were 480 000 Old Age Allowance recipients. Some 70 000 of them were in receipt of the Normal Old Age Allowance and the remaining 410 000 were in receipt of the Higher Old Age Allowance. Besides, some 50 000 persons aged 65 or above were in receipt of the Disability Allowance. The Disability Allowance is divided into the Normal Disability Allowance and the Higher Disability Allowance, respectively offering a monthly allowance of \$1,170 and \$2,340.

To sum up, I wish to point out that through the CSSA Scheme and the SSA Scheme, we have been offering financial assistance of varying degrees to 88% of the elderly persons aged 70 or above. In the 2007-2008 financial year, totally \$13.8 billion was spent on the provision of CSSA to elderly persons aged 60 or above and the granting of the Old Age Allowance and the Disability Allowance to elderly persons aged 65 or above.

Apart from providing elderly persons with a financial safety net through the social security system, the Government has also been trying to cater for all the basic livelihood needs of the elderly by providing different services and implementing various measures aimed at making life convenient for the elderly.

First, I wish to discuss elderly services. The Government has been encouraging the elderly to "age in the community", in the hope that they can live their twilight years in their familiar communities, where they can continue to receive care and support from their family members and neighbours. To this end, the Government has been providing a whole series of support services, including 54 day care centres for the elderly located all over Hong Kong and the subsidized community care services provided by 85 Integrated Home Care Services Teams. These teams provide a wide range of services, including personal care, rehabilitation treatment, provision of meals, household cleaning and even transportation and escort services, with a view to assisting elderly persons in ageing in the community. At present, 25 000 elderly persons are in receipt of such services. What is more, at the district level, there are more than 200 elderly centres all over Hong Kong which provide 180 000 elderly persons with education, counselling, recreational and carer support services. Through their outreach programmes, these elderly centres also provide support to those singleton and hidden elderly whom we are very concerned about, and also assist them in establishing their community social networks.

In regard to those elderly persons who cannot stay home for health and family reasons, especially those weak elderly persons who are in need of residential care, the Government now provides 26 000 subsidized residential care places for the elderly in need. These 26 000 elderly persons account for 46% of all the institutionalized elderly in Hong Kong. Through the provision of CSSA, the Government also offers subsidy to about 24 000 elderly persons who are living in non-subsidized residential care homes. To sum up, roughly 90% of the elderly persons living in residential care homes are in receipt of various forms of government subsidy.

With respect to health care, it must be pointed out that the elderly are the main service targets of the public health care sector. The Hospital Authority

(HA) now provides elderly persons with comprehensive health care services, including in-patient service under various clinical specialties and primary health care and specialist medical services.

In order to cater for the health care needs of elderly persons experiencing financial difficulties, elderly recipients of CSSA are exempted from the payment of public medical fees. As for those elderly persons not in receipt of CSSA, the HA has made special arrangement to make the medical fee waiver mechanism more accessible to elderly patients. For example, the asset limit for elderly persons aged 65 or above has been raised to \$150,000, which is \$120,000 higher than that for people below 65 of age. Apart from one-off waivers, elderly patients who need to attend frequent follow-up appointments can also apply for period waivers, so that they can enjoy fee waivers during the specified period, rather than having to apply for a fee waiver every time they seek consultation. To address elderly persons' demand, the HA has also extended the waiver period from six months to 12 months. And, the coverage has also been extended from scheduled specialist out-patient clinic services and general out-patient clinic services to non-scheduled general out-patient clinic services.

Besides, the Department of Health (DH) has also been providing a range of elderly health services through its Elderly Health Centres and visiting health teams, with a view to enhancing the ability of the elderly to look after themselves and assisting them in cultivating wholesome lifestyles. It is hoped that all this can reduce their incidence of contracting diseases.

As Members all know, on 1 January this year, the DH launched a three-year pilot scheme of health care vouchers for the elderly. Under this scheme, elderly persons aged 70 or above are provided annually with five health care vouchers of \$50 each to subsidize their use of primary care services in the private sector. At present, some 1 800 health care service providers with venues of practice located in all the 18 districts of Hong Kong have joined the scheme. The scheme can provide elderly persons with an additional choice, enabling them to choose their own primary health care services in their local communities that suit their needs most. By using their health care vouchers, elderly persons can also establish a sustained relationship of care and attention with private-sector health care service providers.

In respect of housing, in October 2008, the Housing Authority endorsed the merging of the Families with Elderly Persons Priority Scheme and the Special Scheme for Families with Elderly Persons, with a view to encouraging young families to live with or near their elderly parents. Under the merged scheme, a preferential waiting period of six months is accorded to applicants (meaning that the registered dates of their applications are pushed back by six months). The minimum waiting period of 18 months is waived and applicants do not have to wait for the expiry of this waiting period before they are allocated housing units. Besides, the requirement for applying for two separate public rental housing units is also relaxed from one nucleus family with at least two elderly parents to a nucleus family with at least one elderly parent. It is hoped that more elderly persons and their family members can thus benefit.

The Housing Authority will continue to implement the Harmonious Families Addition Scheme and the Harmonious Families Amalgamation Scheme, with a view to fostering inter-generational solidarity. The Harmonious Families Transfer Scheme will also be perfected to provide public housing households with more opportunities of transfer, so that young family members may move to live in the same housing estate of their elderly parents or nearby estates.

The Housing Authority has also been striving to provide elderly tenants with a safe and convenient living environment, so that they can "age in place". Let me quote a number of examples here. "Universal Design" is adopted for all new housing construction projects, with the aim of providing a living environment suitable for different age groups. With this concept in mind, the Housing Authority will introduce various measures that can provide convenience to elderly persons in their daily life, such as the installation of lever door handles and improvements to the design of walkways in public housing estates. In 2006, the Housing Authority implemented an improvement programme on barrier free access and facilities, under which facilities such as ramps, railings and "audible floor announcers" in lifts were installed for the convenience of the elderly. Besides, the Housing Authority will also alter the facilities in housing units to cater for the needs of individual elderly tenants. Some examples are the installation of indoor handrails, the widening of apartment entrance doors and the height adjustments of electricity sockets. And, the Housing Authority has also launched some improvement schemes in various public housing estates to replace the recreational facilities for the elderly or to construct additional ones. Some

examples, such as Tai Chi venues, foot massage paths and long benches, may already be familiar to Members. And, lifts have also been installed in some public housing estates to facilitate the movements of the elderly.

As Members also know, the elderly are a valuable asset of society. Their retirement from their former posts is actually the beginning of another golden age in their life. If elderly persons can make good use of their leisure time to cultivate different interests, if they can contribute to society with all their knowledge and precious experience, they themselves and Hong Kong as a whole will surely benefit. For this reason, the Government has been working with the Elderly Commission to promote the concept of "active ageing", encouraging the elderly to maintain close contacts with society and live an enriched life. Since early 2007, we have been running the Elder Academy Scheme as a means of encouraging lifelong learning among the elderly. It is hoped that while acquiring new knowledge, the elderly can also widen their social circles, remain physically and mentally healthy and have a sense of worthiness. With the help of many educational organizations and welfare agencies, 78 elder academies have been established in the various districts of Hong Kong, offering nearly 10 000 places for the elderly in the current academic year. What is more, seven tertiary institutions have agreed to render their support by organizing their own elder academy programmes, offering about 1 000 places to the elderly.

Elder academies aside, the Social Welfare Department also seeks to promote the concept of "active ageing" by implementing the Opportunities for the Elderly Project. This project provides subsidy to various social service agencies, district organizations, volunteer groups and educational agencies for the purpose of organizing various programmes, such as those related to voluntary services for promoting inter-generational solidarity, the fostering of a sense of worthiness among the elderly in the community and the promotion of a culture of inter-generational solidarity and care for the elderly.

Besides implementing all the measures related to the four aspects of financial assistance and welfare, health care, housing and active ageing which I have mentioned, the Government and various public and private sector organizations will also offer various concessions to the elderly to cater for the needs of the elderly. Through the Senior Citizen Card Scheme, the Government seeks to make it more convenient for elderly persons to enjoy the concessions and

preferential treatment offered by government departments, public organizations, private organizations and shops. The concessions concerned cover various livelihood needs of the elderly, such as clothing, food, accommodation and transportation. They can help the elderly upgrade their quality of life and assist them in remaining active in the community. The Government will continue to encourage the various social sectors to provide more concessions to the elderly. And, it will also continue to promote respect and care for the elderly in the community.

Deputy President, I have briefly introduced the main measures adopted by the Government to help cater for the financial and livelihood needs of the elderly. I shall give a further reply after listening to Members' views. Thank you, Deputy President.

MR LEE CHEUK-YAN (in Cantonese): Many thanks to Mr CHEUNG Kwok-che for bringing up this motion today. The wordings he used in his motion are very clear, and he is asking for the formulation of a comprehensive elderly policy. I think he would have expected a completely incomprehensive response from the Secretary, which is also very piecemeal, to the extent of just talking about handrails. It seems that the Secretary was enumerating a list of things but everyone knows that the Secretary was either referring to trivial matters or demands which cannot be met. Then, he would skip the most important thing. The most, most important issue is while everywhere in the world is having a pension scheme, the elderly in Hong Kong do not have pension. This Government remains reluctant to face this issue.

In addition, Deputy President, the most disappointing part is the failure of the Secretary in mentioning what policy or vision the Government has. We all remember that during the TUNG Chee-hwa era, there were the three policies on the elderly to ensure a sense of security, a sense of belonging and a feeling of health and worthiness for the elderly. At that time, TUNG Chee-hwa could depict a beautiful vision, just that the policy did not materialize because of him, and so, it was not implemented. However, when it came to Donald TSANG, things are even worse in that even those three policies on the elderly are gone.

Could the Secretary explain whether the vision of TUNG Chee-hwa in proposing those elderly policies has been totally abandoned by the Government? Is it that while there was then the intention of attempting to pay respect to the elderly, a policy of abandoning the elderly is now being adopted instead? We all see that Donald TSANG himself may be very smart. He is smart in that he, unlike TUNG Chee-hwa who gave the elderly an expectation, is simply telling them not to harbour any hope, for he has no vision. While running his campaign, he has not made any commitment to the elderly. So, his smartness lies in his ability in managing expectations and making people give up on pinning any hope on him. When people have no hope, there will be no demand.

However, things cannot go like this. Secretary, you are also aware that this is related to population ageing, and you are also aware that the public have demands. Nevertheless, I am disappointed that Donald TSANG only talked about a regressive commitment, that is, putting in place a means test for "fruit grant" and referring to the elderly as a burden, with no policy whatsoever aimed at helping them.

Now, I would say that Chief Executive Donald TSANG is implementing a policy of five "nils": nil sense of security, nil feeling of health and worthiness, nil medical care, nil means of transport and nil care and protection for the elderly.

The biggest problem is "nil sense of security". Deputy President, I said earlier that Hong Kong currently does not have a pension system. As regards the MPF scheme, first, though the public have waited for so long that their necks have been elongated, only some people can have a little protection. Second, if they are low-income earners, despite having saved up for decades, the money would have been exhausted after a few years. Thus, this scheme will not turn out to be an ultimate solution. Unfortunately, neither this Government nor the Chief Executive has come up with anything to make improvement in this regard.

I have this question for the Secretary: he said in 2004 that the Central Policy Unit (CPU) has set up an ad hoc group to look into financial security for the elderly, and that the group would study the three major pillars of the World Bank, that is, private saving, mandatory retirement saving and government social security, as well as examine their implementation in Hong Kong. It is said that

the group set up in 2004 would release a report in early 2006 but now is already 2009 and the report is still missing. We keep on questioning the Secretary year after year in the Panel on Welfare Services but up to now, we are still told that the study is underway. The study began in 2004 but by 2009, the report is still not yet ready. Secretary, I would like to have an answer. Are you owed this report by the CPU or have you already had the report, only that you dare not make it public? I hope the Secretary can give us a clear explanation.

Moreover, on the issue of the absence of a retirement system, we have all along been advocating a universal retirement protection system, hoping that the elderly can be given \$2,500 to \$3,000 monthly. Where does the money come from? It comes from half of the MPF. In fact, the Secretary should know what our proposals are.

With regard to another area, that is, the "fruit grant", we consider that the "fruit grant" must be given to the elderly as a token of respect without being subject to any test or assessment. Some elderly people only rely on the "fruit grant" for their living and this is a problem. Why do they rely on "fruit grant" for their living? This is because the CSSA system fails to serve its purpose.

Therefore, the Secretary should relax the CSSA, lifting the ceiling for assets from several tens of thousands dollars to \$100,000. Currently, the ceiling stands at around \$30,000 to \$40,000. Furthermore, the "bad son statement" should be scrapped. Such humiliating means should not be resorted to in assessing the eligibility of elderly CSSA applicants. We should at least accomplish this in the short term. As for the long term, I hope there can be a universal retirement protection system.

On the other hand, Deputy President, I want to talk about "nil care and protection for the elderly", that is, the issue of nursing home. Right now, the waiting time for a nursing home place is 40 months. Many elderly people say that if they have to wait for 40 months, they may have died before it is their turn. How can this be solved? We have been talking about this for years but still, the Secretary fails to come up with any solution. We have been waiting for far too long, and we are still waiting for progress in this regard.

Then it is "nil means of transport for the elderly". I do not understand why the Secretary dared not talk about transport earlier. However, I guess this

may be because at the moment, Hong Kong has got nothing to offer in this respect. What the elderly people are most angry with now is that the MTRCL, with the Government as its largest shareholder, is to scrap the Sunday concession. They said that in Shenzhen, there is concessionary fare every day but Hong Kong now even has to scrap the Sunday concession. Instead of offering concessions on Wednesdays and public holidays, it would be better to provide half-fare concession on Wednesdays, Thursdays, Fridays and Saturdays. Holiday concession should at least be revived but even this is not available. To the elderly people, transport fares are very expensive. The authorities do not encourage them to have any contacts with the others, thus confining their movement to their districts. I am also very disappointed with this.

Deputy President, I have to be quick in finishing on "nil medical care for the elderly". At present, there exists a big problem regarding out-patient services. All out-patient clinics require patients to make appointments by phone but the elderly people do not know how to do so. The elderly have over and over again requested us to ask the authorities to resume the handing out of chips, or set aside some special elderly chips to be given exclusively to them and not to the others. This is because at times, the elderly cannot phone for an appointment the next day. They have to go to the doctor any time they fall ill. I hope the authorities can do this. Moreover, I hope that medical fees can be halved and the standard drug formulary can be reviewed, so that more elderly people can be provided with the expensive drugs which are good to them but which are not available to them. I also hope that dental service can be included.

Finally, I have to talk about "nil feeling of health and worthiness". I hope there can be legislation against age discrimination and good training for the elderly. However, my conclusion is that TSANG Yam-kuen has got his name wrong, as he should be called "TSANG Yam-lou¹(蔭老)" because what we lack is a government which cares for the elderly.*(The buzzer sounded)* Thank you, Deputy President.

DEPUTY PRESIDENT (in Cantonese): Your speaking time is up.

¹ "Yum-lou", a transliteration for "蔭老", means caring for the elderly.

MR IP WAI-MING (in Cantonese): Today, we are very thankful to Mr CHEUNG Kwok-che for proposing this motion. Earlier, Secretary CHEUNG mentioned much on the initiatives now taken on by the authorities. I heard Secretary CHEUNG say that he hoped the elderly would use their leisure time well in order to lead a good life in their twilight years. This gives the feeling that Secretary CHEUNG sounded a bit like the story in which the king asked why the people did not take meat porridge when they could not have enough rice for food. He seems not to quite understand that a lot of the elderly people are actually living under the poverty line, living from hand to mouth. Without enough to eat, how can they use their leisure time well? Therefore, I hope the Government can address this squarely.

The Government has all along been advocating a sense of belonging and a sense of security for the elderly, but we feel that the Government's policy in this respect seems to be contrary to this objective. We consider that if a comprehensive and sound elderly policy is to be formulated, retirement protection must of course be an integral part. In Hong Kong, the Mandatory Provident Fund (MPF) scheme came into effect in 2000, covering only those who have been making contributions after 2000. To many elderly people, they are not benefited. Therefore, since the 1980's, the Hong Kong Federation of Trade Unions has been proposing a combined option for retirement protection. We hope that there can be tripartite contributions from the Government, the employers and the employees, while integrating the MPF with social security so that the elderly can obtain immediate benefits and have a little money to spend in their twilight years.

Nevertheless, unfortunately, up to now, we still cannot see any positive response from the Government in this regard. Since Hong Kong lacks a sound retirement protection system, quite a number of elderly people have to rely on the "fruit grant" or the CSSA to maintain a basic living in their twilight years. However, we have always been aware that the nature and meaning of the "fruit grant" is not to supplement the living of the elderly, but to show respect for them. In other words, it is a way for society to repay them for their contributions all those years.

However, unfortunately, the situation now has changed. Many elderly people rely on it for their living. The webpage of the Social Welfare Department shows that the CSSA is to provide financial assistance to people

encountering difficulties temporarily so as to save them from miring in abject difficulty, but information provided by the Labour and Welfare Bureau pointed out that in 2007, CSSA cases stood at over 280 000 and over 150 000 were elderly CSSA cases. In the same year, out of almost 500 000 CSSA recipients, over 200 000 were elderly people. This is evident that elderly poverty is an extremely serious problem and many of them actually have not applied for CSSA due to dignity or other reasons. Therefore, to us, this is only the tip of the iceberg, and this absolutely cannot reflect or show how difficult lives now are for the elderly.

For example, as some elderly people have no bank account, it is very difficult for them to apply for CSSA. Another reason as mentioned by many Members earlier is the "bad son statement", that is, a testimony of not supporting the parents. At present, CSSA is issued on a family basis. If an elderly person wishes to apply for CSSA, his children have to sign the "bad son statement". We actually hope that the Government and the Secretary understand that many children in fact want to support their parents but they do not have the ability. If they have to sign the "bad son statement", that is really an insult to them. So, children are reluctant to sign it, and some poor elderly people also do not want their children to sign this statement. Very often, quite a number of elderly people and their children will end up in conflicts. I think this is completely contrary to family harmony which the Government promotes. We hope that the Secretary will really listen to the voices of the people and this Council, and relax this unnecessary arrangement, so that while the elderly can satisfy their financial needs, there can also be real harmony in the family.

Finally, I would like to talk about public transport concessions. Many colleagues have actually touched on this and during the last meeting of the Panel on Transport, we lashed out at the MTRCL. The so-called transport concession is nothing new. Many colleagues have mentioned that both the Mainland and Macao have this measure in place to show respect for the elderly, giving them free rides on public transport or requiring them to pay just a concessionary fare. We are also a part of China, why then is only the HKSAR being left out when China and Macao are having this measure? Why do our elderly people and society have to shout themselves hoarse all the time for concessionary fares but they can only secure concessions for just a year or half? Thus, we hope that the Government can think twice and not to turn a deaf ear to this. It should fight for

more concessions for the elderly in this regard. I hope that the Government can exert itself in working for completely free rides on public transport for the elderly. Thank you, Deputy President.

MR ALBERT HO (in Cantonese): Deputy President, in the past two decades, the birth rate in Hong Kong has been on the decrease and so has the death rate. This has created the demographic structure of an inverted pyramid characteristic of an ageing population. Before the demographic structure finds a new equilibrium, in the next 30 years, we will face the development trends towards an ageing population. This will affect our fiscal reserves, investment pattern, labour force participation rate, production output and even public expenditure and lead to very great impact.

The existing policy can neither cope with the demographic changes in the future nor live up to the expectations of the public. We expect that in the future, with the increase in the number of elderly people, the policy on the elderly will definitely become a focal point requiring long-term attention and measures from society.

Deputy President, the post-war baby-boomers are expected to enter their old age in 2011. According to a study of the Democratic Party, although the Mandatory Provident Fund (MPF) scheme was implemented in 2000 and the number of people covered by retirement protection is increasing steadily, since there were no mandatory retirement protection schemes before 2000, at present, the majority of elderly people who have reached retirement age are not covered by this kind of protection. As a result, the Government has to commit a great deal of public expenditure to welfare for the elderly. Although the number of people covered by retirement protection (that is, the people covered by MPF schemes) will increase year on year, since the percentage of people over 65 years old in the population is increasing steadily but the percentage of the working population between 20 and 64 years old is on the decrease, the burden borne by the working population will also increase steadily.

We estimate that when the ageing of the population accelerates in 2011, although 19% of the aged population is already covered by such retirement

protection as the MPF, to people who have reached retirement age by then, on the basis of a salary of \$10,000 per month, the sum of MPF they will receive will only amount to \$150,000. By 2027, the amount of MPF received by people with the highest income in the aged population will only amount to \$500,000. Everyone knows full well that with this sum of money, it is practically impossible to support the living after retirement. These accrued benefits of MPF are indeed too small and many people in the aged population will still have to rely on social welfare. For this reason, Deputy President, I have said a number of times just now that although apparently, retirement protection has been put in place in Hong Kong because there are MPF schemes or retirement protection, in reality, this is a completely inadequate regime of protection. It is still necessary for us to provide a great deal of subsidy in order to enable these retired elderly people to lead a life of dignity and in a way that we consider as meeting the requirements of a civilized society.

As Mr WONG Sing-chi proposed in his amendment, we request that the Government establish an "Old Age Reserve Fund" to cope with the drastic increase in public expenditure from 2011 onwards resulting from the ageing of the population. In Mr Wong's proposal, he considers that the estimate on the reserve should be based on a conservative estimate of the Government's future revenue, the public expenditure allocated to the aged population and the retirement benefits received by the elderly population, and the amount of money to be injected into the fund should then be calculated accordingly. Similar funds have been established in the Netherlands and Ireland to meet future increases in expenditure due to the ageing of the population and it is worthwhile to make reference to them.

Deputy President, I know that although the proposal of the Democratic Party on establishing a reserve fund has won quite a lot of support, there are also some criticisms of it. It is true that in the future, we have to take care of the needs of the elderly in their living, but the present system is still inadequate. Since the present system is highly inadequate, even our elderly people have to face the problem of poverty. Let us not stray that far for the time being. A distant remedy cannot address an urgency. When, in 200, I cannot remember if it was in 2002 or 2003 but when the United Nations considered the Report submitted by Hong Kong under the International Covenant on Economic, Social and Cultural Rights, it already levelled the criticism that a lot of elderly people in Hong Kong were living in poverty. To Hong Kong, this is a great

disgrace. In such a prosperous city where the per capita income is as high as US\$30,000, it turns out that many elderly people have to endure the misery of poverty and they still have to collect waste paper and sell it in order to make a living. When there are hand-outs of food or rice, elderly people have to brave the cold or the blazing sun to line up for them. Why has such a situation arisen and why do elderly people have to endure so much hardship by queuing up for food or collecting waste paper to get by? This is due to poverty. We believe that we really have the responsibility to immediately make improvements to the plight of poverty that these elderly people find themselves in.

I agree very much with Honourable colleagues who said just now that it is absolutely necessary to improve our CSSA system and that the restrictions on the period of absence from Hong Kong must be relaxed. At present, there are a lot of unnecessary restrictions, for example, if the elderly live with their children, their children are required to sign a so-called "bad son statement". All these restrictions must be changed and removed. The original intention of "fruit grant" is to show respect to the elderly. However, it has now become another kind of CSSA and this is not something that we wish to see. I agree very much with many Honourable colleagues who said that we must consider establishing a comprehensive retirement protection system as soon as possible. We can consider a contributory model with various parties, including the Government, making contributions to ensure that elderly people at present or in the future can benefit from it as soon as possible and lead their lives in dignity.

DEPUTY PRESIDENT (in Cantonese): Your speaking time is up.

MR LEUNG YIU-CHUNG (in Cantonese): Deputy President, on the policy on the elderly, I think many members of the public and Honourable colleagues cannot help but be reminded of the recent comments made by the Chief Executive on the issue of "fruit grant". Of course, we all welcome the eventual change in the attitude of the Chief Executive on the issue of "fruit grant" but before he changed his attitude, what impression did the Chief Executive, Donald TSANG, give us about his attitude towards the elderly? Does he actually respect their worth? Does he respect their past contribution to society? Or does he think that the elderly is a burden to society?

Deputy President, over the years, the impression that the Chief Executive gives me is that he thinks the elderly is a social burden. The policies formulated by him are often designed to try to cast off this burden. Of course, I am being suspicious in judging the Chief Executive, Donald TSANG, and I hope that my impression is wrong. I also hope that in the future, he can also prove that he does not harbour such thoughts and this would be highly desirable.

Deputy President, it is not without ground that I made such conjectures about the Chief Executive. The main thing is we have to look in retrospect at how the Chief Executive dealt with issues relating to the elderly in the past. If we compare Chief Executive TSANG with Chief Executive TUNG, of course, there are differences. Members may recall that although many people considered the governance by Chief Executive TUNG unsatisfactory, when he assumed office, he said right from the start that he would respect the elderly and specifically laid down three objectives regarding the elderly, which were "giving the elderly a sense of security, a sense of belonging, a sense of worthiness". Although things did not turn out as promised when this policy was subsequently implemented and he was even all words but no action, at least, he had said such a thing, whereas Chief Executive TSANG is totally different. Why?

Deputy President, if we look back at what Chief Executive TSANG has done, throughout those years, in how many policies did he state clearly that he would care about, take care of and respect the elderly? We really cannot see anything of the sort. Concerning his philosophy for formulating the policy address, he often accords the highest priority to the economy but to the other issues, he only accords very low priorities to them. In particular, in 2003, when he was still the Chief Secretary for Administration, he was responsible for heading the review of the population policy of Hong Kong and he released a report prepared by the relevant Task Force, which mainly deals with the problem of an ageing population in the next two or three decades. As we all know, the ageing of the population is an undisputed fact but the policy that Chief Executive TSANG talked about at that time was not how to take care of the future ageing population, rather, he kept telling us that the ageing of the population in the future would be serious and methods had to be devised to get rid of this social burden. This approach made our hearts ache and hurt our feelings. I absolutely do not wish to see Mr TSANG equate the elderly in the population to a social burden. If he does, this will really be heartrending to us.

Deputy President, today, Mr CHEUNG Kwok-che calls on the Government to formulate a comprehensive policy on the elderly and of course, I am totally in support of it. I agree that it is necessary to formulate a policy on the elderly because the continual increase of the population is an undisputed fact. If the Government goes on dragging its feet, I think this would, quite on the contrary, create an onerous burden for the Government, and this will also be unfair to the next generation. In the future, when the problem of an ageing population worsens, if it is not dealt with early and in a timely manner and if the responsibility is only shifted to the younger generation, how can it be fair to them? And, it is not the right thing to do. For this reason, I hope the authorities can do something in advance.

However, I think that there is some contradiction because recently, when Secretary Stephen LAM was talking about constitutional reform and about the future, he kept asking us not to talk about the too faraway future because doing so was to take someone else's job into our hands. Now, when discussing the "fruit grant", Secretary CHEUNG said that by 2033, a quarter of the population would be elderly people, adding that if we do not formulate the relevant policy now, would the situation not be very bad by then? If we formulate the policies now, are we taking someone else's job into our hands? Will Secretary CHEUNG tell us later whether or not we should prepare for rainy days? If we formulate the policy now, will we have exceeded our ambit? I hope Secretary CHEUNG can give an explanation. For one thing, we feel very confused. If some Directors of Bureau think that we should not plan for the overly long term but he said that we have to plan in the long term, this is somewhat contradictory.

Anyway, as a person who is concerned about the problem of an ageing population, I think a policy on the elderly must be formulated as soon as possible to enable us to prepare for the rainy days and solve the problem. The problem of retirement is particularly important. As some Honourable colleagues said just now, the existing MPF system is entirely let us not say entirely but if the system mostly cannot address the retirement problem arising from an ageing population, in particular, if the system cannot benefit women and the elderly, a heavy burden will still be created, so I think something must be done. Although the "fruit grant", which now amounts to \$1,000, already represents some improvement, this is only a slight improvement and still cannot address the

problems that these people encounter in their retirement. For this reason, this problem cannot be put off on account of an increase in the amount of "fruit grant". This is not the right thing to do.

Deputy President, recently, the weather has been very cold and this is a hard time for elderly people. I hope that at this time when New Year will come soon and the weather is cold, the Secretary can truly bring warmth to the elderly at present and the elderly in the future, so that everyone can have a happy New Year basking in well-being and happiness.

Deputy President, I so submit.

MR TOMMY CHEUNG (in Cantonese): Deputy President, an ageing population is a global problem and Hong Kong is not immune to it. How to help an ever increasing number of elderly people lead an enriched and joyous life in old age is posing a major challenge to the Government and society.

For this reason, the Liberal Party supports the proposals in the original motion today and urges the Government to formulate a comprehensive policy on the elderly, having particular regard to the major principle of caring for the elderly and repaying the elderly for their contributions.

Today, I wish to voice some views of the Liberal Party in such areas as health care, food, housing and transport.

On health care, the needs of the elderly in this regard are definitely greater than other people. Although the authorities introduced the Health Care Voucher Scheme on 1 January with a view to reducing the expenses on medical consultation borne by the elderly, the health care vouchers amounting to \$250 a year is just like trying to put out a cartload of faggots with a cup of water. As a result, so far, 14% of the elderly have spent at one go all their health care vouchers, which are intended for a whole year. Some doctors also complained that the registration process was too complicated and a great deal of efforts were needed to obtain just one or two vouchers. They even have the feeling that this is something of little worthiness and yet not bad enough to be disposed of.

In fact, the Liberal Party was the first to propose that the value of health care vouchers be increased drastically to \$1,000. We still firmly believe that it is only by raising the value of the vouchers to this amount that the burden of medical expenses borne by the elderly can be eased, so that they can choose not to wait for long periods of time for consultation in public hospitals and switch to private doctors instead to receive early treatment. At the same time, the spirit of public-private-partnership can also be put into practice and the burden borne by the public health care sector can be eased.

(THE PRESIDENT resumed the Chair)

However, we have reservation about reducing by half the medical fees paid by elderly people across the board regardless of their financial status. In fact, at present, elderly recipients of CSSA can already seek treatment in public hospitals free of charge and elderly people with financial difficulties can also apply for a reduction of fees and charges. Obviously, to reduce medical fees by half across the board is not the best way to use public funds optimally.

On housing, the Liberal Party was also the first to put forward a novel proposal calling on the Government to relax the present requirement of living under the same roof for the purpose of claiming tax deduction for dependent parents and extend the eligibility to those living with their parents in the same housing estate. We believe that this will serve to encourage the younger generation to live near their elderly parents, so that they can take care of each other, thus giving greater play to the spirit of respecting the elderly and promoting mutual help among family members. The Government should also increase the supply of quality housing to the elderly to meet the needs of elderly people in the middle class.

On transport, the Liberal Party has repeatedly urged bus companies and the MTR Corporation Limited (MTRCL) to make the present concession of two-dollar fare for the elderly a permanent measure. Although under the social pressure from the Liberal Party and others, the MTRCL has reintroduced the concession of two-dollar fare, this concession is now offered on Wednesday instead. We believe doing so cannot serve the original purpose of encouraging

the elderly to go out and get together with their children on Sundays. For this reason, it is hoped that this concession can continue to be offered to the elderly on Sundays.

President, the belief of the Liberal Party is in fact very clear, that is, it advocates that the Government should concentrate social resources on helping elderly people who are vulnerable and truly in need in society. To use food as an example, although the Liberal Party agrees that apart from the "fruit grant", additional living subsidy can be provided to impoverished elderly people with genuine needs after they have made a simple statement on income, it does not agree to lowering the eligible age to 60.

This is because Hong Kong is facing the problem of an ageing population. In addition, the life expectancy of Hong Kong people is also among the longest in the world, as the average lifespan of women is 85.4 years and that of men is 79.3. The lifespan of people in future will only be longer and longer. To lower the eligible age rashly may impose an excessive burden on the expenditure of the Government in the long term. Moreover, it has been the global trend to defer the retirement age. For example, after the Second World War, the retirement age in Japan has been put back four times, from 50 years old to 65 at present. Moreover, incentives are also offered to companies that defer the retirement age of elderly people to 70. There are also plans to defer the retirement age in such countries as China, the United Kingdom, Germany and the United States.

Moreover, although many elderly people are in their sixties and President, I have also entered my sixties, they are still healthy and strong. They can walk briskly and never admit being old. I myself am surely unwilling to admit being old. They also wish to lead a fulfilling old age with a sense of worthiness and although they have retired, they are still active. I also plan to go on running in elections and contributing to society instead of receiving welfare hand-outs.

Therefore, there is in fact no reason for society to treat the elderly as the weak and force them to receive welfare. Quite the contrary, it should encourage the elderly to play an active role in and contribute to society.

As regards the establishment of various kinds of universal retirement protection regimes and an Old Age Reserve Fund, in the past, the Liberal Party has already queried a number of times where the money would come from and whether or not we would repeat the mistake of overseas countries whose systems have gone bankrupt and hence posing a heavy burden on the next generation in the long run.

Finally, the Liberal Party stresses that the issue of legislation against age discrimination must be handled carefully because at present, there is already legislation against discrimination on the ground of disability, race, family status and sex in Hong Kong. If additional legislation is introduced, I am afraid this would increase the difficulties in doing business and may have an adverse effect on promoting employment. That said, we certainly do not advocate discrimination against the elderly.

President, I so submit.

MR ALBERT CHAN (in Cantonese): President, I agree with the notions spelt out by the Secretary just now concerning the services for and the needs of the elderly because his elaboration of these notions is exactly the keynote of my speech. In fact, these notions are very important. Whether the services required by the elderly are regarded as a burden for society or the elderly are positively regarded as members of society is a matter that calls for clear positioning in our concept.

For this reason, the demand for services for the elderly may not necessarily be all about social welfare; rather, it is a part of the overall development of the economy and demand in society. On the interaction between the economy and society, we have to consider it as a basic element and make plans for elderly services after such positioning. We must not regard it as having residual value only, still less a burden to society. For this reason, when we discuss this issue, we should not talk about welfare for the elderly but the human rights of the elderly. If we all agree to such a starting point, the ensuing allocation of resources can then be done more methodically and systematically.

President, if other Directors of Bureau are also as forward-looking and show as much sincerity as Secretary Matthew CHEUNG when dealing with an issue, the likelihood of the so-called offensive and insulting scenes occurring in the Legislative Council will decrease significantly. In discussions on public policies or the constitutional system, sincerity is very important. When they are in power, officials should not swagger in borrowed plumes by deceiving and misleading the public, insulting the legislature or slinging mud at the pro-democracy camp.

President, on the services for the elderly, I hope the Government will consider several extremely important areas. Of course, I absolutely understand that although Secretary Matthew CHEUNG has scored 100 marks in terms of his attitude, a single Bureau can by no means have any say when it comes to powers or the allocation of resources. As a Director of Bureau, still less is he capable of influencing the overall policy of the Government. Under the principle of so-called "big market, small Government" or non-intervention, the Government's policy is often skewed in favour of consortia and vested interest groups, but with regard to minorities with no power or influence, in particular, the elderly, the Government's policy is biased against them and a more passive, neglectful or carefree attitude is adopted.

Although a pension scheme for the elderly or a universal retirement protection scheme has been discussed for many years, it has still remained a castle in the air and so far, no concrete action has been taken. The only specific proposal put forward is a *de facto* MPF scheme which cannot completely solve the problems facing the retired elderly. A universal retirement scheme is an urgent subject because the longer this matter drags on, the more difficult it is to estimate the necessary arrangements relating to resources. When the number of elderly people swells and soars further, the strained resources of the Government will only bring suffering to the elderly.

A number of Members have mentioned the CSSA. I think the approach of the Government in dealing with issues relating to CSSA is inhumane. Yesterday, when I was in my office in Tin Shui Wai, at around 6 pm, I received a complaint in which an elderly person said that he would jump off from height together with his grandson. My assistant talked with him for over half an hour. It was already past 6 pm and outside office hours. He wanted to die mainly because the Social Welfare Department, due to the fact that his son was included

in the tenancy — although his son was included in the public rental housing tenancy, he had not lived in the flat for many years and had virtually abandoned his parents — the Social Welfare Department insisted that since his son was included in the tenancy, his income had to be included in the household income and no CSSA would be granted to his grandchildren.

President, if the Government still deals with cases relating to CSSA households so rigidly, many family tragedies will occur successively. Therefore, I hope that in dealing with these issues, the Secretary of course, I understand that some front-line workers were criticized by the Office of The Ombudsman and the Audit Commission but being humane is most important. The lives and value of people are irreplaceable. For this reason, in dealing with matters relating to the CSSA, if greater leeway is not given and discretion is not exercised through the adoption of a more humane approach, family tragedies will just keep occurring.

In addition, I cannot find any representative of the elderly in the Elderly Commission. Although Dr LEONG Che-hung, Chairman of the Commission, is also an elderly person, the way of life and income of "Golden scalpel LEONG" certainly do not make him representative of the thinking of elderly people in general, right? He only has to wield his golden scalpel and the surgeon fee is already equal to the income of elderly people for several years. For this reason, the representation in the Commission is very important.

Regarding housing and transport, a number of Members have said that the Government still neglects the needs of the elderly in its policies. On housing, although the Government's recent policy on public housing has given the elderly more opportunities of living with their children, the policy should continue to be relaxed, so that greater improvement can be made in respect of housing for the elderly.

President, the most important issue is the overall allocation of resources. When the Government is still financially well-off and its finance is still not too bad, and if it still does not concentrate its resources on solving the problem of ageing facing the population, when a crisis emerges in the future, the Government will only say that it lacks the resources and is powerless to do anything. I hope

the Secretary can review its present attitude and strategy in tackling the problem by formulating a comprehensive policy on resource allocation as soon as possible, so as to solve the problem of an ageing population. Thank you, President

MR CHAN KIN-POR (in Cantonese): President, an ageing population is no longer a new issue. It is an issue which has been discussed by Members of the Legislative Council on various occasions. But it is a pity that protection for the elderly is still inadequate and unable to fully meet their needs despite so many years of government spending.

The government official said that government expenditure on the provision of social security, elderly services and health care services for the elderly accounts for 16% of the Government's recurrent expenditure. In other words, \$16 in every \$100 of government spending was spent on the elderly. But the fact is that the people of Hong Kong generally think that protection for the elderly is still seriously inadequate.

This is precisely because the issue has been handled by the Government in a way as if hanging decorations randomly to a Christmas tree. Hence, misallocation of resources and inappropriate use of money are resulted due to a lack of a comprehensive, forward-looking and focused policy. In other words, the most needed services are not provided or adequately provided by the Government while services for which there is not much demand are nevertheless offered.

The Government estimates that the number of elderly people aged 65 and above in 2036, that is, about 27 years later, will constitute 27% of the total population and total over 2 million. In other words, three Hong Kong residents will be required to support one elderly person by then. If we do not face the issue squarely and find a solution at the earliest opportunity, the problem will grow to such extent that it would eventually be hard to solve it.

Today, a number of Honourable colleagues have proposed some recommendations. I can see that many of these recommendations can help the elderly. Of course, we have to discuss their urgency and priorities, the resources required, the sources of the resources, and so on. But most importantly, in my opinion, if the Government does not conduct a thorough research on this issue or

formulate a comprehensive strategy, what we can do is to adopt some stopgap measures or a passive attitude toward the issue, taking just one step at a time without forward-looking planning. In this process, the Government will waste the investment value and time value of the public money. Eventually, the Government will have to resort to reducing expenditure in other aspects or raising revenue through taxation.

President, I support the direction highlighted by Mr CHEUNG Kwok-che, who has requested the Government to consolidate the various existing elderly services and formulate a comprehensive and forward-looking elderly policy. In my opinion, the Government must immediately formulate a reasonable timetable for finalizing the elderly policy. The purpose is to set out the standard of living under protection for all the elderly and estimate the expenditure required for public information. Public consultation and discussion can be held, so that the people will understand that genuine retirement protection for all the elderly in Hong Kong cannot be achieved by empty talk. Rather, we have to map out plans and dedicate our efforts towards this goal, and we also have to make commitments early. The goal cannot be achieved solely by the Government without people's co-operation, their willingness to make contribution and full preparation. We have to put all the facts on the table so that Hong Kong people can examine the data closely and discuss the issue in a rational manner. This also can preclude the people from relying on or accusing the Government due to their own wishful thinking because such reliance or accusation out of wishful thinking will only lead to disappointment rather than any positive solution to the matter.

President, I so submit.

MR PAUL CHAN (in Cantonese): President, according to the webpage of the Social Welfare Department, the SAR Government's elderly policy is formulated according to a set of elderly service concepts and the mission is to enable elderly people to live in dignity and to provide necessary support for them to promote their sense of belonging, sense of security and sense of worthiness.

However, what actually is the effectiveness of our policy on the elderly? From the original motion and amendments proposed by a number of Members today, we can see that our policy on the elderly is unsound and fragmented. It

has not been considered thoroughly and co-ordination is lacking. I think Mr CHEUNG Kwok-che's original motion is worthy of careful consideration by the Government in order to formulate a comprehensive and forward-looking set of policies on the elderly.

President, statistics from the "Hong Kong 2006 Population By-census Thematic Report: Older Persons" published by the Census and Statistics Department (C&SD) last year show that the elderly population has been increasing at an average annual growth rate of 5.1% over the past 45 years. The growth rate was just 2.8% in 1961 and it increased to 12.4% in 2006. The increase is really stunning. However, this is not the most shocking thing because according to the consultation document on "healthcare reform and supplementary financing options" published by the Government in early 2008, it is projected that in view of the serious problem of ageing of the Hong Kong population, there will be one elderly person in every four people in Hong Kong by 2030. I believe that Members already know very well about this. Let us look further at the Hong Kong Annual Digest of Statistics 2008 published by the C&SD recently. It is pointed out therein that the elderly dependency ratio, that is, the number of persons aged 65 and over per 1 000 persons aged between 15 and 64, has already increased to 170 whereas the ratio was just 50 in 1961.

I cited the foregoing figures with a view to enabling Members to see more objectively that we are now facing the problem of a rapidly ageing population and the problem is very serious. If we do not plan ahead and provide for the future, it is indeed worrying as to whether or not our public resources can cope with the demand for various services and the problems created by an ageing population.

At present, the most important and reliable support for the elderly mainly comes from their families. However, from some of the figures in the "Hong Kong 2006 Population By-census Thematic Report: Older Persons", we can see that there has indeed been great changes in the housing and living conditions of the elderly in the last decade. The proportion of elderly people living in non-domestic household has almost doubled from 5.5% in 1996 to 10% in 2006, whereas the proportion of elderly people living with their children has decreased from 60.3% in 1996 to 53.4% in 2006.

Meanwhile, 45.5% of domestic households with older persons had less than \$10,000 of monthly domestic household income. This percentage is much higher than that of 35.8% for 1996. The median monthly domestic household income of domestic households with older persons stood at \$11,125 in 2006, which was 21% lower than that of \$14,095 in 1996. There was also a decrease in the median monthly domestic household income of two-person domestic households with older persons, from \$8,000 in 1996 to \$6,606.

From the above figures, it can be seen that the proportion of elderly people relying on the support from their children and families has been on the decrease whereas the number of households that are willing to support their parents but do not have the means to do so is on the increase. This is a problem that we must face squarely.

President, in fact, in the debate on the motion "Old Age Allowance and universal retirement protection system" at the end of last year, I have already said that we can hardly expect children to assume responsibility for supporting their parents when they have grown up and started working. Moreover, the Mandatory Provident Fund Scheme cannot serve the purpose of retirement protection. Therefore, retirement protection is an important issue that our community has to face squarely. I hope that the Central Policy Unit, which is now conducting a study on universal retirement protection systems, can put forward a number of comprehensive and feasible proposals for in-depth discussion by the community at large and then draw conclusions, so as to thoroughly tackle the challenges posed by the ageing of the population in Hong Kong.

Recently, the Government has given an account of its work progress regarding the motion on Old Age Allowance and universal retirement protection system and stated that the review in relation to the relaxation of the permissible limit of absence from Hong Kong for Old Age Allowance recipients will be finalized in the first quarter of this year. Moreover, the Government is also currently studying the sustainability of Hong Kong's three pillars of financial assistance for the elderly, namely, the Comprehensive Social Security Assistance (CSSA) Scheme and various allowances under the Social Security Allowance Scheme, the Mandatory Provident Fund Scheme and voluntary private savings. Here, I hope that the Government will adopt a new way of thinking on this subject of an elderly policy.

At present, various kinds of assistance for the elderly are scattered within the CSSA Scheme. I agree with the views of Dr CHOW Wing-sun of the University of Hong Kong, who said that the Government should process CSSA cases involving elderly people separately, so that the services catering to their needs will not be bound by other legislation governing the CSSA. Hong Kong's prosperity and development today are really the fruit of the hard work of the elderly for a lifetime. To assist the elderly people in need is not to "save" them but a responsibility that Hong Kong society has to assume and doing so is to make amends for the mistake that Hong Kong has made in not putting in place retirement protection for them in the past. The Government can no longer adopt a stopgap approach, addressing only the symptoms but not the core of the problem.

President, as regards the proposal of Mr WONG Sing-chi on setting up an "Old Age Reserve Fund" to ensure that there are sufficient resources to meet various kinds of expenditure when the population ages from 2011 onwards, I have reservation about this because if the Government has to make available enough funds within the short span of three years, it must inject a large sum of money right at the beginning. Moreover, its future operation may also involve the collection of various forms of levy from the public. Therefore, I have reservation about his proposal. I will support other Members' amendments.

President, I so submit.

MS STARRY LEE (in Cantonese): President, the beginning of a new year should be full of hope and vitality. However, unfortunately, just a fortnight ago, a couple in their seventies living in Kwai Chung, who were hard pressed by poverty and illness and did not want to be a burden to their children, were suspected to have conceived the worst strategy of killing themselves to escape from their problems. The old man hanged himself after strangling his wife. This family tragedy is certainly highly regrettable and, at the same time, it also tells us that the support provided by society to elderly people is sorely inadequate.

The trend of an ageing population in Hong Kong is an undisputed fact. On the imminent emergence of a graying society, so far, the SAR Government does not have a comprehensive and long-term policy to cope with it. As a result, many elderly people have to struggle on the brink of poverty and

desperation every day. We have heard many stories about elderly people who make a living by collecting scrap cardboard paper. Often, they feel that there is nothing to live for. According to the statistics of the Samaritan Befrienders of Hong Kong, among the 855 suicide deaths in 2007, 296 or about 35% involved elderly people. This situation is indeed very serious.

We have now entered 2009 and in the face of the battering by the financial tsunami, elderly people will experience even greater hardship in their lives. In view of this, the Government has the responsibility to take all possible measures to ensure that elderly people receive appropriate support and care, so that they will feel that there is still love and care in this world.

Some days ago, the health care voucher policy was formally launched to provide other health care service options to elderly people in addition to public health care. This is something desirable but after all, public health care remains the main component of health care services in Hong Kong. For this reason, in order to relieve the health care burden borne by elderly people in Hong Kong, ultimately, the most fundamental approach is to improve public health care services. The DAB has time and again requested the authorities to reduce the charges for outpatient services paid by the elderly by half as well as reduce their waiting time for outpatient services. Although such measures may add to the financial burden of the Government, we believe a solution can be worked out so long as resources are allocated appropriately. This is also one of the problems that elderly people are most concerned about and one that calls for urgent attention.

The DAB is of the view that another measure that can relieve the burden of health care on the elderly is to introduce a scheme similar to the existing School Dental Care Service by opening up public dental clinics to the elderly or co-operating with other private dental clinics to provide regular dental services at low charges. In addition, the Government should also step up care services for the elderly. To address the present serious shortage of residential care places for the elderly, the DAB urges the Government to increase the subsidy for residential care places for the elderly, improve the care services for the elderly in various districts or offer direct subsidies to elderly people, so that they can have greater flexibility in choosing their residential homes.

President, in reality, a lot of elderly people descend into endless loneliness after retirement and their life is monotonous and boring. Many of them thus become the "hidden elderly" alienated from society. They become depressed and pessimistic and some even say that they are waiting for death. For this reason, a set of comprehensive policies on the elderly should not only meet the immediate basic daily needs of the elderly passively. In fact, a more proactive attitude has to be adopted to improve the living conditions of the elderly and change the concept of society about the elderly and retirement.

The DAB considers that in the face of an ageing population, the Government should actively advocate a correct concept on the elderly by ditching such ways of thinking as "the elderly is a burden of society". Instead, it should regard the elderly as an important human resource. Public and private organizations should be encouraged to make good use of the knowledge and experience of the elderly, encourage the elderly to rejoin the employment market and even set up a business again, so that they can continue to make contribution to society. At the same time, the Government should also continue to step up the promotion of "life-long learning" to encourage the elderly to continue to pursue studies after retirement, so as to enrich their lives.

At the same time, the DAB urges the Government to allocate additional resources to provide an ideal living environment to the elderly, including the introduction of "barrier-free" design for the elderly at public places or the introduction of subsidy schemes for installing various kinds of barrier-free facilities to facilitate access by the elderly. The DAB believes that to make it convenient for elderly people to go out safely, play a role in the local communities and help one another is a major step in improving the lives of elderly people.

President, a new year has just started and to young people, this is another page in their lives filled with hope but to the silver-hair generation, this may mean one step closer to the end of their lives. How to formulate a comprehensive set of policies on the elderly, and create the environment and conditions that encourage more elderly people to look for happiness in society and family life and then become actively involved in society, thus enjoying their years of golden sunset and benefiting society, is surely a major challenge for the SAR Government.

President, I so submit.

MR ALAN LEONG (in Cantonese): With a growing number of elderly people in Hong Kong, the demand for services for the elderly is also on the rise. This is an undisputed fact. In view of this, I think that the Government must be prepared and formulate a comprehensive policy on the elderly.

According to a survey conducted by the Hong Kong Council of Social Service two years ago, the elderly population in Hong Kong will reach 2.2 million by 2030 and according to the projections on the population of Hong Kong released by the Census and Statistics Department, the proportion of elderly people aged 65 or above to the total population of Hong Kong will increase from 11.7% in 2003 to 27% in 2033. The proportion of the elderly in Hong Kong will be more than 30% four to five decades later. In fact, the ageing of the population is something that is happening right now. However, from such policies as increasing the "fruit grant" to \$1,000 and the introduction of health care vouchers, it can be seen that the Government lacks consistency in the formulation of a policy on the elderly due to the lack of an overall direction, as it does not have a forward-looking policy stance in the long term.

President, when I visit the districts, the feeling that the elders in local neighbourhoods gives me is that their expectations for their life are already not very high. All they want is to have a place to live and enough food and clothing, to be free from worries about having no money to see a doctor, to have someone to care about them and talk to them from time to time and that is all. I think that we are really too mean to elderly people if we cannot provide even such basic things to them. President, take the waiting time for residential care places for the elderly as an example. At present, there are more and more elderly people requiring special care. However, there are only 4 500 places in this kind of nursing homes whereas over 24 000 elderly people are queuing for them. To put it more directly, these elderly people queuing for such places have no chance to take the places until those elderly people now occupying such places have passed away and generally speaking, they have to wait for at least three years. However, who will take care of them in these three years? Ultimately, they have to rely on their family members or foreign domestic helpers. In the face of such a pressing problem, the Government has adopted the same approach as that in dealing with the issue of universal suffrage. There is no specific road map or timetable. As a result, there is a sharp rise in the number of people waiting for various types of nursing homes.

President, the Government has indicated that the ever increasing demand for such services cannot be met simply by increasing the number of places in elderly homes, therefore, it hopes that the concept of community care and support can facilitate ageing in the community. However, unfortunately, even if the elderly wish to age in the community, the existing policy still does not provide enough support to carers in terms of both resources and services. In September last year, the Hong Kong Society for the Aged conducted a survey on carers of demented patients. The finding is that close to 70% of respondents indicated that caring for demented patients imposes a heavy or quite a heavy burden on them. The survey also reveals that only 14% of the respondents have received formal training on caring for demented patients and less than 2% of them indicated that they have received domiciliary support services and none of them has ever made use of any respite care. President, carers play a very important role in facilitating ageing in the community. The carers interviewed are under tremendous pressure. However, only 2% of them indicated that they had used domiciliary support services and none of them has ever made use of any respite care. I wonder if this is attributable to the insufficient publicity launched by the Government or to the services being of no use to carers of the elderly whatsoever. This precisely reflects the fact that when introducing policies on the elderly, the Government only does half the job but not the other half, resulting in a lack of consistency.

President, another issue closely related to the elderly is health care services. However, the Government's efforts are once again lacking in consistency. For example, the telephone booking service for medical consultation may actually amount to doing a disservice out of good intentions. The staff of my district offices frequently receive requests for assistance from elderly people as they wish that we can help them make telephone bookings for medical consultation. One of my staff members told me about his experience on one occasion. He spent a lot of time trying to make a booking but to no avail. In the end, he had to keep calling for three days before he could make a booking successfully and the elderly person concerned had to wait for three days before he could see a doctor.

The same applies to the health care vouchers launched earlier on. President, of course, elderly people are aware of the availability of health care vouchers but they do not know how to use them and where they can be used. I

hope that next time, when the Government introduces a new policy, it will provide sufficient information to the elderly extensively. Otherwise, the elderly will not be able to use the services at all.

President, talking about the projection that the proportion of elderly people in Hong Kong will account for 30% of the population in Hong Kong four to five decades later, as I have mentioned before, I think the implementation of a universal retirement protection scheme by the Government will serve to truly protect the majority of elderly people. The introduction of a universal retirement protection scheme is indicative of the collective commitment made by society for the ageing of the population in the future, and it is also a practicable solution to the problem. However, the Government always cites some excuses to put off doing so.

President, here, let me reiterate that the ageing of the population is a problem that is happening right now. If the Government still does not formulate a comprehensive policy on the problems relating to the elderly and still refuses to increase the resources for elderly services on the grounds that resources are insufficient and government finance is straitened, elderly people who have worked so hard for most of their life will suffer.

I so submit.

PROF PATRICK LAU (in Cantonese): President, the Government projected earlier that by 2036, as emphasized by Mr Alan LEONG just now, the number of elderly people aged over 65 will rise to constitute 30% of the total population and that the Government will then face a huge demand for housing, community facilities and social services. As such, we should tackle the problem in various aspects and improve the quality of living of the elderly.

According to the 2006 Population By-census conducted by the Census and Statistics Department, the majority of elderly people reside in old urban areas such as Wong Tai Sin, Sham Shui Po, Kwun Tong and Wanchai, making up about 15% to 18% of the population in these districts, and the proportion of the elderly population in new towns is also on the rise. When implementing urban renewal, the Government should carefully plan to cater for the present and future

needs of the elderly in the districts. For instance, elderly people like to do morning exercises or chat with their friends in sitting-out areas or parks. However, in some districts, these facilities are either lacking or located too far away. As a result, the elderly can only walk around in shopping malls where they may not be able to find any seats. Therefore, in making new planning, the Government or the business sector will need to consider providing adequate open spaces. As for the redevelopment projects in old urban areas, the Government can also consider providing more space or easily accessible sky gardens and optimizing the use of space, so as to provide places for the elderly to take a walk or to get together. It will be healthy for them both mentally and physically if they can be encouraged to go out more often and have more contacts with their neighbours

To encourage the elderly to go out more, easy access is an important factor. This is why I have always supported providing barrier-free facilities at all entrances and exits of public venues. Apart from buildings, I feel that we need to adopt this design for all the roads and pavements in Hong Kong. As a matter of fact, we only need to install automatic doors, handrails, tactile guide paths and wider access in accordance with the designs and standards stipulated in the Universal Design compiled by the Architectural Services Department, and it would be sufficient to meet the needs of people of all ages and with different disabilities. As such, the Government is responsible for promoting proactively this set of guidelines, so that Hong Kong can become a barrier-free city.

President, apart from providing the elderly with a favourable living environment and adequate space for community activities, a comprehensive community care service is also essential. We can make reference to the experience of other places and map out home-based community care services for the elderly, such as meal delivery, health care, cleaning, entertainment and so on, so that the elderly can enjoy one-stop household services and long-term care without leaving their home. We can also expand the function of the Integrated Scheme for Domestic Helpers. In collaboration with social welfare organizations, the Government can take the lead in providing full-time or part-time one-stop home-based services for the elderly with subsidies from the Government. This approach can also help to increase employment opportunities for local domestic helpers, thus achieving a win-win situation.

I wish to point out that our proposal is to adopt a basic strategy of providing more diversified alternatives to society, so that the elderly can be taken care of without resorting to residential care homes. This approach can bring about healthy competition, and the quality of institutional care services will be improved alongside with the supply and demand in the market. Therefore, I really hope that the Government can accept the proposals put forward by Members. Also, in implementing these measures, President, it is most important to speed up the planning and approval process, because at present, Hong Kong has been making very slow progress in many areas of work.

We should pay attention to a balanced physical and psychological development of the elderly. For the elderly, nothing is more enjoyable than spending time with their family members. So, I think the MTR Corporation Limited should reinstate fare concessions to the elderly on Sundays and make it a permanent measure, so as to enable them to go out with their family members on holidays. Moreover, interchange concessions for different modes of transport can provide an incentive for the elderly to go out.

Following the progress in science and medical technology, the lifespan of Hong Kong people is longer than before. I find that many elderly people are still very energetic, and they are still working quietly to contribute to society, just like myself. Therefore, the Government should consider raising the age of retirement from 55 or 60 at present to 65, so that the elderly can continue to give play to their expertise. Besides, many elderly people are eager to learn, and this lifelong learning attitude should be highly praised. The Government should join hands with welfare organizations in providing more courses or interest classes for the elderly. For instance, more computers should be provided for use by the elderly in community centres. With the provision of suitable courses and technical support, the elderly should be able to enter the age of information technology as the young people do. Surfing on the Internet for knowledge will sharpen their wits and enrich their life.

Finally, I wish to remind Members that the retirement fund of all Hong Kong people has been mandatorily invested in the financial market. Many people in my sector query the security of the present MPF system. The

Government is responsible for conducting a review of the MPF system to carefully assess whether or not to manage our retirement fund on its own, so that the quality of life of the people of Hong Kong after retirement can be more securely protected.

I so submit. Thank you, President.

DR RAYMOND HO (in Cantonese): President, over the past decade, the median age of our population has gone up significantly by five years, from 34 in 1996 to 39 in 2006, and by 2033, it is expected to reach 49. From this, we can see that the ageing problem in Hong Kong is aggravating. By 2036, it is anticipated that out of 100 persons, 27 will be aged 65 or above, making up more than a quarter of the total population. As such, it is necessary for us to formulate a comprehensive policy for the elderly, so as to cope with the demand. Let me declare an interest, as I do possess a green Octopus card.

Although our per capita income has reached the level of developed countries and places, it is really sad that we still see some elderly picking up paper cartons on the street to make ends meet. Some elderly may be fortunate enough to be able to afford living in elderly care homes, yet we can hardly say that the conditions in many of these institutions are satisfactory. Packed in a small area, the elderly inmates do not have any privacy at all, let alone some space of their own. A lot of elderly inmates become very depressed and low-spirited for not having any activities.

As times change, the size of families in Hong Kong is becoming smaller. Unlike traditional families, children do not necessarily take up the responsibility of supporting their parents. Some of them are unable to do so due to their own financial constraints. In the absence of full retirement protection, quite a number of elderly people are in fact living on the CSSA or Old Age Allowance (commonly known as the "fruit grant"). For some elderly, the "fruit grant" may be their source of income to meet their living expenses. As such, it is necessary for the Government to review the relevant financial assistance, to ensure that the elderly in need are given adequate subsidies to cope with their basic needs.

On the other hand, for various reasons, including financial and family considerations, more and more elderly are unable to live with their children.

Also, as their children have to work, the elderly are unable to be taken good care of. It is anticipated that the demands for elderly housing and residential care places will be on the rise. To cope with such demands, the Government should provide more housing assistance for the elderly. Apart from building more tailor-made public housing units with relevant ancillary facilities, the Government should also promote other types of elderly housing, such as "lease for life" elderly housing, to cater for the needs of middle-class elderly. In addition, the Government should inject more resources to enhance the residential care home services and at the same time step up regulation on private residential care homes, so as to improve the quality of their service to benefit the elderly living in such institutions.

I believe that the issue of medical expenses is another worry of the elderly. The Government has the duty to provide the elderly with appropriate health care services. For the needy elderly, the relevant authorities should waive their medical fees or give them concessions, and the application process should also be streamlined.

Apart from solving the above livelihood problems, importance should also be attached to the physical and mental health of the elderly. In Hong Kong, as many elderly people do not have adequate social life and recreational activities, they are consistently in low spirits and their health is adversely affected. I remember that more than ten years ago, I visited an elderly home in Beijing. Apart from taking care of their everyday life, different recreational activities are also provided for the inmates, such as singing, dancing, chess playing and various types of interests and learning groups, caring for the needs of the inmates in all aspects. This is a successful experience worthy of our reference because elderly people can make a lot of friends in the elderly home and this will enrich their life. The Government should strengthen its service in taking care of the psychological needs of the elderly. To the numerous "hidden" elderly living alone, the relevant authorities should take the initiative to reach out for them. Out-reaching social workers should make contacts with them and encourage them to participate in social and recreational functions, so as to reintegrate them into society.

To rebuild their social network, the elderly must be provided with public transport facilities. The MTR Corporation Limited and franchised bus

companies should consider giving the elderly more fare concessions, and make improvement as far as practicable in the provision of facilities and support, so as to facilitate access by the elderly.

President, the elderly people have made great contributions to Hong Kong. We have the duty to take care of them in their old age. I so submit. Thank you, President.

PRESIDENT (in Cantonese): Does any other Member wish to speak?

MR RONNY TONG (in Cantonese): President, the motion today is certainly very meaningful. When I went through the wordings of some descriptions and the amendments as proposed by colleagues on this topic, I was astonished because, President, this Christmas tree is hung with let me see there are a total of more than a dozen to some 20 pages with a dozen to some 20 paragraphs of detailed suggestions. President, all these suggestions are definitely appropriate as they are certainly helpful to the livelihood of the elderly. However, President, these are the superficial or trivial issues. In fact, the crux of the issue lies in the Government's attitude and mentality towards the elderly policy.

President, why did I say that? It is because from each and every elderly policy so far implemented, we can see that the mentality of the Government is the mentality of a benefactor, or at least it gives people such an impression, and there is also a kind of surrealistic fear. Such a fear driven it to take all precautions against the misuse of all measures. Thus, it has not seriously considered how to benefit the elderly most extensively from the perspective of really helping them.

President, I do not mean that there should not be any rules and regulations, or safeguards or requirements should not be set in respect of measures for the benefit of the elderly. However, such safeguards or requirements should not be elevated to the extent that it gives an impression that it is more important to prevent misuse than to really help the elderly. President, I have always cited an analogy to explain that all systems are subject to challenges. All systems will induce misuse or are being misused as there are always people jumping the red

light in front of the traffic lights. But this does not mean that the traffic lights should be abolished simply because there are red light jumpers. Neither should our systems be designed in such a way that it will be difficult to perform the function of helping the elderly.

President, among the numerous examples, I believe the so-called "bad son statement" concerning the CSSA for the elderly is most obvious, and it has come under criticisms for years. The Government considers this necessary in order to prevent misuse. President, I beg to differ. In my opinion, Hong Kong people are law-abiding. An overwhelming majority or 99.9% of the elderly in Hong Kong are self-respecting with no intention of abusing any social resources. However, the system is designed by the Government with a view to preventing misuse. Instead of abolishing the so-called "bad son statement", the Government would rather make many elderly ineligible for assistance; and it would rather create lots of family conflicts and disputes than abolishing such a requirement.

President, the second example that I think of is the "fruit grant" which has recently aroused much controversy in town. For an increase of a few hundred dollars, the Chief Executive intended to implement a means test across the board. The additional expenses on the manpower, man-hours and resources required for such vetting system may exceed that increase of a few hundred dollars. But why does the Government have to do so? It is due to the Government's unhealthy mindset. In short, it thinks that preventive measures must be put in place because this is a handout to the public and the public will definitely abuse it.

President, health care vouchers are another recent example. We learn from today's newspapers that over the past two weeks since its implementation, only 1% of the elderly have applied for the vouchers. Among the applicants, 14% have already used up their health care vouchers in one go because the value is too small, and the complexity of the formalities involved is outrageous. Many doctors President, according to many interviewees in a television interview, as you may have seen it on television that it took 20 to 30 minutes to conduct all the checking. They even have to download documents from the Internet. They do not have time to do anything else after having completed these formalities. Nor do they have time for other patients. Therefore, many doctors and clinics have gradually withdrawn from the scheme.

Why does the Government always seem to do bad things out of good intention? A measure which is obviously beneficial to the elderly has turned out to be rebuked by everyone and even being hurled with bananas upon implementation. President, should the Government examine its own conscience and find out what has gone wrong? If the purpose is to help the elderly, there is no reason why the policy is wrong, and what has gone wrong must be the steps taken. In my opinion, President, it is the most unhealthy and negative mentality as I just mentioned that has gone wrong. President, it is like seeing half a glass of water. Do you see it half full or half empty? The Government always sees it half empty, thinking that all people in the world, especially the elderly, are bad guys, that they will cheat the Government of its money if there is no strict monitoring or various restrictions laid down by the Government, and that they will abuse the system even if they are rich.

President, we are talking about the elderly, not any other social groups. The elderly have made a lot of contributions to our society. I believe every society and every government should regard helping people at this age as their responsibility. I wish the Government will seriously think about whether its mentality and attitude towards the elderly policy warrant review and rectification. If we can do this, the dozens of suggestions mentioned here (*The buzzer sounded*) would actually be unnecessary.

PRESIDENT (in Cantonese): Does any other Member wish to speak?

MR WONG KWOK-KIN (in Cantonese): President, I think today's motion is much needed for discussion. As many Members pointed out just now, one-quarter or one-third of Hong Kong population will be ageing in two or three decades.

The elderly policy is actually not an isolated policy for the old people. Rather, it should be an integral part of an important social policy. In two or three decades or perhaps even a shorter period of time, Members or government officials in this Chamber will become elderly people. So, such a policy is of immediate concern to us as well.

Just now, many Members pointed out the needs of the elderly. They also detailed what assistance should be offered, what support should be provided and how their welfare could be enhanced. I share their views because the elderly do not have any income. Despite their contribution to society in the prime of their life, most of them cannot be financially independent after retirement and are in need of assistance from society.

Besides, we should not forget that the elderly have both material and psychological needs. I think the last thing they want to see is that they are regarded as a burden to society or to their own family, for this will make them feel being useless. Under the current CSSA policy for the elderly, their children are required to sign a statement certifying that they will not support their parents. This will make the elderly feel that they are a burden and their children are unwilling to bear such a burden and therefore shift it to society. Such a feeling, President, is really very undesirable.

Apart from livelihood, the elderly also need a sense of dignity. As life expectancy of Hong Kong population has increased, the majority of people can live up to 80 years old and beyond. While the retirement age is still maintained at 60, most of the retirees are still full of energy and capable of playing a part in society and making contribution to society. However, the elderly policy we are discussing now does not focus on building a platform or creating opportunities for them to continue their services and contribution to society. Rather, it focuses on how to provide resources to them.

As Mr Ronny TONG pointed out just now, the elderly feel that they are pitied by receiving handouts. They feel that they are a burden to the others. I think this is not beneficial to the elderly. When I have become an old man in the future — this will not take long — I would also feel bad.

Then, what should we do? We often say that giving the elderly "a sense of belonging and a sense of security" is a premise. To give them "a sense of security" means to enable them to be financially independent. But as they do not have any income, how can they be independent? So, the cornerstone of the elderly policy, a topic we often discuss, is the setting up of a universal retirement protection system so that the elderly can formally receive an income after retirement. This is their retirement protection, so that they need not apply for

CSSA or ask for money from their children, and live in dignity. So, the setting up of a universal retirement protection scheme, which will enable them to be financially independent, should be the most important part of the elderly policy.

Besides, on the basis of this cornerstone, as I just said, the Government should, with the co-operation of the community as a whole, explore ways to create some platforms enabling the elderly to continue serving society and the community. For instance, we often say that a lot of manpower is needed for the provision of temporary services in the community. Yesterday, someone in the community asked me this question. It was about an old couple living together. The husband was suffering from senile dementia and the wife was also sick. As the wife had to seek follow-up treatments in the hospital frequently, she hoped that she could leave her husband at certain place for several hours when she was consulting the doctor. After a thorough search, I could not find any suitable place in the district for them. If there is such a platform in the community where some elderly people who are physically fit to provide such community services, it will be a good thing for the community as a whole. However, if the initiative is taken by the community itself, it may not have the resources or network to do so.

Should the Government consider how to brighten the life of these retirees in their twilight years? I think this will not only enable them to have livelihood protection in their old age, but also satisfaction spiritually.

So, President, with these remarks today, I hope the Government can formulate a comprehensive welfare system for the elderly. I also hope that the Government can give further consideration to the issue from the perspective of enabling the elderly to live with dignity. Thank you, President.

PRESIDENT (in Cantonese): Does any other Member wish to speak?

(No Member indicated a wish to speak)

PRESIDENT (in Cantonese): Mr CHEUNG Kwok-che, you may now speak on the four amendments. You may speak up to five minutes.

MR CHEUNG KWOK-CHE (in Cantonese): President, my motion is a very short one. Knowing that colleagues in the Legislative Council are very concerned about this motion, I have tried to make it as short as possible so that they can, as Mr Frederick FUNG said earlier, enrich its contents like hanging decorations to a Christmas tree.

Regarding the amendments of the four Members, I am grateful to Mr TAM Yiu-chung, Mr WONG Kwok-hing, Mr WONG Sing-chi and Mr Frederick FUNG. Basically the 40 items proposed in the amendments all have the same direction, that is, to care for the elderly. President, I hope the Secretary and the Government, after listening to Members' amendments and speeches, can seriously look into the contents.

Mr TAM Yiu-chung has proposed to reduce the burden of medical expenses on the elderly, establish an elderly dental care scheme and implement "barrier-free" design for the elderly in public places, and so on. These two concepts have been overlooked by me. I thank Mr TAM Yiu-chung for reminding us. We know that elderly CSSA recipients will be given dental allowance, but other elderly people basically do not have it. If other elderly people have to see a dentist, they have to turn to the private sector. So, this Council always asks the authorities why dental care services are not provided for the elderly. As for "barrier-free" design for the elderly, although we may see that the elderly can walk without any difficulty, they would face great mobility difficulties when they need to rely on walking sticks.

Mr WONG Kwok-hing has proposed that measures be launched to encourage children to live with their elderly parents such as expanding the schemes to foster harmonious families and providing home purchase loans. I have also overlooked these aspects. Besides, he has mentioned hospice care services, and we tend to consider this only at the very last moment. However, since he has mentioned it, I think we should support it.

Mr WONG Sing-chi mentioned the setting up of an "Old Age Reserve Fund" and legislating against age discrimination to safeguard equal employment opportunities for the aged population. I believe many colleagues may have different views on the Fund, but I think the intention is good. However, as he

has mentioned only the name of the Fund, we have no idea of how it will be implemented. However, as it is well-intentioned, we should give our views to enrich its content. I believe we can seek a common ground while preserving differences.

Mr Frederick FUNG mentioned the recommendations of the Subcommittee to Study the Subject of Combating Poverty and the Commission on Poverty, telling us that we could not ignore the problem of elderly in poverty while we stress the need to care for the elderly. According to a report of the United Nations, the wealth disparity problem is the most serious in Hong Kong among all Asian cities. The Gini Coefficient reflecting wealth disparity in Hong Kong is as high as 0.53, well above the alert level of 0.4. Have we been vigilant to such a situation? What should we do so as to help the elderly in poverty? Since the CSSA cannot solve all the problems, what should the elderly with a low income or a meager pension do? As pointed out by the Society for Community Organization, the elderly in poverty in Hong Kong account for 30% of the total elderly population. This is not a small number. There are as many as 100 000 elderly households who are earning less than \$4,000 a month. So, I very much agree with Mr Frederick FUNG in including the problem of elderly in poverty in his amendment.

Summing up, the four Members' amendments have enriched the contents of my motion. I will vote for them all later on. President, I so submit.

SECRETARY FOR LABOUR AND WELFARE (in Cantonese): President, once again, I wish to thank Mr CHEUNG Kwok-che, Mr TAM Yiu-chung, Mr WONG Kwok-hing, Mr WONG Sing-chi and Mr Frederick FUNG. I also wish to thank the other 14 Members for putting forward so much valuable and useful advice on how we can tackle the issue of population ageing. I shall now give a concise reply to Members' remarks.

To begin with, I must stress that it is one of the major policy objectives of the Government to look after the elderly and enable them to live a happy life in old age. The Government of the Hong Kong Special Administrative Region has always attached very great importance to the well-being of the elderly and has invested huge resources in them. For example, in 2007-2008, the government expenditure on the provision of social security, elderly services and health care

services to the elderly amounted to \$31.7 billion, or 16% of the Government's recurrent expenditure. In other words, \$16 in every \$100 spent by the Government was used for the elderly. The breakdown is as follows:

- (i) some \$13.8 billion was spent on the provision of Comprehensive Social Security Assistance (CSSA), Social Security Allowance (SSA) and Disability Allowance;
- (ii) some \$3.3 billion was used for the provision of elderly services such as:
 - residential care, home-based care, day care and long-term care for weak elderly persons; and
 - various community support services such as home-based assistance and elderly centre services; and
- (iii) the remaining \$14.6 billion was allocated to the Hospital Authority (HA) and the Department of Health for the provision of services related to the elderly.

At the same time, all relevant policy bureaux, government departments and service agencies have been launching various innovative schemes and services to cater for the ever-changing needs of the elderly. Let me take this opportunity to give some specific examples, some of which may already be very familiar to Members: the Building Maintenance Grant Scheme for Elderly Owners launched jointly by the Development Bureau and the Hong Kong Housing Society, the Home Environment Improvement Scheme for the Elderly implemented by the Social Welfare Department (SWD) and the Integrated Discharge Support Programme for Elderly Patients jointly implemented by the Labour and Welfare Bureau and the HA.

To realize the policy objectives of caring for the elderly and encouraging them to "age in place", the Government earmarked \$1 billion last year for launching the Building Maintenance Grant Scheme for Elderly Owners to assist needy elderly persons in repairing and maintaining their self-occupied properties, so as to improve building safety. Under the scheme, elderly owners of

self-occupied properties are provided with an allowance of up to \$40,000 for the general maintenance of the external walls and public areas of buildings and for the clearance of illegal structures. Besides, the Government also earmarked \$200 million for implementing the Home Environment Improvement Scheme for the Elderly. The aim of the scheme is to assist elderly persons who do not have any family support and financial ability in conducting minor household repairs and purchasing some necessary equipment.

Apart from assisting elderly persons in improving their home environment and safety, the Government has also launched the Integrated Discharge Support Programme for Elderly Patients to provide "one-stop" assistance services to elderly persons who have difficulties in looking after themselves after their discharge from hospital. The aim is to assist them in "ageing in place". The support services include discharge planning, transitional rehabilitation services and home-based care for elderly persons discharged from hospital and the training of their carers. The first two pilot schemes were launched in Kwun Tong and Kwai Tsing in March and August last year respectively. The third pilot scheme will be launched in July this year in Tuen Mun. We expect that the scheme will be able to help 20 000 elderly persons and 7 000 carers of the elderly. This is a very important point.

All the measures and schemes I have just mentioned are not part of any existing services. They are all new services tailor-made for the elderly. All relevant government departments will continue to seek a better grasp of the needs of the elderly by listening to the views of the various social sectors, including the valuable advice of Members. They will seek to provide appropriate services to the elderly with an innovative mindset.

We will of course continue to enhance existing services. In respect of elderly services, we will seek to realize the four basic principles with which Members are all familiar. First, we will promote "active ageing". Second, we will encourage "ageing in place". Third, we will advocate sustained care for the elderly. Lastly, we will provide dedicated resources for assisting needy elderly persons and giving them support, so as to improve their quality of life. Several measures are particularly mentioned in the policy address announced by the Chief Executive last year to enhance the support for the elderly and their carers. Here are some examples:

- (i) We will provide 249 additional places in four newly-built contract residential care homes for the elderly (RCHEs) in the two years from now and increase the supply of places through the Enhanced Bought Place Scheme;
- (ii) we will allocate additional resources to RCHEs currently providing care services for weak elderly persons and those suffering from senile dementia, so as to enhance the care for these elderly persons. Some Members expressed special concern about this group of weak elderly persons just now;
- (iii) we will increase the numbers of subsidized home-based care places and day care places by 810 and 80 respectively; and
- (iv) we will extend the District-based Trial Scheme on Carer Training to cover all districts in Hong Kong, so that District Elderly Community Centres can be given subsidy to organize carer training for interested persons and to recruit such persons to provide voluntary or paid carer services after their completion of training. Referring to Mr WONG Kwok-kin's discussion on a platform for identifying carers, I must say that this can already provide a very good platform.

Apart from increasing the supply of subsidized elderly care and support services, we will also continue to co-operate with the Elderly Commission to improve the upstream work, the work at source, so as to further promote the concept of "active ageing" and enable the elderly to live an enriched and wholesome life in their "golden twilight years".

In the future, we will be faced with an ageing population. The Government must provide appropriate assistance and services to needy elderly persons. However, we must at the same time ensure the sustainability of the existing mode of providing subsidized elderly services. It is necessary for all social sectors to give their views on the sustainability of the mechanism for supporting the elderly. The Elderly Commission has held in-depth discussions on the recommendation of the Commission on Poverty regarding the waiting time for subsidized residential care services. It has also commissioned a consultant to conduct further studies. Mr Frederick FUNG mentioned this issue just now. I can tell him that we will definitely adhere to the timetable in taking forward this area of work. The study will explore the following issues:

- (i) ways of ensuring that subsidized residential care services are always focused on looking after elderly persons in greatest need; and
- (ii) ways of promoting the development of quality self-financing or privately-run residential care services and encouraging individuals, families and society to share the responsibility of meeting the needs of elderly persons requiring long-term care.

The study will also explore the concept of "money follows the elderly" and its impacts on existing residential care services for the elderly. We hope that upon the completion of the study, the Elderly Commission will share the findings with us. I will certainly brief Members on the findings in the Panel on Welfare Services.

At this juncture, I wish to say a few words in response to two specific issues, especially the "bad son statement", mentioned by quite a number of Members just now. President, in regard to "bad son statement", there is a very popular misconception. There is actually no such thing as "bad son statement". A "certificate of refusal to support parents" or a "bad son statement" is never a document required for CSSA application. But then, what actually is the real situation? As Members all know, CSSA is actually public money, so there must be a means-test. When applying for CSSA, the applicant must make a statement on his financial situation, so as to prove or verify the income sources of the elderly applicant. One example is whether his children have been giving him any living expenses. This is required as a matter of procedure. There is nothing known as "bad son statement" or "certificate of refusal to support parents". This is only a popular misconception. This is a very important point.

In case an elderly person is in genuine difficulties, or if he is not on good terms with his family members, or if his children have genuine difficulties in support his living, what shall be done? Actually, the SWD may deal with a case by taking account of its unique circumstances. The Director of Social Welfare may also exercise discretion in such cases. There were many past cases in which the Director of Social Welfare had exercised discretion, allowing an elderly person who was in genuine need, and who was unable to provide any proof for various reasons, to make an application. But Members must realize that as a matter of procedure, we must do so.

The second point I wish to clarify is about the "three pillars". Mr LEE Cheuk-yan is not in the Chamber now. He asked me for a timetable just now. I wish to point out that as I mentioned when I first spoke in this debate, there are currently three aspects of work insofar as the direction of financial assistance for the elderly is concerned. First, there is a safety net made up of CSSA, SSA, the Disability Allowance and the Old Age Allowance. This provides one form of financial protection. The second pillar, as Members all know, is the Mandatory Provident Fund System. The third pillar is constituted by voluntary personal savings. These three pillars aside, the Government still provides another strong safety net: the provision of huge subsidies in respect of public health care, elderly care and housing for the elderly. Members must not forget that this safety net really plays a very important role. A study on the sustainability of these three pillars is underway. When the Central Policy Unit completes the study, it will share with us the relevant information.

President, I wish to emphasize that assistance in money terms alone cannot possibly ensure that the elderly can live a good life in old age. It is only by remaining physically and mentally healthy that elderly persons can enhance their ability to stand on their own feet, to upgrade their quality of life and to live a positive and enriched life. All policy bureaux and government departments will work in this direction and listen carefully to the views expressed by the various social sectors on this important topic. They will continue to perfect all relevant measures and provide the elderly persons with appropriate services.

Enabling the elderly to live a happy life in old age and achieving the aim of giving them "a sense of security, a sense of belonging and a feeling of worthiness" are the vision that we are working hard to materialize. The realization of this vision will require the efforts of every individual, society and the Government.

President, I so submit.

PRESIDENT (in Cantonese): I now call upon Mr TAM Yiu-chung to move his amendment to the motion.

MR TAM YIU-CHUNG (in Cantonese): President, I move that Mr CHEUNG Kwok-che's motion be amended.

MR TAM YIU-CHUNG moved the following amendment: (Translation)

"To delete ", given the trend of an ageing population," after "That"; to delete "as" after "over two million;" and substitute with "however,;" to delete "overall" after "insufficient to cater for the"; to add "rendering it unable to cope with the trend of an ageing population," after "retirement protection,;" to delete ", apart from catering" after "forward-looking elderly policy which" and substitute with "includes: (a) reviewing the various measures for elderly healthcare vouchers, including the registration procedure, publicity and promotion, etc; increasing the value of elderly healthcare vouchers to \$1,000 per elderly person per year and lowering the eligible age to 65; (b) urging the MTR Corporation to reinstate fare concessions to the elderly on Sundays and make it a permanent measure; urging franchised bus companies to implement fare concessions to the elderly on holidays on a permanent basis; (c) comprehensively reviewing the policy on Old Age Allowance (OAA) and Comprehensive Social Security Assistance (CSSA) payments for the elderly, abolishing the absence limit for OAA; introducing an "elderly maintenance grant scheme" for elderly persons aged over 60 who are ineligible for CSSA; allowing the elderly to receive Disability Allowance and OAA concurrently, so as to more comprehensively safeguard the basic needs of the elderly; (d) providing sound primary healthcare services for the elderly, and promoting a positive and healthy lifestyle among them; (e) reducing the burden of medical expenses on the elderly; reducing public medical fees for the elderly by half; establishing an elderly dental care scheme; (f) increasing the places in subvented residential care homes for the elderly, and improving various community-based elderly care services; (g) providing a favourable living environment for the elderly, including implementing "barrier-free" designs for the elderly in public places, and introducing a subsidy scheme for providing additional barrier-free facilities to allow easy access for the elderly; (h) proactively advocating a proper perspective about the elderly, and encouraging public and private organizations to make good use of the knowledge and experience of the elderly; and (i) promoting "lifelong learning" to enrich the lives of the elderly, so as to cater"; to delete ", provides" after "physical and psychological needs" and substitute with "and provide"; to delete "so as to provide" after "contribute to the

community," and substitute with "thus providing"; and to delete "increasingly sizeable elderly population" after " "golden twilight years" for the" and substitute with "elderly"."

PRESIDENT (in Cantonese): I now propose the question to you and that is: That the amendment, moved by Mr TAM Yiu-chung to Mr CHEUNG Kwok-che's motion, be passed.

PRESIDENT (in Cantonese): I now put the question to you as stated. Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(No hands raised)

PRESIDENT (in Cantonese): I think the question is agreed by a majority respectively of each of the two groups of Members, that is, those returned by functional constituencies and those returned by geographical constituencies through direct elections, who are present. I declare the amendment passed.

PRESIDENT (in Cantonese): Mr WONG Kwok-hing, as Mr TAM Yiu-chung's amendment has been passed, I have given leave for you to revise the terms of your amendment, as set out in the paper which has been circularized to Members. When you move your revised amendment, you may speak up to three minutes to explain the revised terms in your amendment, but you may not repeat what you have already covered in your earlier speech. You may now move your revised amendment.

MR WONG KWOK-HING (in Cantonese): President, I move that Mr CHEUNG Kwok-che's motion as amended by Mr TAM Yiu-chung be further amended by my revised amendment. As the wordings of my revised amendment are very clear, I have nothing to add.

Mr WONG Kwok-hing's further amendment to the motion as amended by Mr TAM Yiu-chung: (Translation)

"To add "; such a comprehensive elderly policy should also basically cover the following: (a) conducting extensive consultation on the elderly policy by comprehensively collecting the views of the elderly, deputations and service organizations, and formulating a comprehensive and forward-looking elderly policy, improvement measures and implementation timetable on the basis of such consultation; (b) drawing up an integrated retirement protection plan to benefit all the people of Hong Kong; (c) launching various measures to encourage children to live with their elderly parents, such as expanding the schemes to foster harmonious families in public rental housing and providing home purchase assistance and loan schemes, etc, so as to advocate the spirit of respecting and caring for the elderly; (d) relaxing the requirement for elderly persons to apply for CSSA on a household basis, and ensuring that CSSA and allowances can meet the basic needs of the elderly; (e) allocating additional resources to improve elderly services at the community level, including increasing the number of elderly centres across the territory, increasing the places for the Integrated Home Care Services, and providing diversified district services; (f) studying the provision of comprehensive financial planning, management and services for the elderly; and (g) formulating comprehensive, proactive and forward-looking hospice care services" immediately before the full stop."

PRESIDENT (in Cantonese): I now propose the question to you and that is: That Mr WONG Kwok-hing's amendment to Mr CHEUNG Kwok-che's motion as amended by Mr TAM Yiu-chung be passed.

PRESIDENT (in Cantonese): I now put the question to you as stated. Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(No hands raised)

PRESIDENT (in Cantonese): I think the question is agreed by a majority respectively of each of the two groups of Members, that is, those returned by functional constituencies and those returned by geographical constituencies through direct elections, who are present. I declare the amendment passed.

PRESIDENT (in Cantonese): Mr WONG Sing-chi, as the amendments by Mr TAM Yiu-chung and Mr WONG Kwok-hing have been passed, I have given leave for you to revise the terms of your amendment, as set out in the paper which has been circularized to Members. When you move your revised amendment, you may speak up to three minutes to explain the revised terms in your amendment, but you may not repeat what you have already covered in your earlier speech. You may now move your revised amendment.

MR WONG SING-CHI (in Cantonese): President, I move that Mr CHEUNG Kwok-che's motion as amended by Mr TAM Yiu-chung and Mr WONG Kwok-hing be further amended by my revised amendment. President, as I have already explained my amendment clearly in my speech earlier, I have nothing to supplement.

Mr WONG Sing-chi moved the following further amendment to the motion as amended by Mr TAM YIU-CHUNG AND Mr WONG Kwok-hing:
(Translation)

"To add "; in addition, with the post war baby boom generation advancing into old age, the population will start to age rapidly within the next few years, as it is doubtful whether welfare, medical and healthcare services, etc are sustainable in the long run given an ageing population, coupled with the fact that the policies and services concerning retirement and employment fail to take into account those elderly persons who wish to continue to work, this Council urges the Government to adopt the following strategic measures: (a) setting up an "Old Age Reserve Fund" to ensure that there is sufficient public expenditure to maintain various

welfare benefits and services for the elderly when the population is aged after 2011; (b) reviewing the employment policy and services, and legislating against age discrimination to safeguard equal employment opportunities for the aged population; and (c) revamping the healthcare financing system, etc to ensure the long-term sustainability of welfare benefits and public services relating to the elderly" immediately before the full stop."

PRESIDENT (in Cantonese): I now propose the question to you and that is: That Mr WONG Sing-chi's amendment to Mr CHEUNG Kwok-che's motion as amended by Mr TAM Yiu-chung and Mr WONG Kwok-hing be passed.

PRESIDENT (in Cantonese): I now put the question to you as stated. Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(Members raised their hands)

Mr IP Kwok-him rose to claim a division.

PRESIDENT (in Cantonese): Mr IP Kwok-him has claimed a division. The division bell will ring for three minutes.

PRESIDENT (in Cantonese): Will Members please proceed to vote.

PRESIDENT (in Cantonese): Will Members please check their votes. If there are no queries, voting shall now stop and the result will be displayed.

Functional Constituencies:

Dr Raymond HO, Dr Margaret NG, Mr CHEUNG Man-kwong, Mr Abraham SHEK, Ms LI Fung-ying, Mr CHIM Pui-chung, Prof Patrick LAU, Mr CHEUNG Kwok-che, Mr IP Wai-ming and Dr PAN Pey-chyou voted for the amendment.

Mrs Sophie LEUNG, Mr Jeffrey LAM, Mr Andrew LEUNG, Mr Paul CHAN, Mr CHAN Kin-por and Dr Samson TAM voted against the amendment.

Dr Philip WONG, Mr LAU Wong-fat, Ms Miriam LAU, Mr Timothy FOK, Mr Tommy CHEUNG, Mr WONG Ting-kwong, Dr LEUNG Ka-lau and Mr IP Kwok-him abstained.

Geographical Constituencies:

Mr LEUNG Yiu-chung, Ms Emily LAU, Mr Andrew CHENG, Mr Albert CHAN, Mr Frederick FUNG, Ms Audrey EU, Mr WONG Kwok-hing, Mr Alan LEONG, Mr Ronny TONG, Mr KAM Nai-wai, Ms Cyd HO, Miss Tanya CHAN, Mr WONG Sing-chi, Mr WONG Kwok-kin and Mr WONG Yuk-man voted for the amendment.

Mr CHAN Kam-lam, Mr TAM Yiu-chung, Mr CHEUNG Hok-ming, Ms Starry LEE, Mr CHAN Hak-kan and Mrs Regina IP abstained.

THE PRESIDENT, Mr Jasper TSANG, did not cast any vote.

THE PRESIDENT announced that among the Members returned by functional constituencies, 24 were present, 10 were in favour of the amendment, six against it and eight abstained; while among the Members returned by geographical constituencies through direct elections, 22 were present, 15 were in favour of the amendment and six abstained. Since the question was not agreed by a majority of each of the two groups of Members present, he therefore declared that the amendment was negatived.

PRESIDENT (in Cantonese): Mr Frederick FUNG, as the amendments by Mr TAM Yiu-chung and Mr WONG kwok-hing have been passed, I have given leave for you to revise the terms of your amendment, as set out in the paper which has been circularized to Members. When you move your revised amendment, you may speak up to three minutes to explain the revised terms in your amendment, but you may not repeat what you have already covered in your earlier speech. You may now move your revised amendment.

MR FREDERICK FUNG (in Cantonese): President, I move that Mr CHEUNG Kwok-che's motion as amended by Mr TAM Yiu-chung and Mr WONG Kwok-hing be further amended by my revised amendment. I do not have any new information to supplement. Thank you.

Mr Frederick FUNG moved the following further amendment to the motion as amended by Mr TAM Yiu-chung and Mr WONG Kwok-hing: (Translation)

"To add "; this Council also urges the Government to expeditiously implement the recommendations made by the Legislative Council Subcommittee to Study the Subject of Combating Poverty in its Report on Elderly in Poverty and the recommendations on elderly issues put forward in the Report of the Commission on Poverty" immediately before the full stop."

PRESIDENT (in Cantonese): I now propose the question to you and that is: That Mr Frederick FUNG's amendment to Mr CHEUNG Kwok-che's motion as amended by Mr TAM Yiu-chung and Mr WONG Kwok-hing be passed.

PRESIDENT (in Cantonese): I now put the question to you as stated. Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(No hands raised)

PRESIDENT (in Cantonese): I think the question is agreed by a majority respectively of each of the two groups of Members, that is, those returned by functional constituencies and those returned by geographical constituencies through direct elections, who are present. I declare the amendment passed.

PRESIDENT (in Cantonese): Mr CHEUNG Kwok-che, you may now reply and you have three minutes 48 seconds. This debate will come to a close after Mr CHEUNG Kwok-che has replied.

MR CHEUNG KWOK-CHE (in Cantonese): A dozen of Members have expressed their views in this debate of about three hours. I think the Secretary, in his conclusion, has not responded to this Council particularly in respect of whether he supports or opposes the so-called elderly policy. He has not responded to us at all; nor has he responded to our aspirations.

As Mr LEE Cheuk-yan just said, the Secretary is just making enumerations, giving us an account of the services now provided by the Government and a glimpse into its future plan. However, our call for an elderly policy is very clear. I believe all Members consider it necessary to have this policy so as to cope with the growing elderly population in the next several decades. This is my first point. Secondly, what is the viewpoint of the Government and society as a whole on this motive force of the elderly who can still make contribution to society for 20 to 30 years after they have turned 60?

So, if the Government does not tell us whether it supports or opposes of course, if the Government tells us today that it supports this policy, I will be very surprised. I reckon that the Government is opposed to it, but it should let us know the reasons, so that our speeches can focus on these reasons when the

issue is raised next time. Now, as the Government does not give us any responses, the situation is that the Government is stating its own stance while we are stating ours.

I think the elderly policy should not only focus on the welfare or services for the elderly but also the concept of continuous development of the elderly in all aspects, because they will live for at least one-third of their lifetime after turning 60. They should continue to develop themselves and live on. Elderly people aged 60 or above are still physically strong and energetic. How can they draw on their experiences to continue their contribution to society? There must be a policy. However, no matter how sincere colleagues are in putting forward proposals on the elderly policy, I think the most important thing remains to be the Government's determination to face our speeches. Today, the Secretary does not make any response at all. I think the Government seems to be saying that it has no responsibility to face this issue. This Council is very disappointed with this. On seeing such response from the Government, the community will also be greatly disappointed.

In fact, if the Government will formulate a real programme in the next year or two followed by a territory-wide public consultation after a pledge today that it will consider the issue, I believe lots of creative ideas will be raised in society and many elderly people will convey their views to the authorities. This is precisely our original intention of proposing the formulation of an elderly policy today. Although the Government does not give us a perfect response today, I look forward to its reply in the future. I do not wish that I have to propose a motion on elderly policy every year, as Mr LEUNG Yiu-chung does every year on concessionary fares for people with disabilities.

I so submit.

PRESIDENT (in Cantonese): I now put the question to you and that is: That the motion moved by Mr CHEUNG Kwok-che, as amended by TAM Yiu-chung, Mr WONG Kwok-hing and Mr Frederick FUNG be passed.

PRESIDENT (in Cantonese): Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(No hands raised)

PRESIDENT (in Cantonese): I think the question is agreed by a majority respectively of each of the two groups of Members, that is, those returned by functional constituencies and those returned by geographical constituencies through direct elections, who are present. I declare the motion as amended passed.

PRESIDENT (in Cantonese): Second motion: Establishing an independent statutory Office of the Health Service Ombudsman.

Members who wish to speak in the debate on the motion will please press the "Request to speak" button.

PRESIDENT (in Cantonese): I now call upon Mr Andrew CHENG to speak and move his motion.

ESTABLISHING AN INDEPENDENT STATUTORY OFFICE OF THE HEALTH SERVICE OMBUDSMAN

MR ANDREW CHENG (in Cantonese): President, I wish I now ask I move that the motion, as printed on the Agenda, be passed. Excuse me, President.

President, in recent years, medical incidents involving the Hospital Authority (HA) have emerged one after another; recently, there have been such incidents as the mistaken removal of a patient's breast at the North District Hospital (NDH), wrong dispensation of medicine in a hospital, the latest incident

at the Caritas Medical Centre (CMC), and the loss of a baby body at the Eastern Hospital. For several years, various kinds of medical incidents have continuously happened, which startled the community. Owing to these medical incidents, people's confidence in public hospital services has been largely crippled, and in the absence of a credible mechanism to carry out investigations and mediations, and handle compensation matters after the incidents, the patients or their families are forced to resort to the media and public pressure as well as the judicial system, in the hope that their cases will be handled more impartially. As a result, this puts heavy pressure on the health care system and mental stress on front-line workers, while the patients or their families who are forced to appear in the media also feel physically and mentally exhausted. Due to the lack of an independent mechanism for handling health service complaints fairly and impartially, the Government actually has to use abundant resources of the Legal Aid Department and the court to handle litigations on medical incidents, which will create an all-lose situation for the three parties.

Taking the NDH as an example, the incident is an administrative error, and it is obvious that the hospital has made a mistake. However, the incident involves a person with intellectual disability, and the patient and her family are obviously in a disadvantageous position during the compensation negotiations. The patient lacks information and resources, and the HA and the patient are actually on a very unequal footing during the negotiations over compensation. If there is an independent body acting as an intermediary to present information and take on the role of a conciliator during the compensation negotiations between the patient and the hospital, the parties would be put on an equal footing in the negotiations, so that they could agree upon mutually acceptable and more equitable compensation. As regards the CMC incident, we know that the son of the deceased has given up seeking assistance from the Public Complaints Committee (PCC) of the HA, and he is prepared to institute court proceedings. Evidently, the general public, patients and their families doubt the impartiality of the PCC of the HA, as the doctors are shielding one another and investigations are conducted by their own people. Also, the Medical Council, the Consumer Council and the Office of The Ombudsman outside the HA are not suitable channels, and the public do not have a fair and impartial mechanism for handling medical incidents.

The HA set up the Advanced Incident Reporting System (AIRS) in 2007 with a view to increasing transparency and reporting critical medical incidents,

and setting up investigation panels. The HA has recently set up investigation panels after the occurrence of the several medical incidents, but the experience from these incidents tells us that the community and the media do not find the mechanism satisfactory, and in some cases, we may even see that these panels are perhaps set up to postpone completion of the investigations in order to evade heated comments in the media. Whenever there is a case of medical blunder, the relevant report may describe the case as an individual case and uses that as an excuse. As such, it is not very helpful to improving medical services as a whole.

Since almost all members of the investigation panels are HA personnel, the patients and outsiders will hardly have confidence in the impartiality of the panels. Though the community is deeply concerned about the incidents, nobody is held responsible for these incidents after the investigations, and as the mechanism has not specified that a detailed account of the investigation results must be given to the patients or their families and that compensation must be made, protecting patients' interests is evidently not the paramount concern of the HA in the establishment of the reporting mechanism. The major objectives of the panels are to look into the course of the incidents and prevent the recurrence of similar incidents, which may be helpful to improving the internal operation and management of the HA, nonetheless, we do not think that it is a suitable mechanism for handling the patients' and the community's discontent with the incidents. Insofar as improving medical services is concerned, we find it more worrying that there is currently a lack of integrated one-stop services covering complaints, mediation and compensation, which would give impetus to the HA in making improvement to its medical services.

The complaints against the HA are generally handled by the PCC of the HA. Nevertheless, the PCC is an internal mechanism of the HA instead of an independent body; if it is proven that the patients suffered losses as a result of medical negligence, and that the HA should make compensation, it is impossible for the patients to have confidence that such a mechanism will investigate the incidents and make judgments impartially. Before, there were some outspoken and enlightened members in the PCC such as Rev CHU Yiu-ming and Dr Conrad LAM, and the patient organizations could maintain closer contacts with them. There were also individual members whose images are as liberal as them and so, people still had some confidence in the credibility of the PCC. But these two

members were no longer appointed after they had respectively been appointed for two terms. This shows that people who are outspoken and willing to take up cudgels for the public would not be re-appointed very soon. In the eyes of the public, the PCC's handling of the medical blunders has ascertained that its credibility and the extent to which it is trusted are extremely low. In addition, after looking into the facts, the patients and their families need to have a great deal of resources and information, and engage their own legal representatives and insurance companies for the compensation negotiations. When the patients and their families do not have confidence in the PCC, as I have just said, they can only resort to seeking assistance from the media and continue to seek justice, using a lot of resources and court hours under an independent judicial system.

Despite the shortcomings of the complaint mechanism of the HA, there is still a system at least, but it seems that there is not any channel for complaints against medical incidents in the private sector. If the public are dissatisfied with private health care practitioners, complaints can be lodged with the Medical Council and other professional regulatory bodies. Yet, for various reasons, the public apparently lack confidence in the Medical Council. Taking the example of the year 2006-2007, among 448 cases received by the Medical Council, none has been substantiated; President, the number is zero, as none of the 448 cases received has been substantiated. As for the 17 substantiated cases, they were received before that year and concluded in the year 2006-2007.

Actually, the professional bodies mainly judge from the profession's perspectives as to whether the doctors subject to the inquiry have been unethical and a shame to the industry. The scope of investigation is thus very narrow and lots of complaints have not been accepted, hence, they are not suitable bodies for handling medical complaints. Similarly, the Consumer Council and the Department of Health are not dedicated bodies for this purpose, as the terms of reference of the Consumer Council only involves service attitudes and charges, whereas the Department of Health is only in charge of the licensing of private hospitals or clinics. If the patients are involved in medical incidents when using private medical services, they should first clarify which part of the process has gone wrong, the person whom they will complain against, and which department is in charge. In reality, all these are precisely needed to be sorted out for the purpose of investigation, and the parties concerned are really at a loss, not

knowing what to do. Taking the NDH that mistakenly removed a patient's breast as an example, if the patient has the surgery conducted by a private doctor in a private hospital, and the same incident takes place, the patient should respectively lodge a complaint against the doctor with the Medical Council and a complaint against the nurse with the Nursing Council and a complaint against the private hospital with the Department of Health. As a result, it is most likely that all the complaints will not be established for the incident is not caused by a single person; and if it is consequently proven that someone is to be held responsible, the patient should apply to the court for compensation, hence, the patient would have to overcome hurdles after hurdles.

President, on the basis of the research results, the Harvard Report already stated in 1999 that the quality of private medical practice in Hong Kong varied greatly. In recent years, there have been more and more profit-making health care organizations, and the Government has encouraged the public to use private health care services by various means. Given such a flawed complaint mechanism, we can say that the interests of those using private health care services are not in any way protected. After a review of the health care system in Hong Kong at that time, Prof William HSIAO of the Harvard University suggested the establishment in Hong Kong of an independent office for handling health care complaints. On this issue, the Legislative Council prepared a stringent report back in 2001 and the Democratic Party has conducted a study on the experience of overseas countries. We firmly believe that the establishment of an Office of the Health Service Ombudsman is a feasible proposal for improving the existing problems.

An independent Ombudsman for handling health care complaints can streamline the repetitive investigation procedures at present and with the Ombudsman Office providing one-stop services, regardless of whether it is a case of medical blunders or maladministration, all complaints about medical services will be accepted, and investigations and mediations including compensation negotiations will be conducted. For areas related to professional autonomy such as the rights to arbitration and punishment, upon completion of investigation, the case would be referred to the relevant professional bodies for handling. To avoid a situation when the insiders are regulated by outsiders, the investigation can be conducted by health care professionals appointed by the Office. Should the mechanism be made an independent statutory body, it would be independent

of all health care providers, and it would not be suspected as being biased towards the Government or having doctors protecting the interests of doctors, and its credibility and neutrality could be ensured. Furthermore, the Office of the Health Service Ombudsman can have a full grasp of the complaint processes and results, so it can publish information on a regular basis, monitor and analyse the trends of complaints, give advice and make recommendations to facilitate policy amendments, thereby promoting medical service improvement.

On this issue, the Democratic Party has conducted several surveys, and I trust that Honourable colleagues are aware that most of the respondents strongly support the establishment of an independent body; and nearly 82% of the respondents support setting up this mechanism for handling complaints, mediations and compensation matters related to medical incidents involving public and private medical institutions.

Apart from the public's support, all parties and groupings in the Legislative Council have expressed this wish explicitly. The Legislative Council had debates on the relevant motions at its meetings in May 1999, May 2001 and 8 March 2006. In 2006, the motion on "enhancing the regulation of the operation of private medical care services, including medical groups and private doctors, and so on; and establishing an independent statutory body for handling complaints about public and private medical care services, so as to ensure that patients are provided with good medical care services and enhance their confidence in using private medical care services" was passed. President, the motion was passed.

Nonetheless, President, it is disappointing that the Government seemed to be indifferent to the appeals made by the public and the Legislative Council throughout the years. Following the NDH incident, the Democratic Party raised an oral question asking the Secretary whether the Government would consider the establishment of an independent mechanism for handling complaints, litigations and compensation matters related to medical incidents. According to the Secretary's reply, the existing mechanism for handling complaints was effective and could properly handle complaints related to medical services, so it was not necessary to establish an independent mechanism to handle the relevant matters because the HA had the PCC, and the public might lodge complaints with bodies

such as the Medical Council. As I have just said, the public really lacks confidence in these bodies, so in the two speeches that the Secretary will make in a while, especially in his speech after he has listened to the remarks made by Honourable Members on the motion and the amendment, I hope that he would convince the Legislative Council and the public how the Government would revive people's confidence in the health care system in the absence of an impartial and independent complaint mechanism.

On the premise that there must be a fair and impartial complaint mechanism, I would like to tell the Secretary once again that if no impetus is given to improving services within the health care system, and if there is a lack of a sound complaint mechanism, and investigations are invariably conducted by the Government on each and every such incident, we will have an impression that the Government is incapable of promoting improvements to the mechanism as a whole because it keeps saying on all occasions that the incident is an individual case.

Hence, President, I have proposed the motion in the hope that the Government would get the message that the proposal today is one of the proposals made in the Harvard Report published many years ago and its implementation has been awaited for years. President, I so submit.

Mr Andrew CHENG moved the following motion: (Translation)

"That, given the current lack of a uniform and credible mechanism for handling health service complaints from members of the public, this Council urges the Administration to, without violating the principle of professional autonomy, establish an independent statutory Office of the Health Service Ombudsman to receive complaints concerning health service from the public, investigate and conciliate complaints as well as handle compensation matters under a uniform mechanism, so as to ensure that complaints targeting at health service are properly handled, and thereby improving the quality of health service."

PRESIDENT (in Cantonese): I now propose the question to you and that is: That the motion moved by Mr Andrew CHENG be passed.

PRESIDENT (in Cantonese): Mr CHAN Hak-kan will move an amendment to this motion. This Council will now proceed to a joint debate on the motion and the amendment.

I now call upon Mr CHAN Hak-kan to speak and move his amendment to the motion.

MR CHAN HAK-KAN (in Cantonese): President, I move that Mr Andrew CHENG's motion be amended.

President, while we are discussing the subject of establishing an independent statutory Office of the Health Service Ombudsman in this Council today, the Hospital Authority (HA) has also submitted the latest issue of its Annual Report today. When I read its Annual Report, I had a feeling that it had adopted a cherry-picking strategy. Of course, I agree very much that those health care workers mentioned in the Annual Report who have fulfilled their duties faithfully with tireless efforts do merit commendation, but after going through the whole Annual Report, President, I could not find any reference to medical incidents. I think besides mentioning the bright side, the HA should also make some efforts in telling the public what it has done in handling medical blunders.

Actually, it can be said that members of the public love and hate the HA at the same time and are deeply entangled in this love-hate relationship. While we are grateful to health care workers for their dedication and positive attitude in rescuing life and providing emergency relief, we deeply detest medical incidents. Whenever any medical incident arises, the most widely adopted tactic of the Government and the HA is to establish some investigatory committees, which often conclude that no one has to be held accountable and recommend that reviews be conducted on work processes and guidelines. When similar medical incidents recur, investigations will be carried out again and another review will be conducted. Such an approach is not only unable to facilitate the enhancement of the quality of health services but will also make members of the public think that the authorities are trying to delay or water down the issue of responsibility. Actually, the approach adopted by the authorities in handling these medical incidents, be they involve the public or private sector, has become the target of public criticisms. In short, I think there are three points which are worth mentioning today.

First, there are too many channels for handling complaints. President, as the saying goes, "channels for airing grievances are lacking". However, there are so many channels for complaints about medical incidents that people would find it quite shocking. Take the HA as an example, a complaint mechanism is available at the hospital level as well as at the central administration level of the HA. Private hospitals also receive and handle complaints internally. Then there is the Department of Health. As it is a licensing body, it will also be involved in the handling of medical complaints.

If members of the public wish to complain against individual health care workers, including Western medical practitioners, Chinese medical practitioners, nurses, pharmacists, physiotherapists and so on, such complaints should be directed to their respective professional organizations. I believe the general public can hardly cope with the numerous bodies and organizations involved.

The second problem is there is no one to take up the responsibility. President, I have just mentioned that many different channels for complaints are available at present. When channels abound, the problem of the delineation of duties and responsibilities will naturally arise. Members of the public are often treated like "human balls", being "kicked around". While department A says that the complaint has nothing to do with them, department B also says the same thing, and department C says so as well. With such shirking of responsibility, the complaint will be left unsettled and vanish into oblivion in the end.

The third problem is the query on the transparency and fairness of the mechanism. As we can see, most investigations of medical incidents are undertaken by health care workers themselves. During the process, which often takes a year or so, complainants will neither have any idea about the progress nor be provided with the relevant information. The subjects of the complaint will not be aware that their acts are problematic and punishable until the outcome is available and the penalties determined. However, what are the criteria adopted? The complainant will not be informed about this and the Government will not state the criteria clearly either. Therefore, members of the public have a feeling that the health care profession is defending their own people.

President, we can see that the aspiration of the community regarding the handling of medical incidents is very clear, that is, they hope that a credible,

objective and transparent mechanism will be put in place. Therefore, we agree to establishing an independent statutory mechanism for handling medical complaints to provide the public with a "one-stop" support service, including investigation, mediation and handling of matters involving compensation.

Actually, the Democratic Alliance for the Betterment and Progress of Hong Kong (DAB) advocated the establishment of an independent committee vested with investigatory power for handling patient complaints against public and private medical institutions as early as in 1998 in the light of the Harvard Report released then. This proposal of ours can be said to come down in one line with the original motion today, both hoping that the Government will implement a thorough reform in the handling of medical incidents in order to restore public confidence.

President, my amendment is mainly about enhancing and complementing the functions of the relevant body and requiring it to provide a response to complainants within a reasonable time frame and regularly announce to the community the situation regarding the handling of medical complaints, so as to enhance the accountability and transparency of this organization handling complaints and help building up its credibility.

President, I know that whenever similar proposals were put forward in the past, there were certainly voices of opposition out of the concern that the professional autonomy of health care workers would be affected. However, I think health services are unique in that they concern the life and death of the people. People have greater expectation on health services than other professional services. Most importantly, the existing mechanism for handling medical complaints is deficient and is not designed in the interests of the patients. The motion and the amendment today can precisely address these inadequacies.

I have to stress that the major function of the proposed organization for handling complaint is to receive complaints, conduct investigations and mediation, while penalties involving professional conduct of health care workers may still be imposed by individual professional organizations without affecting their professional autonomy.

The DAB also respects the professional autonomy of health care workers. However, as the public are calling for accountability and commitment, we hope that health care workers can adopt an open attitude and respond to the demand of the community for establishing an independent statutory Office of the Health Service Ombudsman.

President, in order to enhance the quality of health services, the correct direction is not just to improve the mechanism for handling complaints. More importantly, training for front-line staff has to be enhanced to raise their sense of mission and sensitivity in order to reduce blunders. The recent incidents involving the Caritas Medical Centre and the Eastern Hospital have revealed the importance of the sense of mission and sensitivity.

The DAB hopes that the Government and the HA will face these problems squarely and take proper actions with specific reference to the situation of front-line staff, and at the same time give serious consideration to the views of the community, establish an independent mechanism for handling complaints and enhance the quality of health services in Hong Kong on various fronts. President, I so submit.

Mr CHAN Hak-kan moved the following amendment: (Translation)

"To delete ", given the" after "That" and substitute with "medical incidents have occurred frequently in recent years, but there is a"; to delete "and" after "lack of a uniform" and substitute with ","; to add "and highly transparent" after "credible"; to add "causing the public to feel helpless;" after "members of the public,"; to add ", also inform complainants of the investigation outcome within a reasonable time frame and regularly announce to the community the situation regarding handling of medical complaints" after "a uniform mechanism"; and to add "and transparency in the handling of complaints is enhanced" after "handled"."

PRESIDENT (in Cantonese): I now propose the question to you and that is: That the amendment, moved by Mr CHAN Hak-kan to Mr Andrew CHENG's motion, be passed.

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, health services in Hong Kong have achieved international standard and health care workers have all along been upholding their professionalism and ethics. Our health indices have also been maintained at a satisfactory level. In 2006, Hong Kong had the lowest infant mortality rate in the world. Besides, life expectancy of Hong Kong people has also increased significantly. In 2006, the life expectancy for males and females in Hong Kong occupied the top two positions in the world.

These results did not come by easily. The Government has always attached great importance to the quality of medical services and patient safety. An effective mechanism for handling medical incidents and medical complaints is an important part of quality patient care. In this part of my speech, I will give an account of the current mechanism for handling complaints about medical incidents and services and the major principles adopted in the relevant mechanism. In the second part of my speech, I will give a response to Honourable Members' views after listening to their remarks.

Currently, patients have various channels to express their dissatisfaction with medical services. These channels include lodging complaints directly to medical institutions, regulatory bodies of the relevant professions and the Office of The Ombudsman, and taking legal actions. Before discussing this subject in detail, we have to understand the existing regulatory framework for medical services in Hong Kong, including the regulatory systems for individual health care professionals, public health care services and private hospitals.

Regarding the regulation of the conduct of health care professionals, the regulation of practising Western medical practitioners is undertaken by the Medical Council of Hong Kong (MCHK), which is an independent statutory body established and empowered under the Medical Registration Ordinance to regulate the registration, practising qualifications and disciplinary matters of practising Western medical practitioners in Hong Kong and establish code of practice and professional ethics for registered Western medical practitioners. The MCHK and its Preliminary Investigation Committee handle complaints received against registered Western medical practitioners, conduct investigations into allegations of professional misconduct involving these medical personnel and take disciplinary actions in accordance with the procedures laid down in the Medical

Registration Ordinance and the Medical Practitioners (Registration and Disciplinary Procedure) Regulations. If a medical practitioner is found to be in breach of the code of conduct as a result of professional misconduct, the MCHK may impose penalties, issue warning or even impose a revocation of professional registration on the relevant medical practitioner.

The MCHK operates independently and enjoys full autonomy in discharging its statutory functions. The Government respects the independence of the MCHK and does not intervene with its decisions made within its scope of professional autonomy, including matters relating to the handling of patient complaints. I would like to stress that the main objectives of establishing this professional regulatory body are to ensure the provision of medical treatment of a professional standard to the general public, to ascertain the integrity of the professionals and to maintain the public's trust in medical practitioners. These objectives are the same as those of the self-regulatory mechanisms of other professions, and the relevant principles also apply to Chinese medical practitioners, dentists, nurses and other allied health professionals.

As we can see from the work of the MCHK over the past five years, it handled 13 cases in 2003, 12 cases in 2004, 17 cases in 2005, 23 cases in 2006 and 20 cases in 2007. The majority of such cases were substantiated while only a minimal of them, that is, one case in 2003, one case in 2004, two cases in 2005, one case in 2006 and nil in 2007, were not. Penalties imposed include warnings and censure issued to a small number of medical practitioners — and regarding removal of registration, there were eight cases in 2003, six cases in 2004, five cases in 2005, 12 cases in 2006 and 14 cases in 2007. This shows that the MCHK has indeed discharged its duties and protected the interests of the public and patients.

Regarding public health care services, in order to improve service quality and reduce the risk to patients, the Hospital Authority (HA) has put in place a mechanism and guidelines for medical and health staff to report medical incidents and take follow-up actions properly. Under the existing mechanism, when medical incidents occur, hospital clusters will make timely reports of medical incident to the relevant hospitals, cluster management and the HA Head Office through the HA's internal electronic system, namely the Advanced Incident Report System (AIRS). In addition, the HA has since October 2007 implemented a Sentinel Event Policy to strengthen the reporting, management

and monitoring of sentinel events in public hospitals so as to further enhance patient safety. Under the Policy, hospital clusters are required to report via the AIRS any sentinel events within 24 hours. They should at the same time handle the incident expeditiously in accordance with the established procedures so as to minimize the harm caused to the patient and provide support to the staff involved in the incident. The relevant hospitals will investigate and follow up the causes of the sentinel events and submit a report to the HA Head Office.

Besides the incident reporting mechanism, the HA has also established a two-tier complaint system, with checks and balances, for the handling of complaints. All initial complaints and views will be handled and responded to directly by the relevant hospitals and clinics. Complainants who wish to put forward further views or are not satisfied with the handling or outcome of their complaints may appeal to the HA's Public Complaints Committee (PCC) for a review. The PCC is responsible for considering and deciding on all appeal cases independently and making recommendations for service improvement for hospitals. There are currently 25 members in the PCC, among whom 20 are non-HA employees. One of the characteristics of the PCC is that of the 25 members, 18 are outside the medical field with diverse backgrounds, including patient representatives. By virtue of its independent membership, the PCC can independently handle complaints in an objective and fair manner. Besides, I have to point out that only people with considerable achievement, experience and credibility will be appointed as members of the PCC. Their participation in complaint handling is purely on a voluntary basis and is non-remunerated. Given the heavy workload of the PCC, they serve selflessly, sacrificing a considerable amount of their time and energy. Any query about their credibility in handling the complaints will have to be supported with concrete cases or else it will indeed be unfair to make such accusation against them.

Regarding cases handled by the PCC of the HA in the past, we can see that in 2005, it handled 166 cases, among which nine were substantiated or partially substantiated; and of the 187 cases handled by it in 2006, 14 were substantiated or partially substantiated; and among the 218 cases handled by it in 2007, 12 were substantiated or partially substantiated.

Mr CHAN Hak-kan proposed in his amendment that complainants should be informed of the investigation outcome within a reasonable time frame.

Actually, HA hospitals have laid down a service indicator that for general complaints, they will strive to provide a response to complainants within six weeks, and for complicated cases, a response will be provided within three months. On the other hand, the PCC will, for general complaints, provide a response to complainants within three to six months, while complainants of more complicated cases will be informed that a longer time may be required.

Regarding private hospitals, their licensing and regulation are undertaken by the Department of Health (DH). Under the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes (the Code), licensed private hospitals should notify the DH within 24 hours on certain specified incidents, including events of public health significance (such as radiation health incidents), serious medical incidents and sentinel events (such as death of pregnant women relating to childbirth and serious disease incidents) and outbreaks of any infectious disease. Private hospitals shall also submit a detailed report on the incident to the DH within four weeks.

Regarding the handling of complaints, the Code of the DH requires all private hospitals to put in place a mechanism for handling complaints and assign a staff as the patient relation officer to handle complaints lodged by patients. Private hospitals should also submit a monthly digest to the DH listing out details such as nature of the complaints and investigation findings. Upon receipt of a complaint against a private hospital, the DH will investigate into the case and request the management of the relevant hospital to provide an explanation and give an account of its handling of the alleged incident involved in the complaint.

As front-line health care workers are often among the first group of staff members to receive complaints from patients, one of the most effective methods to handle and resolve patient complaints properly is to enhance the ability of front-line health care workers and front-line management in handling and resolving problems and disputes. If front-line health care workers, experienced health care workers or front-line management personnel can acknowledge the concerns of and provide reasonable explanations to patients in a timely manner when they have queries on or are dissatisfied with health services, many unnecessary misunderstanding can actually be removed.

In the light of this, the HA plans to carry out a Patient Satisfaction Survey (PSS) in mid-2009 to systematically gauge patients' views on different hospitals and different specialist services and formulate measures to enhance service quality in the light of patients' views. The PSS will cover various aspects of hospital service, including accessibility and convenience, physical environment of the hospital, mechanism for handling patients' views, staff attitude and medical treatments provided by hospitals.

On the whole, an effective mechanism for handling complaints can achieve the effect of monitoring and enhancing health service quality. The major objectives of a fair, impartial, efficient and effective mechanism for handling complaints are to ensure the professional and ethical standards of health care workers, protect and safeguard patients' interests and facilitate mutual trust between the two parties. At present, different organizations are performing different roles and functions in the process of the handling of medical complaints or incidents. For example, medical professional regulatory bodies are responsible for handling cases involving professional misconduct; the Office of The Ombudsman is responsible for investigating complaints involving services provided by the public sector with a special focus on whether or not maladministration is involved; the Judiciary will examine whether or not the person initiating the relevant litigation has suffered losses and decide on the compensation. At present, all these organizations are performing their respective duties in the follow-up process of medical incidents and complaints and are complementary to each other.

President, I so submit. I will further give a response after listening to Honourable Members' views on the motion and the amendment.

MR WONG KWOK-HING (in Cantonese): President, after listening to the Secretary's remarks, I would like to raise a question: is it necessary to establish an independent "one-stop" complaint mechanism under the existing mechanism? I think it is, and there is a need to further improve the existing mechanism.

President, the Severe Acute Respiratory Syndrome (SARS) incident which occurred five or six years ago left a haunting, painful memory in the mind of the people of Hong Kong. At that time, some people who were misdiagnosed and treated as SARS patients were forced to be isolated together with SARS patients

and ended up losing their lives. Those who managed to survive are suffering from incurable conditions such as avascular necrosis. Not only have they lost their capacity for work, but they also have to live with the adverse effects of medication for the rest of their lives. Although special *ex gratia* relief payment and long-term financial assistance are provided by the Government, there are numerous hurdles in the application process, rendering it unable to cater for all the needs of the victims. Besides incidents of misdiagnosis, there were also incidents in which private hospitals covered up the epidemic in the hospital resulting in patients contracting and dying of SARS. Although *ex gratia* compensation was provided by the relevant hospitals, such agony cannot be recompensed in monetary terms. These victims have no channel to air their grievances and have gradually become the forgotten group.

Over the years, medical incidents have never ceased to occur. Recently, there was an incident in which a patient died outside a hospital as a result of delay in rescue and another serious incident in which a baby's body was lost in a hospital. Although investigations were carried out and responses were made expeditiously by the authorities in view of the grave concern of the community, they have revealed the failure of the existing mechanism for handling medical complaints. A uniform complaint mechanism is lacking; the public and private sectors just work separately in their own way, and different professions have their own purview, and there is a lack of transparency in operation. Very often, the victim can only accept the relevant report released afterwards and it is difficult for them to take follow-up actions because they just do not know what to do.

Actually, the delivery of medical services is a profession, and the professional sector in Hong Kong is subject to regulation under an established mechanism, which the Secretary has already explained just now. At present, the Medical Council of Hong Kong (MCHK) is responsible for regulating the professional conduct of medical practitioners; and for nurses, there is the Nursing Council of Hong Kong. For physiotherapists, regulation is carried out by the Physiotherapists Board; and there is also the Chiropractors Council to regulate chiropractors. When a medical incident happens to a patient receiving treatments at hospitals under the Hospital Authority (HA), the patient or his family may complain to the HA or the Office of The Ombudsman of the Government.

However, if the incident occurs outside the public sector, the process of complaint may be very complicated. As there are different complaint mechanisms for different professions, the patient may experience considerable difficulties in finding out by himself which professional organization he should complain with. Therefore, we agree to establishing a uniform "one-stop" complaint mechanism in order to reduce the inconvenience to complainants. With such a mechanism, the complainant will only need to approach a single institution for all purposes, and matters relating to investigation, mediation or even compensation negotiation can be carried out under the same mechanism or in the same institution in the future, so that the victim or the family of the diseased will not need to run about to lodge a complaint.

Of course, even if a separate mechanism for handling complaints about medical services is established, such a mechanism should not and shall not substitute the existing autonomy of individual professions which should be respected. In order to achieve objectivity and impartiality, the separate complaint mechanism should also give consideration and make reference to views of professional organizations in investigation and compensation determination.

Under this broad principle of respect for professions, establishing a separate mechanism which is highly transparent and credible is indeed beneficial to professionals. In recent years, the number of medical complaints has been increasing. However, the fact that judgment by professions was often made behind closed door has created an impression that the level of transparency is low, which has often caused public disputes on the judgment. The most controversial judgment is the one made by the MCHK that the use of mobile phone by a medical practitioner while performing an operation was not professional misconduct, which has aroused tremendous reverberation in society. We hope that similar controversial judgment will not be made. If the Government is willing to establish a separate complaint mechanism for medical services with a higher degree of acceptability, the pressure of various professional regulatory bodies or committees will be alleviated and the public will be provided with "one-stop" services which are independent, objective, impartial, fast and convenient.

Actually, another reason why we agree to establishing a separate complaint mechanism for medical services is that it can expand the existing scope of

regulation and prevent front-line health care workers from becoming the scapegoat. In recent years, chained medical groups in which front-line health care workers are engaged as employees have emerged. Sometimes, the business policy and administrative management of the groups or the requirements on employees may be in conflict with their professionalism. However, existing regulatory bodies or committees of medical professions are unable to exercise regulation over these groups. When incidents arise, front-line health care workers will become the scapegoat, which is very unfair. Nevertheless, if a complaint mechanism handling a wider scope of complaints is established, on the one hand, patients will be provided with a channel for complaints, and on the other, the culprit of the problem instead of innocent health care workers will be targeted, and only in this way can the complaint receives the right focus and be handled effectively.

With these remarks, I support the original motion and the amendment.

MR LEE CHEUK-YAN (in Cantonese): President, before speaking on an independent mechanism for handling complaints, I would like to say that we surely do not want any medical incident to happen. Given frequent medical incidents recently, members of the public have lost their confidence in the entire medical system, which is the most fundamental problem.

Secretary, is it because of inadequate resource allocation for the Hospital Authority (HA) and hospitals that health care workers, who are exhausted at work, have ultimately committed mistakes due to fatigue? Such mistakes might then lead to medical incidents and spark off a strong public outcry. This is the worst case scenario. Secretary Dr York CHOW, the budget will be released soon. In this connection, I hope the Secretary can give consideration to whether or not more resources should be allocated to the medical and health care system so as to bring improvement to the entire system instead of taking actions only after incidents have occurred. Of course, actions have to be taken to pursue responsibilities after these incidents have occurred, and what follows is the subject of discussion today, that is, how patients' rights can be protected.

Just now, I heard the Secretary say that there were many channels. Actually, just the contrary, the problem lies in the fact that there are too many

channels. I find that the strategy adopted by the Secretary now is to provide many different channels. Patients and their family will be driven to exhaustion if they take actions through these channels and they will soon give in if they lodge their complaints through these channels. To put it in a nice way, different mechanisms are performing their respective duties. President, what have been mentioned just now? He mentioned a few aspects just now. Matters of a professional nature are undertaken by the Medical Council of Hong Kong; the handling of maladministration is under the purview of the Ombudsman; complaints of a judicial nature have to be directed to the judiciary system; complaints against public hospitals may be directly lodged with hospitals under the HA. Appeals can be made if the complaints fail to achieve any result.

Therefore, we are told that there are at least five ways to proceed with a complaint. Just imagine, the family of the patient involved in the incident has to take five different actions through five channels and give an account of the incident five times. Though being heartbroken and grief-stricken, they still have to run around to take care of the matter. Is this arrangement fair to them? I think the strategy adopted by the Secretary now is not patient-oriented at all. Therefore, may I ask the Secretary to look at the issue from the patients' perspective and consider how the most convenient, impartial, equitable and effective method can be provided for aggrieved patients to lodge their complaints?

Therefore, I think the entire mechanism is ineffective because it will only drive the victims to exhaustion. Many people have doubts about the fairness of the investigations, especially when they are often conducted by the HA hospitals themselves. This is somewhat similar to the idea stressed by us that policemen should not conduct investigations involving fellow policemen, and for the same reason, we do not want health care workers defending their own people, or even hospitals conducting investigations on themselves for the sole purpose of self-protection. In that case, who will believe in the outcome of the investigations? Therefore, first of all, instead of being carried out by the relevant hospital alone, investigations should be carried out by an independent investigatory mechanism. This mechanism which will receive complaints independently should not only carry out investigations but should also follow up all the complaints and matters relating to the whole medical incident in a "one-stop" manner.

Recently, I have received a complaint. I share the anxieties of the complainant who has no idea as to what he should do. Although the Secretary mentioned that there are many mechanisms, the patients and their family have no idea how they should proceed with their complaint. The complainant's father passed away in Kwong Wah Hospital and two incidents had happened before he died. First, when a tube was being inserted into the patient, it was found that his dentures were still in his mouth and health care workers failed to notice that the patient had dentures. As we all know, dentures should not be left in the mouth when the tube is being inserted. Frankly speaking, fortunately the complainant is also a nurse and he rushed all the way from the hostel to the hospital and asked the health care workers whether the dentures had been removed, and the health care workers replied in the positive. However, half an hour later, he saw something white inside the patient's mouth and found that the lower dentures had not been removed, and actually the health care workers just removed the upper dentures. This was the first incident.

The second incident was also related to his father. As usual, health care workers had to tie a band around his father's thigh when administering medication to him. However, as they forgot to untie the band after the injection, the medication was unable to work and the band was still around his thigh, and subsequently, his father passed away. In response to this incident, the Kwong Wah Hospital apologized but indicated that there was no knowing why the band was still tied around the patient's thigh. Then the file was closed.

Just now, York CHOW said when the complainant is unsatisfied with the hospital's reply, he may complain with the Public Complaints Committee (PCC) of the HA. However, firstly, in the letter to the complainant, the patient and his family were not advised that they might complain with the HA when they were unsatisfied with the reply. It was us who told them that they might appeal to the HA if they found the reply unsatisfactory. The hospital did not actively provide this information to them. Why not? It is because they wished to leave the case as it was. Then how can we believe in the hospitals? Why do we call for the establishment of a "one-stop" independent mechanism? It is because it can help the victims to direct their complaints to different departments.

President, another difficult problem is that when the incident has evolved to the final stage when everyone suspects that medical blunders are involved, then

patients' interests, which should include compensation, will come to mind. Of course, Secretary Dr York CHOW said that the victim can seek judicial redress from the Legal Aid Department or courts. Then another problem arises, that is, the victims will have to go here and there to lodge a complaint. Therefore, is it possible to establish a mechanism, a so-called independent mechanism which can function as an intermediary to deal with all these issues and handle the relevant complaints impartially, and also enable the relevant individuals to obtain compensation in a fair manner without going through different channels? This is what we most wish to achieve. I hope the Secretary can look at this issue from the patients' perspective instead of only adopting the perspective of protecting his own framework or medical services provided by the public sector. Thank you, President.

MS LI FUNG-YING (in Cantonese): President, there have been constant calls from members of the public for the establishment of an independent body to handle complaints about medical incidents. These calls once saw a gleam of hope in 2002 with the issue of a patients' complaint mechanism raised in the Consultation Document on Health Care Reform published by the Government in the same year. In the Consultation Document, it is proposed that a complaint mechanism be set up under the Department of Health (DH) to receive medical complaints independently as a third party. However, the role of this mechanism is a bit embarrassing because as an independent body receiving complaints, it will be put under the DH. In the end, the proposal was aborted without a known cause. In another consultation document published by the Government last year on health care reform, the focus of health care reform is shifted to health care financing. The issue of improving the system of medical complaints has disappeared from this consultation document.

One of the paragraphs in the Consultation Document published back then reads (I quote), "In recent years, some patient groups started to question the credibility of the present patient complaint mechanisms. In particular, they are concerned about the handling of the complaints against medical practitioners. It has been alleged that while complaint channels are available, the complaint process is not user-friendly and non-transparent, and since it is difficult to find a doctor to testify against another doctor, the findings tend to be biased in favour of the practitioners, as illustrated by the very small number of successful complaint cases in the past. There are indications in the community that the confidence in the existing patient complaint mechanisms is declining." (end of quote) The

Consultation Document then points out that "in response to public sentiment, the Medical Council of Hong Kong has increased the number of lay members and published guidelines to assist complainants."

However, the Consultation Document also considers that the measures implemented by the Medical Council of Hong Kong (MCHK) were unable to meet the aspiration of patients for greater objectivity and impartiality. As a result, a Complaint Office is proposed to be set up in the DH to handle cases related to patient care by conducting investigations into the complaints and assisting complainants to obtain expert advice. The Office will also try to conciliate complaints, and if conciliation has failed, the Office will, at the request of the complainant, forward its findings to the relevant regulatory body. The Office has no power to deliver a verdict and to award discipline.

No doubt there was still a gap between these proposals and the aspirations of the community. Members of the public were hoping for the establishment of an independent statutory body, not an agency set up under a certain government department, to handle medical complaints lodged by the public. However, the report has at least admitted the fact that the complaint mechanism is seriously out of line with public aspirations. Nevertheless, even this proposal of establishing a Complaint Office made in the report, which is far from ideal, has not come to fruition in the end. Meanwhile, a reply given by the Government to this Council in 2005 has completely repudiated the relevant contents of the Consultation Document. According to the Government's response, the MCHK has widely distributed to the public pamphlets on how complaints are handled and put in place a system requiring that the complainant must be given an explanation on the reasons for rejecting his complaint, thus greatly obviating the need to establish a Complaint Office. This reply, however, has completely failed to respond to the core issue raised in the Consultation Document concerning the medical complaint mechanism. President, how difficult would it be to find a doctor to testify against another doctor? Hence, as Honourable Members can see, the outcome of the hearings was often in doctors' favour.

Furthermore, the measures taken by the MCHK have still failed to answer the public's aspiration for more objective and impartial procedures for handling complaints. I can only say that Secretary Dr York CHOW, as a replacement of

Dr YEOH Eng-kiong, considers that health care financing is most important, and has thus given it first priority. A medical complaint mechanism is simply out of the Secretary's sight. This is why whenever medical incidents occur, whether they are serious or minor ones, we would only see the Secretary offering incessant apologies to the public and saying repeatedly that reviews and investigations would be carried out, even though the public is not convinced. The crux of the problem is that there is a lack of a fair and objective mechanism for investigating the truths and easing public dissatisfaction. No matter how sternly the Secretary has declared his intention to conduct thorough investigations or for how many times more he has offered an apology to the public, the matter still cannot be resolved.

President, I support the establishment of an independent statutory body to handle medical complaints. This body should aim at investigating the truths and carrying out mediation between the complainants and the organizations involved before compiling reports to assist medical institutions in improving their services. However, I have great reservations about the establishment of an independent statutory Office of the Health Service Ombudsman to handle, among others, compensation matters, as proposed in the motion and the amendment today, because the powers of investigation, prosecution and punishment would all be exercised by the Office of the Health Service Ombudsman alone under the proposal. Such a three-in-one power structure is not in line with the usual practice that we are accustomed to. Even if the efficiency in handling complaints can thus be raised, the revered position and impartiality and objectivity of the Office of the Health Service Ombudsman will still be sacrificed. I am worried that the losses will outweigh the gains in the end. Thank you, President.

MR LEUNG YIU-CHUNG (in Cantonese): President, in a society which emphasizes the rule of law, the administration of its government as well as the public bodies serving the public should be subject to independent monitoring. There should also be an independent statutory channel to receive complaints from the public. Furthermore, it should be empowered to conduct investigations and arbitrate compensation claims. But, unfortunately, there is no independent complaint mechanism for handling complaints involving medical blunders and negligence.

I suppose no one can avoid going through the stages of birth, senility, illness and death in their lives. We just conducted a debate on elderly policies earlier and now, we have turned to patients' rights. These two issues are actually related because they are among those problems frequently confronting us. When we fall ill, whether we are suffering from serious, minor, acute or chronic illnesses, we must consult a doctor or seek treatment at a hospital. Therefore, health care service is not only vital to every citizen, but also an issue which very much warrants our concern. Such issues as whether suitable health care service is provided and whether medical blunders are involved are particularly important because they can directly affect the physical health and even the life and death of patients.

Nowadays, many people, in general, still believe in, and are grateful for, the contribution made and attentive care provided by medical professionals for patients. However, a fact we cannot deny is that some problems, including blunders, negligence, and so on, will inevitably arise in dealing with the onerous health care workload. Regarding these problems, the practice of allowing members of the profession to investigate complaints against their own people is indeed unsatisfactory. As pointed out by Honourable colleagues just now, the case is the same as our criticism about the arrangement of the police investigating complaints against the police, and the problems still remain as public complaints and grievances in this respect still cannot be dispelled. Without further improvements, there is no way to build up public confidence. Therefore, I hope the Secretary can consider this. Now, the key actually hinges on how public confidence can be built up. If health care professionals are confident in their own work, then why should they be afraid of investigation? This is the most crucial point.

Meanwhile, we can see the fact that, as mentioned by the Secretary just now, the Office of The Ombudsman has already been put in place to handle administrative complaints. But why is there still not or is there still resistance to the establishment of an independent Office of the Health Service Ombudsman? This is indeed baffling. Despite the earlier remark made by the Secretary that there are a lot of channels for handling complaints, many Honourable colleagues also raised the point earlier that these channels are not only cumbersome, but also cannot command public confidence. Hence, allowing an independent Ombudsman to investigate complaints against medical personnel is the key to addressing the issue of confidence.

Furthermore, in addition to the unsatisfactory situation in which the profession is to investigate complaints against its own members, there is also another important point and that is, we hope for the establishment of an independent and objective mechanism, and this is precisely the aspiration of the public at large. But regrettably, the mechanism mentioned by the Secretary just now has not included anything in this respect.

On the other hand, the Secretary has mentioned that the complainant, should he find the outcome of the investigation unacceptable, may institute litigation through legal channels. Of course, we understand this point. However, many of the cases being handled cannot be processed in the Court. President, why? Because the greatest problem is that in civil proceedings, the victim can hardly afford the litigation fees unless they are eligible for legal aid.

Another point that would like to raise concerns the remarks made by the Secretary just now (I am not sure if I have got it wrong) that it is sometimes better for the investigation to be conducted by professionals than independent people because the former possess the professional knowledge and people in the profession also share the same view. However, I disagree with this point. If complaints can only be handled and investigated by professionals even judgments in court are made by the jury. Members of the jury, who are not professionals, can also make judgment. Therefore, the argument that professionals should be investigated by professionals or people in the profession should be investigated by members of the profession is not necessarily tenable. If this is considered tenable, even the Court has to close their doors, and no more trials or hearings will be required. In my opinion, this point is worthy of the Secretary's consideration. We hope that a third party can act as the arbitrator because this arrangement should be more desirable.

Lastly, President, I would like to point out that the establishment of an independent Health Service Ombudsman does not mean a disaster for all medical practitioners and the health care system. On the contrary, the establishment of a credible and independent investigation and arbitration mechanism will enhance the credibility of the health care system, and there will be an objective mechanism for handling some unreasonable complaints. In the long run, I think this is a win-win proposal.

To conclude, if the Secretary considers it inappropriate to establish an independent Office of The Ombudsman to handle complaints, what actually is his vision for the health care system? How can public confidence be rebuilt?

President, I so submit.

MS AUDREY EU (in Cantonese): President, in his opening speech, the Secretary praised Hong Kong for its world-class health care service. I believe many people in Hong Kong agree with him. However, the Secretary has also admitted that health care service is not confined to treatment; it also covers such vital elements as complaints and compensation.

In Hong Kong, there is a very comprehensive Patients' Charter, in which the patients' rights to medical treatment, information, choices, privacy and complaint are spelt out. The spirit of the original motion proposed by Mr Andrew CHENG today is to establish an independent statutory Office of the Health Service Ombudsman. The major issues being targeted are that firstly, there are indeed a large number of channels, and this has caused the patients as well as their families to be constantly on the run in order to lodge a complaint. This explains why a uniform and credible mechanism is mentioned in Mr CHENG's motion. Another issue raised by a number of colleagues is that the establishment of an independent statutory body is warranted because the existing system is actually not independent, given that investigations are conducted by the profession itself. While the Civic Party agrees to this point, we also have some reservations. I will explain in detail later.

Apart from the availability of a large number of channels and the practice of conducting investigations by the profession itself, President, I would like to raise one point in particular. Before lodging a complaint, the complainant cannot simply say, "I wish to lodge a complaint because my family member has been killed in the course of medical treatment." The complainant must have knowledge of the details of the relevant treatment process before he can lodge a complaint. As a Member of this Council, I have always received these cases in which the victims are asking for assistance and I have also received complaints from the public. When people approached me to lodge their complaints, the first question I would ask them was whether they could produce any medical reports for inspection because they could not make unsubstantiated allegations. There are many volunteer doctors of different specialties in our office, and they can

assist in providing medical information. However, the first requirement is for help-seekers to produce a medical report. We will find that they would already get stuck at this stage because a copy of medical report costs at least \$695. If different specialist departments are involved, the cost may reach \$2,700, or even higher. Furthermore, these reports are merely consolidated reports. If medical records containing the information written by the responsible doctors have to be obtained in order to find out the daily conditions of the patients, a payment of \$4 per page has to be made. It is not only very costly, but also difficult, to obtain the medical records. Even if the request is made in writing, it would still take a long time and many letters may have to be sent before the medical record could finally be obtained.

This also explains why an independent statutory body is necessary to offer assistance in this respect. For instance, when people approach us for assistance, we will examine if we can lodge an appeal for them. Members will find that it costs \$85 per page if transcripts have to be obtained from court. If the hearing of a certain case would last a week or longer, then there would be no need for an appeal to be lodged because the appellant simply cannot afford to pay for the relevant records. However, the situation will be different if legal aid can be obtained, because the Legal Aid Department can obtain the records for free. This is why I think that setting up an independent statutory Office of the Health Service Ombudsman can at least lower these charges.

A number of Honourable colleagues have also raised another problem concerning the handling of some cases involving medical blunders. In handling such cases, it is crucial to seek expert advice as to whether the expert is of the opinion that medical blunders are involved because the death of a patient or unsatisfactory result of treatment is not necessarily attributed to medical blunders. Therefore, assistance from experts must be sought. However, it is very difficult for complainants to look for experts by themselves. We have once attempted to assist some help-seekers in looking for experts and found that not too many experts are willing to make written representations or testify in court. As a result, we have to seek assistance from overseas experts, and delay is thus caused in many circumstances. Therefore, the establishment of an independent Office of The Ombudsman for investigating medical blunders and incidents would indeed be a good thing.

President, just now I listened very carefully to Ms LI Fung-ying's speech. Her position on this motion is similar to that held by the Civic Party. While she agreed to establishing an independent statutory Office of The Ombudsman to handle medical incidents, she said that the provision of "through train" services, including the handling of compensation matters, is not our usual practice. President, in Britain, there is also a highly credible health service Ombudsman. In general, he will conduct investigations and issue reports, and his reports will certainly carry great moral weight. Very often, after reading his reports, the relevant medical institutions would take actions according to the report, or even make compensation of their own accord. However, the Ombudsman does not handle compensation matters.

This is the same case with the current handling of cases involving maladministration in Hong Kong. The Ombudsman in Hong Kong will conduct investigation but will not handle compensation. I think that careful consideration in this respect is warranted. On the surface of it, the proposal is very attractive. It is certainly good if an Office of the Health Service Ombudsman can provide "through train" services, from conducting investigations to issuing reports, providing conciliation services and handling compensation. Some Honourable colleagues have also mentioned complaints relating to financial issues. I also have an impulse to consider it most preferable for an independent Office of The Ombudsman to be set up. It is good that if someone lodges a complaint against the Lehman Brothers, the office would not only provide conciliation services, but also handle compensation matters. However, is it desirable for each and every area to separately set up their respective offices of the Ombudsman? Will the offices be uniform and exclusive without affecting professional autonomy, as carefully written by Mr Andrew CHENG in his motion? There will definitely be some other factors for consideration.

Hence, President, I only wish to explain that we in the Civic Party absolutely support the spirit of establishing an independent statutory Office of the Health Service Ombudsman, and we will also vote in favour of the motion. However, we must really be very careful in certain aspects and careful consideration is necessary before making a decision. I will not say that the proposal is absolutely infeasible, but careful consideration is definitely warranted, and I hope to put this on record. Thank you, President.

MR JAMES TO (in Cantonese): President, many people who are not satisfied with the various services provided by our Government will actually seek redress and lodge complaints through various channels. I think the issue of a Health Service Ombudsman is actually an issue of confidence. As Members are aware, I have all along held the view that the Complaints Against Police Office should become independent, and it is still useless even if there is the Independent Police Complaints Council (IPCC) above it because the persons responsible for carrying out investigations would still be members of the police. The same applies for health care service. Since many complicated, professional matters will be involved, analyses and studies will be required. Furthermore, very often, in medical incidents, consideration has to be given to such factors as whether the persons concerned have any knowledge of the risks involved and the extent of their knowledge of such risks, what explanations have been given to them and whether there is negligence on their part, and so on, it is difficult for judgment to be made in some circumstances.

However, Members may imagine this. If a case is referred to an independent Ombudsman — if the case will finally be taken to the court, an independent ruling will certainly be made by the court — the point is, if we are to design a system, we can actually have it designed in such a way that there will no need for a large number of cases to be taken to the court, and yet members of the public will still be confident that problems can be resolved through this independent channel. When members of the public have confidence, and if it is considered that no negligence, unfairness or carelessness is involved in the incident, the vast majority of the public will accept credible outcome. Hence, I think it is most important for us to devise a system like this.

As a number of Honourable colleagues have already mentioned how this system can be devised, I only wish to add a point or two. Currently, members of the Public Complaints Committee are normally lay members. However, we must understand that a lot of specific matters relating to the complaints, such as obtaining information, seeking legal or expert advice, and so on, are handled by its secretariat. If even the secretariat is not independent, I think, frankly speaking, it is very difficult to convince the public that the existing complaint mechanism is independent and credible.

A question raised today happens to be related to the operation of the IPCC. As already stated earlier today, the legislation relating to the IPCC will come into operation on 1 April. Although I still consider the entire system unsatisfactory, the Government can at least proceed step by step for instance, an independent secretariat will be put in place after the IPCC becomes a statutory body. On the contrary, insofar as the situation in the HA is concerned, if its secretariat continues to be manned by the staff of the HA and performs other administrative work relating to the HA, it will be very difficult for the public to trust the secretariat.

Lastly, some Honourable colleagues have queried whether the proposed mechanism will affect professional autonomy. Actually, more and more organizations receiving complaints relating to professions have allowed the participation of more and more people outside the professions as their members in order to enhance credibility. Insofar as hospital work is concerned, patients have different requests. Actually, some patients are psychologically in one of the more time-consuming cases handled by me recently, what the complainant eventually asked for was just an apology. I was a bit surprised that he had even refused to accept compensation, for he felt that it was pointless to follow up the matter because the person concerned had already died. But the point is, if the incident involves a mistake, even if the relevant doctors, nurses or other people cannot gain experience and learn a lesson from the incident and assume responsibility for what they have done, they should at least be aware that they must do better in the future. Otherwise, the entire system simply will not be improved.

Of course, there are also some people who hope to receive compensation. All cases involving compensation are more troublesome. I am aware of the proposal raised by some colleagues just now of providing "through train" services during the process until compensation is received. In my opinion, a complaint handling body should at least perform an arbitration role because it has obtained many facts. Both parties will actually have greater trust in it if it is to perform this role. If it is satisfied that *prima facie* evidence is established — of course, our proposal is "through train" services, but I think that the Government can consider, on a pilot basis, at least taking the first step that when there is *prima facie* evidence, arbitration can be proceeded with. Should arbitration be proved successful, the matter might be properly settled without the need for investigation. Actually, in many cases, the doctors, nurses or people involved

might not fully grasp certain details of the incidents, but they might sometimes feel that they should assume part of the responsibility. Frankly speaking, in certain circumstances, if they are willing to apologize or even offer some compensation after discussing with the HA (of course, the earlier this is done the better), the patients involved will basically be convinced.

Therefore, under this system, sometimes of course, under the current circumstances, if the complainants are eligible for legal aid and with the support of established *prima facie* evidence and expert reports, the HA will basically adopt the approach of "giving in to cut the loss by half" and offer some compensation to be the so-called "hush money", because the HA absolutely would not wish to disclose such cases. This is actually unfair to everyone involved. The problem now is not that compensation is too little. The problem is that the situation is not satisfactory. On the contrary, I think that the establishment of an open and transparent system in the future might satisfy various parties. When it comes to the ultimate bottomline, if a certain system is found to be the target of a lot of complaints, that is to say, after making their complaints through this system, people truly believe the system is unsatisfactory and their dissatisfaction is so great that the entire society share the same feeling, I believe, insofar as the bottomline is concerned, the system is already a very bad one, and must be improved.

DR LEUNG KA-LAU (in Cantonese): Although I am still working in the Hospital Authority (HA), I am not speaking on its behalf. I would like to express my views on the impact of this proposal on the overall quality of health care service. As a health care worker, first of all, I must say I am sorry that we are just ordinary people, not supermen. So, it is impossible for us to make no mistake.

With the total annual attendance of public and private hospitals in Hong Kong standing between 10 million and 20 million, it should not come as a surprise that some 1 000 to 2 000 medical incidents, representing a mere 0.001%, are recorded annually. In this regard, we are really terribly sorry, because we are just ordinary people.

Health care workers are not opposed to the establishment of a reasonable and effective complaint or compensation mechanism. What is the biggest obstacle facing the local medical practitioners who are practising on the Mainland? The biggest obstacle is that the complaint mechanism on the Mainland is not entirely well-established. In the event of any problems, they would often find themselves incapable of doing anything to resolve the problems and risk being exploited. On the contrary, the establishment of a reliable compensation mechanism will make everyone feel more at ease.

Furthermore, most of the medical practitioners in Hong Kong, including those working in the HA, have taken out professional liability insurance. In the unfortunate event of negligence, medical practitioners are, in general, inclined towards reaching settlements because their reputations will be affected should their case is taken to court. Furthermore, if there is really negligence on the part of medical practitioners who have taken out professional liability insurance, compensation will be made through the Medical Protection Society (MPS).

From a rational perspective, is it good or bad to establish another complaint mechanism in addition to the existing channels? The answer really hinges on whether the existing channels are adequate and effective, the merits of the newly proposed channel, and whether this channel has any drawbacks that will compromise the quality of health care service. I hope that Members can support their speeches with data. As I pointed out just now, blunders can hardly be avoided. However, we cannot rely merely on several isolated incidents involving serious blunders to substantiate the argument that the existing system is totally ineffective.

For instance, may I request the Honourable Andrew CHEUNG to produce data to illustrate the approximate success rate of the medical complaints or compensation claims handled by him, his political party or his lawyer's office in the past? Is it a must for a reliable medical complaint mechanism to ensure that all complaints are successful, substantiated and compensated before it can be considered fair and credible?

In this respect, I can provide some indirect data. Over the past couple of years, the complaints against the HA because in general, complaints against the HA will be handled at the hospital level. If the complainants are not satisfied, their complaints will be referred to the Public Complaints Committee for action. Over the past couple of years, the numbers of complaints received by the HA at the hospital level and appeals lodged with the Public Complaints Committee by complainants were approximately 2 700 and 170 per annum respectively. In other words, approximately 6.5% of the complainants were dissatisfied with the handling of their complaints at the hospital level, and subsequently lodged their complaints with the Public Complaints Committee.

In other words, more than 90% of the complainants have accepted the handling of their complaints at the hospital level, though they might not find such an arrangement entirely satisfactory. If a new complaint mechanism is to be established, does it mean that even these 90% of complaints will be referred to this independent Ombudsman for action and will no longer be handled at the hospital level?

Just now, the case concerning the North District Hospital was repeatedly mentioned by a number of Honourable colleagues. According to the information I have received, the case has already been settled properly at the hospital level. Therefore, I believe this case will not be referred to the Public Complaints Committee in the end.

The second point I wish to discuss is that the premium of professional liability insurance payable by medical practitioners has increased by nine times from \$10 million in 1994 to \$90 million in 2004, and has continued to rise over recent years. This year, the annual premium for the specialty of obstetrics, brain or spinal surgery, and other general surgeries, such as eye, gynaecological, and orthopaedic surgeries, are \$320,000, \$250,000 and between \$100,000 and \$200,000 respectively. Why would medical practitioners take out insurance at such an exorbitant cost if civil claims are really so difficult to make?

As regards the Office of the Health Service Ombudsman proposed by the Honourable Andrew CHENG just now, I have to say frankly that it does not matter if there is one more or one less Office of the Health Service Ombudsman. However, we must examine what impact the proposal will have on the quality of health care service. Both my profession and I have two concerns.

Mutual trust is most important to doctor-patient relationship. A patient will seek treatment from a doctor only if the patient trusts the doctor. When the doctor provides treatment to the patient, he must also trust the patient. Let me cite an example to illustrate my point. For instance, if a patient is going to have his cancer tumour removed, this patient certainly wishes to have it removed as thoroughly as possible, but how can this be done? To put it simply, the greater the affected area, the more thoroughly the tumour will be removed, but the risk will increase if the affected area is greater. If the doctor often harbours the suspicion that the patient will sue him, what do you think how he will act subconsciously? Of course, he will try to limit the area of removal as far as possible because in doing so, problems will not occur so easily, and he can then avoid being sued.

Furthermore, I still wish to raise one more point concerning the risk of moral hazard, a point also mentioned by two Honourable Members earlier. If the complaint mechanism is open and patients are not required to pay any price for obtaining compensation, problems of moral hazard will actually arise very easily. Naturally, doctors will inevitably conduct a lot more unnecessary tests and make more referrals. This will definitely lead to a longer waiting period for examinations and consultation at public hospitals.

Therefore, I believe this proposal raised by the Honourable Andrew CHENG will definitely undermine the quality of the existing health care service. Although our health care complaint mechanism does have much room for improvement, the right remedy must be prescribed. If Honourable Members are dissatisfied with the HA's recent approach in handling complaints, the simplest way to make improvement is to have the management replaced.

As regards claims for medical negligence, a reform promoting mediation has just been proposed by the judicial sector. Such service is also provided by the Hong Kong Medical Association. The last point, which is also the most important point, that I wish to make is that a successful health care complaint mechanism must command the trust of the public as well as medical practitioners. Otherwise, a lose-lose situation will definitely be resulted (*The buzzer sounded*)
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PRESIDENT (in Cantonese): Dr LEUNG Ka-lau, speaking time is up.

DR LEUNG KA-LAU (in Cantonese): Thank you.

MR RONNY TONG (in Cantonese): President, medical blunders are indeed an issue of grave concern to the community, and a lot of news covering these blunders is extremely shocking.

President, a report made in December 2006 revealed that the number of major and minor blunders made by public hospitals under the HA involving medicines and prescriptions was as high as 20 000 a year. Such incidents as prescribing wrong medicines, medicine allergy, dispensing wrong medicines, and wrong frequency of administration can be described as very common. Worse still, the mistakes made afterwards were more and more serious. Initially, there were cases of transfusion of wrong types of blood, distributing wrong medicines and mistaken breast removal; then there were the incident of the Caritas Medical Centre not taking actions to rescue a dying person and another incident involving the loss of a dead body. President, these incidents are indeed unacceptable to Hong Kong people.

However, in evaluating these problems, can the establishment of a one-stop Office of the Health Service Ombudsman, as proposed by Mr Andrew CHENG in this motion, fully address the problems?

President, just as what our party chairman stated just now, the Civic Party considers that the spirit of the proposal is worth supporting and exploring. However, a certain degree of difficulty will be encountered when the proposal is implemented. President, I have to declare an interest first because I will mention issues concerning compensation in the end. Some people might think that being a Senior Counsel, I will have conflict of interests. President, I can declare to you that after I joined this Council, my business as a lawyer has been reduced to 1% or 2%, or less. Even if the percentage is disregarded, I have handled only one assault case over the past 15 years. Hence, I have to declare my interest here.

I think that medical blunders have actually highlighted two problems, namely, the management problem and compensation problem, which should be

handled separately. On the management front, a health service ombudsman can definitely conduct various investigations and make recommendations to improve management by all means and enhance Hong Kong people's confidence in the quality of health care service. Within the basic scope of service of this ombudsman, all this can certainly be achieved. However, should an ombudsman be established for each and every service or trade? President, we think that efficiency has to be considered as well. Now, we can see from the Internet that the Office of The Ombudsman considered it necessary to handle only 5 000 or so of the 12 000 complaint cases received in 2008, and the number of complaint cases handled by the Office of The Ombudsman is around 4 900 a year. While this figure may sound quite high, frankly speaking, the resources received by the Office are actually not comprehensive. But still, the Office maintains that it can handle more than 4 000 complaints per annum.

President, although just now I mentioned many horrifying blunders, is it the case that there is a daily occurrence of such incidents involving the loss of dead bodies or dying persons not being rescued outside a hospital in each year? President, I believe the answer is in the negative. Other less serious blunders can indeed be handled separately under different categories. I believe if a Health Service Ombudsman is really established, the number of cases which must be handled by him might not exceed 200 a year. So, should we use public money to put in place this ombudsman, or should an ombudsman be specifically provided for different services? Frankly speaking, as the quality of our service management is so poor, it will not be long before dozens of ombudsmen may be established. Therefore, it might be an effective approach to make one ombudsman responsible for handling all problems. The Government will only have to allocate more resources and the problems will be resolved. President, this is my first point of view.

As for the second point regarding compensation, we must handle it with caution. President, with respect to this point, two issues must be considered. First, I find a judgment recently delivered by Judge HARTMANN on a case quite strange but anyway, he has delivered such a judgment. He said to the effect that all civil claims in the territory must be handled by courts in Hong Kong, or else the Basic Law might be violated. Just now I referred to a copy of the Basic Law and found that this point may be barely arguable because the Basic Law requires

all civil claims to be handled by courts, not by non-judicial bodies. Therefore, if an ombudsman is to handle compensation issues, he might, in the opinion of Judge HARTMANN, violate the constitution. This is the first point.

President, insofar as the second point, which is a more important point, is concerned, we can tell from the basic principle of the rule of law that in the course of prosecution or litigation, the investigator must not play the role as a judge. This reason is very common and simple. During the investigation, the investigator may, of course, find something wrong. If he can further make a judgment and play the role as a judge, the person being investigated will definitely lose because he will definitely be found guilty. Furthermore, the investigator might also be biased in considering the plea. This issue concerns the fundamental principle of the rule of law. If we look around at countries in other parts of the world, we will rarely find an investigator playing the role of a judge concurrently. Therefore, I believe there is a certain degree of difficulty involved in this regard.

Based on the two reasons cited by me just now, I think that compensation is a separate issue, and it does not necessarily have to be handled by a general ombudsman. As such, we agree that these complaints be handled by the existing Ombudsman. At the same time, the Government should allocate additional resources to allow the existing Ombudsman to conduct investigations into general medical blunders. This is worthy of our support.

However, if an Office of the health service Ombudsman is to be set up to provide one-stop services, so that the office will be responsible for delivering judgment and offering compensation after investigations, President, I believe there will be many legal or constitutional problems. Thank you, President.

MS MIRIAM LAU (in Cantonese): President, it can be said that we come across news about medical incidents nearly every day in recent years. Over the past six months, the seriousness of medical blunders has reached such an extent that it can simply be described as unimaginable, with the occurrence of such ridiculous incidents ranging from the killing of a patient with wrong chemotherapy injections, a mistaken breast removal, the recent incident in which a dying person

was not promptly rescued to the missing of the dead body of a baby. All these give people an impression that the entire public health care system is seriously flawed. The discontent felt by the public has risen to an unprecedented level beyond tolerance. For this reason, we consider that the existing mechanism for handling complaints about medical blunders must be reformed.

Despite the fact that there are a number of channels for handling complaints against health care service in Hong Kong, including the Medical Council of Hong Kong (MCHK), which is responsible for regulating the professional performance of medical practitioners, and a two-tier mechanism operated by the HA, they are not very useful in curbing the occurrence of a large number of medical incidents. We can only see the occurrence of mistakes one after another, similar to a case of excessive bleeding, and we have no idea when the bleeding can be stopped.

We consider that these problems are attributed precisely to the confusing terms of reference and roles of various bodies receiving complaints. Moreover, the medical profession is susceptible of defending its own members. Furthermore, as complainants in general lack relevant professional knowledge and resources and encounter obstacles in collecting and collating the information and evidence required for lodging their complaints, they find it difficult in coping with the cumbersome and complicated procedures. As a result, both victims and their family members often find themselves in an extremely helpless position for there is no way for them to state their cases clearly or voicing out their grievances.

Although the ruling made by the MCHK in 2001 regarding a doctor performing an operation while talking on the phone at the Princess Margaret Hospital has attracted fierce criticisms from the public and led to a reform afterwards with the inclusion of more lay members, medical practitioners who have committed professional misconduct are often punished only lightly despite the high standards set, and heavy punishments are rarely administered.

Although the HA has put in place a two-tier complaint mechanism, this mechanism is not independent of the HA system, and hence there is a conflict of roles. For instance, of the 218 complaint cases completed by the Public Complaints Committee in 2007, only eight are fully substantiated and four partially substantiated. Compared with the frequent occurrence of medical

incidents, the effectiveness of the mechanism is indeed doubtful. The latest investigation report on the incident occurred at Caritas Medical Centre in which a dying person was not promptly rescued does serve as an excellent example. After a great deal of hubbub, and despite the instructions given by Secretary Dr York CHOW sternly with a severe expression, nobody has been held accountable despite the completion of investigation. People cannot but feel a deep sense of helplessness. As for the incident involving the loss of a dead body in the Pamela Youde Nethersole Eastern Hospital, no progress has been made so far, and it has remained unknown as to whether the dead body can be retrieved from landfills.

Although The Ombudsman of Hong Kong can handle medical incidents involving maladministration, the purview of the Ombudsman is not comprehensive enough as it cannot handle clinical issues as well as those arising from medical procedures. Furthermore, the annual caseload of complaints involving health care service is very huge. In 2007, for instance, there were more than 2 700 complaints involving the HA and nearly 800 relating to private hospitals. If all these complaints are referred to the Ombudsman, even members of the public might find it difficult to cope with them. Furthermore, there might not be adequate or suitable experts to deal with the complaints. Therefore, the Liberal Party agrees that we can, by making reference to similar approaches adopted in overseas countries and considering the unique features of the territory, establish an independent health care complaint mechanism to deal with complaints about the services provided by both the public and private sectors with a view to, without compromising the principle of professional autonomy, enhancing efficiency in handling complaints about medical incidents, including conducting mediation and handling compensation issues.

President, I wish to emphasize that although the Liberal Party supports the idea of establishing the Health Service Ombudsman, we have absolutely no intention of replacing the existing regulatory system underpinned by professional autonomy with the Ombudsman. We can see from overseas experience that an Ombudsman system and a regulatory system underpinned by professional autonomy can co-exist. While the Ombudsman is responsible for investigating complaints, health care professional bodies can focus on maintaining the standard of the profession and taking disciplinary actions. Hence, even if the Ombudsman is of the view that a certain health care worker has committed an act

of professional misconduct, the case will be referred to the relevant professional body for it to make its own ruling. Such an approach is worthy of our reference and implementation.

While the original motion emphasizes the provision of assistance for complainants through the new mechanism, the amendment seeks to complement the motion by addressing the aspirations for transparency and performance pledge and stressing the need to enhance transparency and submit regular reports. All this is supported by the Liberal Party. However, we consider that the new mechanism should be improved further. According to the British system, the Ombudsman may request the complaine organization to make improvement and monitor the progress of the implementation of improvement measures. Therefore, the independent Health Service Ombudsman, if established, must be equipped with monitoring functions with a view to achieving the objective of "improving the quality of health service", as stated in the motion.

With these remarks, President, I support the motion and the amendment.

MS CYD HO (in Cantonese): I am very grateful to Mr Andrew CHENG for moving this motion because there is an urgent need to overhaul our medical complaints mechanism. Mr Andrew CHENG's proposal on establishing an independent statutory Office of the Health Service Ombudsman is a good way to kick start discussions on this topic.

At the last meeting of the Panel on Health Services, the Under Secretary introduced to us some ideas of improving the medical complaints procedures in Hong Kong. At this meeting, I mentioned the point of public perceptions. I told the Under Secretary that the public did not have any confidence in the present complaints mechanism because they thought that doctors would protect doctors. I therefore asked him whether the Hospital Authority (HA) and his policy bureau had ever attempted to gauge people's confidence in the complaints mechanism before deciding to introduce any adjustments and improvements, and whether they had ever attempted to do so before deciding which measure was the correct remedy and improvement. Can Members guess how the Under Secretary replied? He said that he did not agree with Cyd HO because he was of the view

that the public had very great confidence in the present complaints mechanism. I have listened to Members' remarks today, but I find that even Dr LEUNG Ka-lau did not dare to say so. However, the Under Secretary did make this comment.

Why do the public have no confidence in the complaints mechanism and think that doctors are bound to protect doctors? I suppose the reason is that members of the profession may handle and respond to such complaints from the perspective of their understanding of the difficulties encountered at work. They may not always be able to look at the issue from the perspective of patients who suffer pains as a result of medical blunders, or from the perspective of family members tortured by the loss of their relatives. In other words, they are quick to adopt an attitude of self-defence, thus making it impossible for both sides to have any communications. As a result, the credibility of the complaints mechanism has simply kept declining.

Actually, the relationship between doctors and patients is very unequal. Regarding complaints against medical blunders, the person affected directly by the alleged blunder, that is, the patient, might already be too sick at the time to recount accurately, at a later time, what he experienced or what actually happened throughout the whole process. Therefore, very often, patients must apply for medical records and reports. As pointed out by Ms Audrey EU just now, this is both money-consuming and time-consuming. And, after obtaining their medical records and reports, patients must still seek independent expert advice. In many such cases I handled in the past, it was difficult to find any local doctors or members of the profession who were willing to offer any impartial advice. Therefore, people will often think that doctors are unwilling to write any independent reports because they are alumni of the same university, because they often refer patients to one another, or because they have working relationship.

I have recently handled one case. The victim sought advice from a foreign expert at his own cost because he was unable to get any expert advice locally. He mailed his medical records and other information to the expert in Britain. The advice he got as a result finally enabled him to get compensation. I do not know of many such cases. This is the only one case I know. But it can already indicate fully people's lack of confidence in the local complaints mechanism and also the areas where improvements are required.

The Secretary and many Members have mentioned that there are currently many channels of complaints, such as the Office of The Ombudsman, the HA, relevant professional bodies and also judicial procedures. But it is precisely because there are so many channels that people may have to go here and there, and run about to lodge complaints. They must spend time and money. Apart from asking medical experts for advice, they must also hire a lawyer to handle the legal proceedings that may arise. Therefore, to the ordinary people, they frankly are not able to follow up the mistreatment given to them.

Some Members asked whether "one-stop" services are the best. They said that the same authority will be responsible for investigation, analysis, arbitration and taking disciplinary actions. They therefore wondered whether great trouble would result due to the lack of division of powers and the consequent absence of any checks and balances. I therefore agree that caution is required for the establishment of a new mechanism and the formulation of the terms of reference and powers of the new Office of the Health Service Ombudsman, so as to ensure that a channel of complaint with genuine credibility can be established. We may consider the idea that after the Office of the Health Service Ombudsman has released his findings, he may refer the case to the Court with the assistance of lawyers. The Court may then make a ruling on the amount of compensation. I hope Members can consider this idea.

Regarding the independent statutory Office of the Health Service Ombudsman, I think "independent" is the most important word. We may recognize the need for establishing this organization, but if it cannot operate independently, if it cannot show people that it can operate independently, free from the influences of the profession, it may not command any credibility either. Therefore, one possibility is that after the establishment of this Office, foreign experts should be commissioned to offer independent analyses in individual cases when necessary. This will certainly do away with any conflicts of interests in the local medical profession.

Besides, I also think that the medical profession can help provide more choices for the public. In other countries, there are many professional bodies. Under the professional committees of these bodies, there are committees on investigation, regulation and disciplinary matters. Half of the members of these committees are lay members. This can make the public feel that these

professions are very open and willing to accept public monitoring. The optometrist profession in Canada is even more advanced, for they have a community relations group, and its terms of reference is made clear from the outset as providing assistance to members of the public in lodging complaints against the profession. Owing to the assistance of this professional group, the profession can command the trust of society.

Actually, credibility is the result of openness, honesty and accountability. If the relationship between patients and doctors is not marked by mutual trust, we may need to incur many unnecessary social and medical costs. I therefore, hope that the profession can adopt an open attitude and seek to establish a relationship of mutual trust with society. That way, both patients and the medical profession will benefit. Thank you, President.

MR TAM YIU-CHUNG (in Cantonese): President, medical incidents have occurred frequently in recent years and there are numerous complaints lodged by the public on health care services. In the public hospitals, the number of complaints received by the Public Complaints Committee of the Hospital Authority (HA) in the year 2007-2008 surged sharply. As mentioned by the Secretary earlier, it rose steeply from 160 in 2006-2007 to 247 and the rate of increase is as high as 54%. However, in the absence of a uniform and credible mechanism with a high degree of transparency to handle health service complaints, members of the public affected by medical incidents often feel helpless.

Recently, my office got a complaint from a member of the public. He is in his thirties and early one morning he went to the Accident and Emergency Department of a hospital because of a chest pain. The doctor there gave him an ECG examination. Then he was diagnosed and told that the chest pain was caused by a stomach problem. Then some stomach pills were prescribed and he was hospitalized for observation. Two hours later, he was sent to a ward and he was given a second ECG examination. His condition was found to be very serious and he had to be sent to the intensive care unit for an operation. But the damage done was irrevocable because he had myocardial necrosis. His cardiac functions were severely impaired. Now he is incapacitated and cannot go out to work. His family is therefore caught in financial straits as the breadwinner is sick. According to the view of a doctor in private practice, when the patient was

given the first ECG examination, the ECG graph had shown that there were serious problems with his heart and emergency treatment had to be given at once. But the doctor in charge did not make the right diagnosis and despite his repeated complaints to the nurses of persistent heart pain and requests for treatment after taking the stomach pills, he was ignored. The unfortunate incident occurred more than six months ago, but the hospital has never given any explanation. As a matter of fact, similar complaints are often received by staff in my office and my colleagues' offices.

Under the existing mechanism, the person involved can only lodge his complaint with the hospital concerned or with the Public Complaints Committee of the HA. It would be very difficult for members of the ordinary public to prepare a complaint case because they have little medical knowledge and scarcely know the requirements of professional conduct for medical and nursing staff. Without the assistance rendered by people familiar with health care or legal matters, it is difficult for them to expound their case clearly. As a service provider and the subject of complaint, the HA nevertheless handles complaints against its health care system and administrative framework all by itself, hence its autonomy and neutrality are questionable. Information also shows that of the complaints handled by the Public Complaints Committee of the HA each year, only less than 10% are substantiated or partially substantiated. So, the public do not see that the right to make complaints by the patients and their families can be securely safeguarded by the HA. It comes as no surprise that the findings of investigation conducted by the HA are often not accepted by the complainants. Their grievances may thus be intensified.

As for making a complaint with the Medical Council, there are a number of restrictions with respect to that. First, owing to the terms of reference of the Medical Council, the attitude and performance of doctors do not fall within the scope of the Medical Council's powers to take disciplinary action. This is why as many as 60% of complaints of this type were not accepted. Those complainants whose complaints were rejected will of course develop a strong feeling that they have nowhere to turn to. Second, the Medical Council does not give enough assistance to the complainants. As the complainants and the complainees have a marked difference in their professional backup, the complainant is often placed in an unequal footing. As a party to a hearing, for example, the complainant is not given any legal support. Neither the Medical

Council nor the Legal Aid Department offer any legal support service to the complainant and he has to face the excruciating interrogations by the defending counsel and members of the Medical Council all by himself. In addition, the complainant is only a prosecution witness in a hearing and he cannot interrogate other witnesses by himself or through his lawyer. This negative image of the investigation system therefore remains because people from the health care authorities are defending the shortcomings of their colleagues. Although at the end of the day, members of the public are entitled to seek compensation by instigating a civil action, the legal costs involved are enormous. Moreover, it is very difficult to ask professionals to testify. So the cases in which a successful relief is obtained from the Court are extremely small in number.

Due to the problems mentioned above, it is clear that the existing mechanism for complaints about health care incidents is ineffective in helping those affected members of the public to seek justice. It is therefore public expectation that an independent complaints mechanism should be set up. We hope that the Government can study the setting up of an independent statutory Office of the Health Service Ombudsman as soon as possible. It is hoped that this Office can be given powers to investigate and conciliate complaints and it can give one-stop services in receiving complaints from the public against health care institutions both in the public and private sectors, thereby enhancing the fairness and transparency in handling health care complaints and so giving greater protection to the rights of the patients.

With these remarks, I support the original motion and the amendment.

PRESIDENT (in Cantonese): Does any Member wish to speak?

MR ALBERT CHAN (in Cantonese): President, this is a very suitable time to propose the setting up of an independent mechanism for investigating into health service complaints. This is because the recent spate of medical blunders have further shown the incessant problems of the Hospital Authority (HA) which is already teetering and a cause of love and hate to the public. As a matter of fact,

ever since the establishment of the HA, it can be said that throughout these 10 to 20 years, medical blunders abound and the public are generally dissatisfied with the mechanism to investigate medical blunders.

Now there are three basic mechanisms to handle medical blunders. One of these is the complaints mechanism set up by the hospitals to handle complaints from patients, but investigation is conducted by the people of the hospital themselves and this is even worse than the practices of the Complaints Against Police Office. The other is the independent investigation committee of the HA. This is a committee for the HA itself and people from all walks of life to investigate health service complaints more independently. The third one is the Medical Council, that is, an organization of the doctors themselves. But despite the existence of these three organizations, to the general public, especially family members of the victims, if a complaint is lodged for an incident related to the HA or any medical blunder, it is quite common to feel that doctors are defending their fellow doctors. The complaint will go unheard and no action is taken. Often when a complaint is lodged, the complainants would feel that they have to confront organizations more forbidding and intimidating than the government agencies. The kind of complexity involved in the procedures in handling the problems is beyond the ability of the general public to cope with. Leaving aside the public for a while, those of us who have been in public affairs for so many years would feel at a loss when we are to take action to handle the case even if we have been given much information by the citizens and when we can see clearly that there is a *prima facie* case for medical blunder.

There are quite a lot of affairs to be handled in the districts I work in. For more than 10 years, I have to deal with some 500 to 600 cases a month and every month there are bound to be some health service complaints that have to be handled. I have handled some cases which are most absurd and clearly problematic. In some of these cases, I have followed up for some eight to ten years and work is still in progress and no results are obtained. In other cases, there are still some disputes going on while the citizens, patients or their families are still tortured by the impact of these medical blunders or incidents.

I hope the Secretary can know clearly that for the doctors or the staff of the HA, they certainly have to face tremendous pressure when being complained

against. But as compared to the pressure and pain experienced by the patients, victims or their families, this is really nothing. It can be said that the difference is so huge and beyond compare. In many of these cases, the families of these victims are bereaved of their dear ones and they have to face brutal, impolite and harsh treatment from the health care personnel in the hospital. For the doctors, they are professionals, but they know nothing about these feelings. The doctors would not like these people to ask questions because they think there is no need for it. They think it would be useless even if an explanation is given to these people. They will never understand no matter how many times the questions are explained. It would be just a waste of time to explain. It would be much better if they can do some moonlighting and they can easily make some hundreds of thousand dollars.

I find that many doctors like to earn some quick money. These include some senior doctors from the University of Hong Kong. That is why some of these doctors are presently being investigated by the ICAC and some are even prosecuted. These doctors include some consultants and senior doctors. Often they want to earn tens of thousand dollars by moonlighting and so, they do not care to give detailed explanations to the patients. They would just make an inspection of the ward on time and when that is finished, they will go and make quick money. So if health care problems are to be dealt with, these doctors should probably be banned from doing part-time jobs. For if not, these doctors will only care about making money by moonlighting and so, the time spent on treating the patients is reduced. This accounts for the appearance of medical blunders.

There are many types of medical blunders. However, in many cases, it is hard to see what kind of medical blunders is involved just by looking at the medical records and reports of the patients. All these are illegible to the laymen. It is much more difficult to get an independent doctor to read through these reports. It is because the cases are tens of thousands in number and it is not easy to get a doctor in Hong Kong who is independent to compile an independent report based on the alleged medical blunder being complained against. Family members of many of these patients would feel helpless. They are under Patients who go to the public hospitals are mostly people who are not rich. With the exception of a professor whose head got injured and who was immediately sent to the hospital and taken good care of, patients in general who go to public

hospitals for health care treatment are not well-off. It would be much more difficult if family members of a patient who, after arranging for the funeral of the patient, have to raise money to lodge a complaint. In many of these cases, the deceased is the breadwinner of the family.

So it is absolutely necessary that an independent mechanism be set up. But this independent mechanism should not be like the Office of The Ombudsman which only handles administrative matters. Often this independent mechanism is to give advice on professional medical blunders. There is even a need for an arbitration mechanism to handle claims for compensation. This is because filing a claim for compensation is often a difficult and tortuous process. A few days ago, when a committee meeting was held in this Council, I had already presented this view to the Secretary. I said that he was torturing and abusing the families of the victims. If a claim is pursued under this so-called court mechanism, it is in effect rubbing salt into a wound and it is like taking money from a beggar's bowl and it is adding pain to these battered souls.

In the face of the existing bureaucratic and fossilized mechanism, there has to be a comprehensive reform. This independent committee or health service ombudsman must be vested with all the powers to undertake independent investigations and he is to be assisted by an arbitration mechanism. If any medical blunder is discovered, the ombudsman must have the powers to pursue claims in respect of any financial losses incurred by the medical blunder.

I hope that this debate can be an inspiration. Even if this debate is passed in this Chamber, I do not think the Government will take any immediate action. However, as long as no reform is in sight, the people of Hong Kong will be put under constant torture because doctors are always defending their fellow doctors and the system remains so fossilized. The rights of the people of Hong Kong will continue to be overlooked and sacrificed. Although the Secretary is a doctor himself, I hope he will not defend the interest of the doctors to the neglect of the interest of the public, especially that of the ordinary citizens.

MRS SOPHIE LEUNG (in Cantonese): President, I think as Members of this Council, there are very high expectations of us from society and although these

debates which we often propose do not have any binding effect, I think Honourable colleagues will understand that we still have to propose them. So we are still doing that. I only hope that the public will not think that we are holding some debates which are redundant and meaningless, or that we are only addressing the problems in a piecemeal manner.

I remember when Mr WONG Yuk-man was still a commentator, he had said to some good friends of his that Mrs Sophie LEUNG was trying to understand the health care system by studying it hard over a long period of time. I am very grateful for his paying attention to what I am doing. Actually, I have been involved in the work of the Hospital Authority (HA) for 12 years. President, back in 1982, or it may be 1983 or 1984, I had discovered the shortcomings of the health care system. So at that time I asked the authorities to give me a person to help me conduct research studies on a certain independently financed hospital to see what should be improved. That process lasted for one year and during the period I came under the attack of many hospital staff members, but I insisted on doing that. The report which was compiled at that time was some two inches thick and when another chairman assumed office, he was not bold enough to accept that report. It was because many of the recommendations made in that report might sound far-fetched but they were very good ways to change the health care system at that time.

So in 1987, the SCOTT Report was released. In 1989, work to set up the provisional HA began and I was invited to join in. At that time I had a strange feeling and I wondered why I was invited but not other big names. I thought it might be due to that report.

President, Dr LEUNG Ka-lau said earlier that for any system, the goal to be achieved was not only trust from society and patients but also trust from the staff members and front-line workers. I think that is a remarkable comment to make.

The topic for today is whether or not an independent mechanism should be set up. President, I think duplication should be avoided in anything we do. We should study the governance culture in the HA. Why since the establishment of the HA, its governance culture has failed to move along with the times and meet the expectations of society? I think the crucial thing is to look at the issue from that perspective.

President, I wish to say that when the SARS report was being compiled, I did something that I thought to be very hard to restrain myself but also something which I felt quite ashamed and that was, whenever I read about places in the SARS report where they struck a chord in my heart, then I could not help but cry. Why? In end 2002 I decided to resign from all positions in the HA and unfortunately, the SARS epidemic broke out in early 2003. However, when I looked back, the situation was very critical in all the big hospitals except the one where I was the chairman and nothing happened there.

Why do I have all these feelings swelling in me? President, this is because I have tried 12 years to introduce some good governance culture into the HA but that proves to be a waste of time. This is because policies drawn up at the top will always be met with counteraction from below. From that time onwards, I am convinced that the HA would only go from bad to worse. President, I reproached myself because of that. Why are things in the HA only get worse? This is because after some complete overhaul, the services provided by the HA have become better and they are much better than those days in the past when iron beds and so on were used. So all the patients are attracted to hospitals run by the HA and no patients seek medical treatment from outside any more. Or it may be that demands are getting tougher and so the pressure felt by front-line workers gets greater. But the system these front-line workers are placed in cannot catch up with developments in governance culture as society advances. President, this accounts for the situation in which things get much worse than before.

I am saying all these because I hope Honourable colleagues can understand the situation. I suggest that the management committee or the board of directors of the HA and all front-line workers should consider what the right kind of governance culture is for them. When we are to introduce some reform into the health care system, many of these front-line workers have never come into contact with management science and they have no idea about it. So, some of them took some crash correspondence course and after finishing it, they claimed to their superiors that they had obtained some hospital management qualifications. Actually, they knew nothing about the essence of management and what they tried to do was to finish the course on paper or in name and claimed that they were management professionals. With respect to this, I have

said both inside and outside the HA that such things should never be allowed. Any reform should be carried out thoroughly. If we are not doing that, things will only get worse than before.

I hope people can see that the remarks I am making are well-intentioned. I do not think we should make the system superfluous by drawing up certain rules to oversee them. In the lawyers' profession, for example, do Members think we can try to set up some independent mechanism to regulate the lawyers so that it would allow Members and the public to lodge their complaints? Or in the case of the barristers, they have a heavy protectionist flavour, and they will never permit any barrister from outside to do anything, though things may have changed now. But do we need to set up such a kind of independent mechanism so that the public can lodge complaints? Why can things not go from the heart and let action be directed by the conscience? Why should we resort to monitoring from outside? Does Hong Kong have to be governed by somebody from outside as well before there can be any good governance?

President, I so submit.

PRESIDENT (in Cantonese): Does any other Member wish to speak?

MR LEUNG KWOK-HUNG (in Cantonese): President, just now I made a phone call outside the Chamber and asked a client of mine about his case. This is because I often come across many cases concerning complaints against hospitals.

I recall there is a Mr YICK who lives in Sun Tsui Estate. He was wrongly diagnosed as having cancer. All his intestines were taken away. I have followed up the case for a very long time. Originally I wanted to approach Joseph SUNG Jao-yiu, but I could not find him and he did not give me any reply even though I wrote to him. Another person who lodged a complaint is Mr TSUI, whose mother was admitted to Kwong Wah Hospital because of bone fracture. The hospital said that she was fit for walking and could get off from the bed. But his mother died later because of an infection due to the bone fracture. He sought advice from a doctor in Britain who pointed out to him that

such things should never be allowed because a patient with bone fracture should not get off from the bed. Now nothing can be done about it. Though the two persons are doctors, they have different opinions. One said that it could be done and the other said no. And so there was contradiction. Of course, Mr TSUI does not have any money to further seek opinion from another doctor.

Therefore, I wrote a letter on his behalf to present his case before the Vice-Chancellor of the Chinese University and asked the Vice-Chancellor to get a reply from the person in charge of the Faculty of Medicine at the Chinese University. Despite my status as a Member of the Legislative Council and I have written a letter to him, the letter is unanswered. I have no idea as to what has become of it. I do not know if the Vice-Chancellor of the Chinese University has referred the letter to him. Is this a case testifying the arrogance and insensitivity of the academic institutions? I think it is. I looked him up and handed the letter to him. This is like I handed a letter to Donald TSANG or I passed him a banana. He should have some reaction. Of course, if this is Henry TANG, he would say that it is no good to show any response and this is not polite. I do not know if the Vice-Chancellor of the Chinese University thinks that I have no manners when I came with a humble member of the public and intruded on the serenity of his campus and related to him a most unpleasant event. I do not know if Mr TSUI and Mr YICK are watching television tonight, and if they are, I am sure they will not scold me any more, for at last I have a chance to speak on these events before all the people of Hong Kong.

Last week the honourable Secretary came to watch me play football. I got a kick from someone in the game and I fell down. Then I attended the funeral of the victim of the Caritas incident. What kind of person am I and for a person with no virtue and ability like me, why should I receive such an honour when the widow took my hands and those of "Yuk-man" and "Big Guy" while she was crying? I do not deserve such an honour given to me at that funeral.

Even if the Government has fixed the problems with the health care services, I do not think similar cases will necessarily cease to happen. But these incidents happen just too often. President, I believe in the course of your career as a Member of this Council, you would have received a lot of this sort of complaints. I have no idea how many of these cases have been properly handled and solved. I recall another case — now I am telling stories again. This is a

case which Secretary Dr York CHOW must have heard of. There was an old woman who came down with a stroke. When she was sent to a public hospital, she was told that nothing could be done about her. And the hospital people even told her family to get ready for her funeral. But the family could not bear to be so cruel to the patient as to leave her die and this is because there is kindness in the heart of every person. So her children managed to raise some money and transferred their mother to the Baptist Hospital. And they had offended that doctor from the public hospital and he felt that he had lost his face. This was because at first he said that the patient was going to die. When that patient survived and came back to the public hospital and made a request, it was flatly turned down and the doctor said that she would die for sure.

President, what do you think is that humble request from the family members of the patient? They only requested physiotherapy for the patient at the Kowloon Hospital so that their mother could have some rehabilitative treatment. The doctor at the Baptist Hospital said that the period from three to six months after a stroke was the golden opportunity and if proper care was given, the patient could recover. But the family had made the doctor at the public hospital feel displeased. He said that the view of the public hospital was that no public money should be spent on saving the life of this patient. He even said that this patient should not be saved. The children of that patient spent money and bought a chance of survival to their mother by sending her to a private hospital. After she was discharged and when the children wanted to get another chance for her, they were rejected again. Then after a lot of twists and turns of events, I was told by the son, "Mr LEUNG, things are fixed now. My mother can go there for treatment." This case proves that there must be an independent system and a generous budget should be given. I am for the idea to give more financial resources.

I am very surprised to hear this. I respect doctors very much. But why do doctors come to defend and cover up the shortcomings and failures of other doctors? There is a representative of the medical functional constituency in this Council. He fights for the welfare of doctors and he becomes well-known after the lawsuit. The incident shows that doctors work very hard and they would be so tired that they could drop dead. How can they give a diagnosis to a patient if they are so dog-tired? Wrong prescriptions may be given as well. A patient

who should take one pill at a time was told to take 14 pills. Such things have happened before. There is no solution to these things even though they may be exposed.

The Hospital Authority is a management body that is heavily inclined to the Administration. No one can check its powers. The doctors just come to the defence of each other. May I know what should be done about the Caritas incident? If we do not have an independent monitoring system, then what can we do about these incidents? This is of great significance to our society. Any autonomous agency set up by the Government is really an independent kingdom which is not subject to regulation in terms of powers and resources by another independent agency that is equal in status, I stress equal in status. This is like the same person acting as both the cashier and the accountant in a bank. Will he not embezzle the bank's funds? This is plain enough.

With respect to the stories I have told today, Secretary Dr York CHOW must tell us in reply why things are like that and he must apologize.

PRESIDENT (in Cantonese): Does any Member wish to speak?

(No Member indicated a wish to speak)

PRESIDENT (in Cantonese): Mr Andrew CHENG, you may now speak on the amendment proposed by Mr CHAN Hak-kan. You may speak up to five minutes.

(Mr CHAN Kin-por raised his hand to indicate that he wished to speak)

PRESIDENT (in Cantonese): Mr CHAN Kin-por, please speak.

MR CHAN KIN-POR (in Cantonese): President, I would like to express my views briefly. Having listened to Honourable Members' speeches, I am of the

view that along with social changes, Hong Kong people have higher and higher expectations of the so-called fair and open policies. If an independent statutory body can be established to handle complaints about medical services, I believe people's confidence will be increased.

However, I am more worried about how compensation matters would be handled. As a number of Honourable colleagues who are solicitors have remarked, the point is that the court already has good mechanisms and guidelines for handling compensation matters, and it may not be suitable for an Ombudsman to handle these matters. Thus, although I support establishing an independent statutory body, I do not agree that it should also handle compensation matters. I wish to put this on record. Thank you, President.

MR PAUL TSE (in Cantonese): President, in view of the argument made by Mr CHAN Kin-por, I would also like to briefly express my views. In fact, our society has reached a certain stage of development at which there are higher public expectations in many aspects, and things are different from the past in terms of the requirement of transparency or impartiality. Putting it simply, I understand the points just made by Mrs Sophie LEUNG to a certain extent, including the need to avoid redundancy, or the point just made by Dr LEUNG Ka-lau that establishing such a mechanism would make doctors more careful. In fact, as society advances further and further, and the litigation mechanism has become more and more developed, the professionals concerned would naturally be particularly careful. Not only doctors but also personnel from various trade and industries, such as solicitors and barristers have to be particularly careful in their professional practice. This is the price to be paid for social progress.

Nevertheless, I am afraid that everything has its pros and cons, and one of the merits of establishing an independent mechanism is that it gives the community the message that we highly value the establishment of an impartial and independent mechanism in our society. Also, if we are to handle these incidents of medical blunders, from my own experience, handling litigations or disputes can be the biggest headache. Why? It is because expert advice has to be sought in each and every case and the solicitor or the parties concerned cannot decide at once who is right and who is wrong. If one wishes to pursue further, appropriate expert advice must be obtained. Where should one seek expert advice? I am afraid that the complainant will have to approach the "brothers and

sisters" of the complaine. In such a small city as Hong Kong, as reflected by Honourable Members a while ago, it is very often extremely difficult to find local doctors who are willing to give advice openly. Putting aside how much the doctor should be paid, even if a person is willing to pay him asking him to find fault with his former colleague, classmate or a person with whom he has ties, he would tend to be careful. Hence, to get the relevant evidence, the complainants are often forced to look for overseas expert witnesses or resort to other alternatives by hook or by crook. That being the case, great difficulties are often encountered in the fight for compensations.

Obviously, insofar as money is concerned, if somebody wants to sue a doctor, he has to assess the situation, having regard to the availability of a compensation fund for doctors, insurance coverage and his own financial capacity. Thus, he cannot sue the doctor before making careful consideration. If a mechanism is established to provide one-stop services, arrangements will quickly be made in respect of expert witnesses, the relevant analyses and data, and this would enable the victim to decide whether or not he should pursue further. I trust that this is a very valuable supporting framework for our society and the general public. Summing up, I think this mechanism is worth the Government's further consideration.

Certainly, I also agree with the views of Mr Ronny TONG and other Honourable colleagues on the handling of compensation matters. Mr Andrew CHENG has remarked that the so-called one-stop service includes handling compensation matters but I am not sure if it includes adjudicating on who is right or wrong or the determination of the amount of compensation. If it does, I would have reservations, for this may be precisely the concern raised by some Members earlier who opined that it cannot be empowered to carry out investigations and make adjudications altogether. Yet, if the handling of compensation matters only involves preliminary analyses, preliminary studies, preliminary evidence collection or obtaining expert advice for the victim, and the mechanism itself will even provide suitable expert services, I think the handling of such preliminary compensation matters is worth supporting. In the end, the victim should decide whether he will file with the court a further compensation claim, and the complainant concerned should make the decision. If this is the original intention of the motion, I do not have any reservations about it and I will support this motion.

I believe I have already expressed my views which are more or less the same as Mr CHAN Kin-por's, that is, I will support this motion and the amendment but I have reservations about the compensation mechanism. Thank you, President.

MR PAUL CHAN (in Cantonese): President, the motion we are discussing today is nothing new. In fact, back in 2001, the Legislative Council already set up a Subcommittee in order to improve the medical complaints mechanism. After repeated discussions and visits, the Subcommittee submitted a report to the Government, and proposed that an independent complaint office outside the Government should be set up. In the end, the proposal was not accepted by the Government. In this connection, I have looked up the papers submitted at that time. A few years have passed and I think that the way our society develops and people's expectation of the public sector have been consistently changing and progressing, and the public have high aspiration not only for the public sector but also all professions.

I am not going to repeat the points made by Honourable Members earlier on. I only want to say that establishing an independent Office of the Health Service Ombudsman with credibility and a high degree of transparency has its merits, and I support this principle. However, I would like to raise two points of concern: first, I think the Ombudsman should not be involved in compensation matters; on this point, a few Honourable colleagues have explained the reasons a while ago, and I do not wish to repeat them here. Second, I think the Ombudsman should not handle disciplinary actions involving health care personnel.

If these two points of concern have been suitably addressed, I will support the motion. Thank you, President.

PRESIDENT (in Cantonese): Does any other Member wish to speak?

MR ALBERT HO (in Cantonese): President, after listening to the remarks just made by a few Honourable colleagues, I would like to make several points in response. First, I agree very much with some Honourable colleagues that, for

some people who have fallen victims to medical blunders or misadventures, the most excruciating thing is that it is very difficult to find independent professionals who can help in investigating and finding out more about the actual state of affairs of the incidents, as well as provide reliable professional advice.

According to the current practice, the complaints are made through the Public Complaints Committee (PCC) of the Hospital Authority (HA). Though I know the Government has said that the PCC have some independent lay members, in any case, people do not have enough confidence in its overall operation. This is the first point.

Another channel for complaints is the Medical Council, which allows people to lodge complaints about professional misconduct. We all know that it handles complaints about professional conduct with a view to helping those who seek help to find out the truth. If nobody offers assistance, it is really not easy for preliminary professional advice to be provided. If the person concerned seeks assistance directly from the Legal Aid Department (LAD), the LAD will first consider the case and it may then ask doctors for assistance. However, if the complainant would like to choose the experts whom he would prefer, he does not have the right to do so.

Since 10 years or so ago, I have co-operated with the patients' rights advocates of the Society for Community Organization in receiving public complaints and helping in their handling. Also, I have often handled such problems together with Rev CHU Yiu-ming — he was a member of the PCC then — and Dr Conrad LAM. We found that the first step is the hardest, which is to find local experts who are sufficiently independent and credible to give us advice. I am not saying that the doctors in Hong Kong are not credible; the biggest problem is that most doctors work in public hospitals, and many university professors have close ties with them, as many of them are probably their students or colleagues. We have tried to seek help from some professors and doctors; they may give some advice in private but they are unwilling to testify in person because they have been close friends with these people and so, it is impossible for them to testify against their colleagues or former colleagues for the benefit of the complainant.

On this ground, more than 10 years ago, we joined an overseas organization, the Association of Victims of Medical Accidents (AVMA), which

has an extensive network in Britain and the United States, and we have been helping the complainants seek expert advice since then. According to our experience in the past, the advice offered by the professors and experts whom we engaged through the AVMA was often quite different from that offered by the local experts. If they found that something is wrong, they would point it out clearly, and they would advise on the need to further review the problem or engage other experts. Experience tells me that for many cases that could not be pursued, after the experts engaged through the AVMA had offered a different advice, the complainants concerned could successfully apply for legal aid in the end for filing their complaints, and after conciliations, compensations were made to the complainants. Evidently, as the local profession is too small, even if suitable experts can be engaged, the cases cannot be handled if they are unwilling to testify.

So, it is my hope that there is an independent body such as a professional ombudsman who will have a network, and in case there is a major incident, he will really be able to help the patients obtain independent advice from outside. In Hong Kong, I really do not know how we can get the best independent advice. I believe this Health Service Ombudsman should have such a network. This is the first point.

Furthermore, we all know that finding out the facts is the most difficult part. There was a case not long ago, and I trust that Honourable colleagues have learned of it from the relevant reports in the newspaper. A child underwent an abdominal operation; he was very small, only a few years old but the doctor used an endoscope which penetrated an artery, and the child died very soon. He was a smart child who was only a few years old, and his parents were in deep grief, yet, the Coroner's Court refused to hear the case. I have looked up the records and found that though the number of cases heard by the Coroner's Court has not decreased, a figure makes us feel uneasy and that is, the number of cases referred by the Coroner's Court to the police for investigation and follow-up has substantially dropped in the past three years. I wonder if the Secretary has such figures. If not, I can later contact the SoCO and give the figures to him. In this connection, we are really worried. Why can we not request for further investigation into these cases? We should not forget that some people died in these cases, so why can this not be done?

Therefore, we think that the Ombudsman has professional and independent status, and given resources, he can conduct comprehensive investigations into

many cases, or at least cases of medical blunders. I think this is very important. As regards the point that the Coroner's Court would only hear cases involving deaths, I wonder if fewer investigations have been made because of resource constraints. What about other cases not involving deaths? Some cases are not related to the right or wrong of medical judgments and they may be associated with the problems of the whole health care system. Who are responsible for cases involving wrong judgments? If a complaint is lodged with the PCC, I do not think it can handle such a complaint. Who are responsible for examining issues such as systemic errors, nursing manpower, and inadequate training and equipment?

Lastly, regarding compensation, the Democratic Party is not suggesting that the Ombudsman is to replace the court, and we think that after investigations conducted by the Ombudsman, if he thinks that mediations would be feasible, he can take steps to facilitate mediations; otherwise, I wonder if the Government would consider setting up misadventure funds, so that compensation can be made for cases of medical blunders (the cases may not necessarily involve negligence, and they may be misadventures). If not, I think the case should ultimately be resolved by the court. I wish to assure Honourable colleagues that there is no reason for this Ombudsman to replace the court's power.

MR WONG SING-CHI (in Cantonese): President, concerning the establishment of an Office of the Health Service Ombudsman, though I was not a Legislative Council Member at that time, I recall that the Legislative Council first debated the issue 10 years ago. At the time, the Government conducted consultation on health care reform for the first time, and engaged professors from the Harvard University to conduct studies, so as to identify a suitable health care financing system for Hong Kong. Unexpectedly, besides putting forward views on health care financing, the Harvard Team also pointed out the shortcomings of our health care system and suggested that an independent Medical Complaint Office should be established in Hong Kong. Except some doctors who considered this unfeasible, the community basically arrived at a consensus to support the proposal.

The Harvard Report aroused social concern for medical incidents, and in the face of such criticisms as doctors defending doctors and a lack of complaint

channels, the Government made a lot of undertakings. For example, at a meeting of a Panel of the Legislative Council on 21 May 2001, the Government specifically stated in a paper that:

"The following main problems of the existing system are identified:

- i) though complaint channels are available, they are regarded as complex by patients and the interface between the various channels is confusing
- ii) the credibility of the complaint mechanism has been questioned
- iii) the complaint process is often not user-friendly or transparent

..... we believe that it is appropriate to set up a Complaint Office within the Department of Health to handle complaints related to patient care

The Office will be able to provide a user-friendly one-stop service to the complainant

The Office will open up an opportunity for mediation at an early stage

This will help to reduce conflicts, avoid further deterioration in the relationship and rebuild trust between patients and the health care workers

" This paper submitted then already mentioned the problems of the health care system.

Back then, the Democratic Party did not oppose setting up a Complaint Office within the Department of Health on a trial basis to ascertain its effectiveness, and using that as a transitional arrangement before the establishment of an independent Complaint Office. It is a pity that the undertakings of the Government have not yet been fulfilled.

In the same year, the Medical Council made some reform proposals, which included increasing the number of lay members of the Preliminary Investigation Committee from one to three, and setting up a Complaint Receiving Division. It turned out that this is also a blank cheque and the proposals have not been implemented.

Whenever a health care reform was discussed in the past, the Democratic Party would put forth again the proposal on establishing an independent statutory Office of the Health Service Ombudsman, and the proposal was endorsed during the last term of the Legislative Council. However, there have recently been quite a number of medical incidents, and the *Hong Kong Economic Journal* reported a few days ago that on establishing an independent statutory Office of the Health Service Ombudsman, the Chairman of Hong Kong Medical Association expressed opposition and maintained that as various health care professions had been regulated by professional bodies, such as the Medical Council for doctors and the Nursing Council for nurses, establishing an Office of the Health Service Ombudsman would definitely constitute redundancy. Furthermore, he added that as there had not been significant changes in the health care structure over the past 10 years, he did not see any need to establish an Office of the Health Service Ombudsman. These were the arguments made by the Chairman of Hong Kong Medical Association earlier on. In the past decade, the Legislative Council had discussed these points many times, and it was even admitted in government papers that the professional regulatory bodies such as the Medical Council and the Nursing Council are complex and lacking in transparency and credibility. About the provision of one-stop services, the doctors' profession still raised objections for the same reasons used by them 10 years ago. The fact that the Legislative Council has failed to maintain good communication and exchanges with doctors' organizations in the past 10 years is worth a review.

Actually, there have been substantial changes in the health care structure over the past 10 years, making it even more urgent for an Office of the Health Service Ombudsman to be established. For instance, in recent years, private health care groups operating as a conglomerate have gradually taken up a considerable market share. Since these HMOs (health maintenance organizations) are profit-making organizations, the doctors working in these organizations may be under pressure when prescribing medicine and in other aspects. Nevertheless, under the existing system, the patients may file complaints against doctors if they have dissatisfactions. Should an Office of the Health Service Ombudsman be established, the patients can lodge complaints about the services, and the scope of investigation of the Office of the Health Service Ombudsman can include the management of the relevant organizations, which would be fairer to both the doctors and the patients.

The Government has just completed the first stage consultation on health care reform. In the consultation document, the Government continues to explore the implementation of new health care financing options, and it has made many proposals for supporting private health care services, such as providing subsidized private health care services to the general public, promoting public-private partnership in hospital development, and purchasing hospital services from the private sector. Yet, not a word is mentioned about establishing the Office of the Health Service Ombudsman. The Government has persevered in promoting health care financing on which people have divergent views but it has not taken forward the establishment of the Office of the Health Service Ombudsman on which people have reached a consensus. If the Government does not improve the system for handling complaints to protect patients' interests, how can it expect the public and the Legislative Council to support the reform proposals it made?

With these remarks, I support the original motion and the amendment.

PRESIDENT (in Cantonese): Does any other Member wish to speak?

(No other Member indicated a wish to speak)

PRESIDENT (in Cantonese): Mr Andrew CHENG, you may now speak on Mr CHAN Hak-kan's amendment. You may speak up to five minutes.

MR ANDREW CHENG (in Cantonese): President, when I saw that you were going to ask me to stand up to speak, I certainly started to speak, just as I did when you called upon me to speak before Mr CHAN made his remarks a while ago, and I nearly stood up then.

President, Mr CHAN Hak-kan's amendment has in fact added to my original motion certain areas of work to be handled by the Ombudsman in future. Since I will only have 45 seconds to give a reply later, President, with your permission, I would like to tactfully spend these five minutes on responding to the remarks made by Honourable colleagues earlier within the context of Mr CHAN's amendment.

President, both the original motion and the amendment have the objective of achieving a high degree of transparency, hoping to arrive at a satisfactory solution when the public feel helpless in view of the frequent occurrence of medical incidents. Unlike what Dr LEUNG Ka-lau has said, we do not expect doctors to be supermen; we would not say such a thing, and we would not use the complaint mechanism to undermine the morale of doctors and health care personnel. We have no intention to do so and our original intent is just the opposite.

As we have observed, medical incidents have frequently occurred in recent years and in particular, we have just become aware today that the senior management of the HA has even been given a considerable pay rise, and this has given us a particularly strong feeling of fattening the top at the expense of the bottom. Since medical incidents have occurred frequently, the front-line workers are under enormous pressure. When I spoke on the original motion earlier, I expressed my hope that the establishment of an independent Office of the Health Service Ombudsman would give impetus to the HA, and make its management or the Government understand that there must be an independent mechanism for monitoring medical services, rather than planning what actions to be taken only after an incident occurred, and saying that such incidents are individual cases and that opinions would be accepted, but the situation would only remain unchanged as medical incidents frequently occurred. We worry most about this.

Therefore, I hope that Dr LEUNG can rest assured that we do not expect all health care personnel to be supermen, as human beings surely make mistakes but how can we establish a fair mechanism after mistakes have been made? How can we, as stated in Mr CHAN Hak-kan's amendment, handle complaints using a highly transparent mechanism within a reasonable time frame? Dr LEUNG said that such a mechanism would undermine the quality of health care services, and I remain perplexed by this comment despite much thought about it. I hope that Dr LEUNG would understand that we do not want the public to be in conflict with health care personnel. We hope that while the public would like to have reasonable medical services, in the event of cases of negligence in future, there can be a way for such cases to be handled in a reasonable manner.

President, I am really grateful to Honourable colleagues for mentioning compensation matters just now. When I called upon Honourable colleagues to

support the original motion, I made it very clear that after investigation is conducted under this complaint mechanism, there would be mediations including compensation negotiations; and after the completion of investigation, the cases would certainly be referred to the relevant professional bodies for handling, and the Ombudsman would not be responsible for compensation matters. I am sorry, and perhaps it would be better if I write this down in the motion in greater detail. But as Honourable colleagues will know, we do not want the motion to be excessively lengthy all the time. On this point, the expression "as well as handle compensation matters" does not mean that the Ombudsman would be responsible for all compensation matters in a one-stop manner. I would like to add that professional bodies would be responsible for this task under the premise of not affecting professional autonomy.

Therefore, President, the Secretary will especially touch upon the Patient Satisfaction Survey later on and I hope he would understand that the original motion and amendment today aim at having investigations conducted under a mechanism, rather than looking at these Patient Satisfaction Surveys as mentioned by the Secretary because such surveys probably tend to hold back unpleasant information. We are now asking for the establishment of an Office of the Health Service Ombudsman in the hope that misadventures would be properly handled, rather than conducting investigations from the angle of holding back unpleasant information and focusing only on the satisfactory services and the hospitals that have done a good job (of course, these points are also important). We agree that a clear system of reward and punishment must be set up, however, how to handle the incidents so that the affected patients and their families will be reasonably treated is exactly the basis on which Mr CHAN Hak-kan and I call on the HA to establish an independent Office of the Health Service Ombudsman today. Thank you, President.

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, first of all, I wish to thank Members for the valuable advice they have given on this motion and my thanks also go to Mr Andrew CHENG for proposing this motion today. Although I am not working as a medical doctor now, I had handled many complaints of this kind when I worked as a medical doctor in the past, and I have a strong impression on the kinds of work like giving expert advice and so on.

With the advances made in health care services, a lot of new medical technology has been introduced and diversified or multi-disciplinary care is offered by service providers. This makes our health care system and related procedures more complicated. The health care incidents that have happened recently have shown that apart from quality health care services, the public also expects to have a mechanism that can handle health care incidents and related complaints soundly. An ideal mechanism for health care incidents and handling related complaints should operate under the following important principles: first, the mechanism should be able to come to a fair and just ruling on the health care incident and complaint concerned; second, there should be enough professionals and experts in the mechanism to facilitate judgment and analysis of the case concerned before a ruling is given; third, people from outside the sector should be able to take part in the mechanism and be able to come to an analysis of the case from an independent perspective from outside the sector and be able to reflect social values in their judgment; fourth, the mechanism should have the function of co-ordination and mediation; lastly, the mechanism must be fair, objective and transparent in order that the confidence of the patients and medical and nursing staff can be built. Generally speaking, the existing mechanism we have in handling health care incidents and complaints has got these elements. However, constant reviews and improvement of the system are required in order to meet public expectation and operate in line with the changes in the culture of our society.

We have examined overseas experience. In Britain, the General Medical Council, the National Health Service and the Health Service Ombudsman all have mechanisms of their own to handle health care complaints. The functions of these mechanisms vary. With respect to the General Medical Council, its main duty is to regulate registered physicians and take follow-up action on serious professional misconduct which may affect the eligibility of registered physicians to practise medicine. The National Health Service is in charge of the provision of public health care services for the whole of Britain. For any complaint made against its health care services, the professional health care worker involved in the complaint will first engage in mediation with the complainant initially; if the complaint is not resolved, the complainant may request the Healthcare Commission which is an independent statutory regulatory body tasked with case review to take follow-up action. If, after the case review, the complainant is still not satisfied with the result, he may ask the Health Service Ombudsman to further investigate the case. What is worth noticing is that the powers of the Health

Service Ombudsman are only limited to the publicly-run national health care services and he only handles cases which have undergone initial mediation and independent review but remained unsatisfactory to the complainant.

In New South Wales, Australia, the statutory body in charge of health care complaints is called Health Care Complaints Commission. When handling complaints, the Commission will first consult the relevant professional registration bodies before deciding on whether investigations, mediation or referral to a suitable agency for follow up will be made to a particular case. If, in the course of investigating a complaint case, the Commission finds out that there is a need to mete out punishment to any medical or nursing staff involved, the case will be referred to the relevant registration body for disciplinary hearing. In addition, the state has another statutory professional regulatory body called the Medical Board which oversees registration matters for doctors, receives complaints against doctors and determines the most suitable way to handle such complaints, including whether the case should be referred to the Health Care Complaints Commission for investigation.

As for the practice in Ontario, Canada, the relevant medical colleges set up by the law of Ontario and formed by the relevant medical professionals will play the role of a regulatory body. To put it simply, the doctors in Ontario will be regulated by The College of Physicians and Surgeons of Ontario. Apart from registration matters for medical practice, the College will also undertake investigations into complaints against doctors of Ontario. If, after an investigation, it is found that the doctor concerned has committed any professional misconduct, the College may suspend or revoke the registration of the doctor concerned or impose a conditional registration on the doctor.

From such overseas experience, we can see that there are differences with respect to the mechanism for handling health service complaints, the functions of the organization in charge and its powers and scope of duties, and so on. We can see that with respect to the mechanism of a health care ombudsman or similar mechanisms in handling complaints, although they have the advantages of being fair and independent, the powers and functions of this kind of mechanism in handling complaints are not comprehensive enough and they are subject to limitations of various degrees. For example, the Health Service Ombudsman of

Britain only accepts cases which have undergone initial mediation and independent review but are nevertheless unresolved, and doctors in private practice are not covered. Like the Health Service Ombudsman of Britain, the Health Care Complaints Commission of New South Wales, Australia does not have the power to impose sanction on a doctor whom it has ruled to have committed professional misconduct, such as by revoking his registration or issuing a reprimand and so on. As for compensation matters, most of these overseas professional health care regulatory bodies or independent complaints organizations will not handle such matters.

We note that public expectation for mechanisms which handle health care complaints is becoming higher and in fact, during the past discussions held in the Legislative Council, many views were expressed on the existing mechanism, especially on how to boost public confidence in the existing mechanism. On the suggestion to establish an independent health service ombudsman, this was also discussed in the meetings of this Council before. In 2001, the Panel on Health Services formed a subcommittee to explore the direction for improving the health care complaints mechanism. Besides, the Medical Council also formed a working group on reforms in 2001 which was tasked with reviewing the framework of the Medical Council, its membership composition and functions with a view to raising its accountability and transparency.

With respect to the proposal to set up an additional Office of the Health Service Ombudsman on top of the existing mechanism, I would think that we should consider whether this is the best or the only way to improve the existing system effectively. From the overseas experience that I have just mentioned, I notice that the Office of the Health Service Ombudsman as a channel for handling complaints is not without its own limitations. On the other hand, when considering the establishment of similar mechanisms, we have to take a number of factors into account.

First, we must clearly define the terms of reference and duties of this proposed independent statutory Office of the Health Service Ombudsman. Now the Medical Council is already a statutory professional regulatory body independent of the Government. Are its nature and functions completely different from the proposed Office? Also, different professions have their own committees and what will be their relationship with the Office? If such an

Office is to be set up, how should work between the two be divided? From past discussions it can be seen that expectations for and views on the objectives of this Office among the public, Legislative Council Members and medical and nursing staff are all quite different. There are some patient's organizations which would like the Office to have the functions of investigation, arbitration or even disciplinary inquiry. On the other hand, there are some medical and nursing staff who think that no independent organization should be set up and even if it is set up, the organization should only play the role of receiving complaints and referrals of the same. As for other functions such as investigations, hearings, arbitration and disciplinary inquiry, these should be left to the professional regulatory bodies. From these discussions in the past, it can be seen that the proposal would still need a stronger consensus in society.

As I have pointed out in the beginning, the Department of Health as a regulator of private sector health care services will investigate the case whenever medical incidents are made known or complaints against health care services are received. The Hospital Authority (HA) has set up a two-tier compliant mechanism with checks and balances. If another independent Office to handle health service complaints is set up, would it lead to a duplication of functions and become a superfluous structure? This is a problem which we have to consider carefully.

As a matter of fact, issues involved in complaint cases will at the end of the day handled by the court. Our judicial system has taken into account the need for health care litigation. An example is that if the party concerned hopes to initiate legal action with respect to a health care case, he can apply for legal aid. In addition, on litigation concerning personal injury, including medical litigation, the case will be handled by some special Judge. As the existing judicial system is operating well, if an independent Office is set up to handle health service complaints, not only will it be unable to reduce the workload of the courts but will eventually prolong the dispute between the complainant and the complainee and also intensify the conflicts between them. Also, legal expenses will increase at the same time.

There is room for further improvement in our existing complaint handling mechanism. During the past few years, we have done a lot in promoting a dialogue between various agencies and the public. This enables the public to

know more about the functions, uses and procedures in handling complaints in these complaint mechanisms. As for the so-called one-stop service, the HA has placed a patients relations officer or patients relations manager in each hospital and their function is also to handle complaints from patients and their families and offer assistance in this respect. At times, assistance is given to them to take legal action. The Medical Council has also a number of administrative measures in place to enhance the existing complaints mechanism, these include:

- the quorum for meetings of the Preliminary Investigation Committee must include at least one lay member;
- the chairman or vice-chairman of the Preliminary Investigation Committee must first obtain the consent of one lay member before a complaint can be rejected, otherwise, the complaint must be referred to the Preliminary Investigation Committee for consideration, and
- booklets are published for distribution on how a complaint can be lodged, the ambit of the Medical Council and assistance given to the complainant to collect the relevant evidence.

These measures will help the public understand the channels and procedures for lodging a complaint with the Medical Council. Also the credibility and transparency of the complaint handling mechanism are boosted. Besides, the Medical Council has also told the Government that it hopes to increase the number of lay members. I hope these suggestions can further ensure that the Medical Council can make a more objective analysis in handling complaints and enhance public confidence. We will consider how these suggestions can be put into practice.

To raise the quality of health care services and better protect the safety of the patients, apart from perfecting the existing complaint handling mechanism, there is also a need to set up a sound quality assurance mechanism and adopt a proactive and systematic approach to assess and oversee the services provided by service providers like hospitals and make improvements to address inadequacies. These will meet the ever-increasing public expectations. To this end, the HA is working on a pilot scheme on hospital accreditation for public hospitals. Hospital accreditation is widely used in the international community as an

effective way to improve the quality of health care service. The objective of the pilot scheme is to align the services provided by public hospitals with international standards, thereby improving management and service quality in the hospitals and boost public confidence in the quality of health care services. As far as I know, international experience shows that implementing a hospital accreditation scheme can promote mutual trust between the public and the health care service providers, and also reduce complaints and abuses of the complaint mechanism. The HA is now inviting tenders for the scheme so as to engage international health care service accreditation agencies for their input.

I wish to mention that over the past two or three years, I had said to the private hospitals that I hoped that the same hospital accreditation mechanism can be used on both public and private hospitals.

President, we already have in place a regulatory system with professional autonomy for the health care profession. We attach great importance to perfecting the current mechanism for handling health service complaint. We also maintain close ties with various professional regulatory bodies to ensure that the mechanism is able to handle complaints effectively. I wish to stress in particular that any change made to the system must be based on the premise of offering better protection to the rights and interest of the patients. It must never do anything to affect the mutual trust between patients and health care service providers. We should also consider carefully whether or not these changes to the system will bring along any counter-productive effects to the patients, especially when these changes may cause some medical staff to abandon the use of innovative treatments on the patients in order to protect themselves, or refuse to accept other challenges in treatment. In the end, the patient-centred philosophy will be hampered. I do not think this is a situation which the people wish to see. I hope that with the concerted efforts made by various quarters, the mechanism in handling health service complaints will be improved while at the same time, quality health care services and the interests of the patients will be given a boost. I understand that Members have expectations in this respect. I hope Members can offer their assistance to our work in a fair and objective manner.

Thank you, President.

PRESIDENT (in Cantonese): I now put the question to you and that is: That the amendment made by Mr CHAN Hak-kan to Mr Andrew CHENG's motion be passed. Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(No hands raised)

PRESIDENT (in Cantonese): I think the question is agreed by a majority respectively of each of the two groups of Members, that is, those returned by functional constituencies and those returned by geographical constituencies through direct elections, who are present. I declare the amendment passed.

PRESIDENT (in Cantonese): Mr Andrew CHENG, you may now reply and you have 45 seconds. This debate will come to a close after Mr Andrew CHENG has replied.

MR ANDREW CHENG (in Cantonese): President, the Secretary has just said that the Government is now working on a pilot scheme on hospital accreditation for public hospitals. As I have said a while ago, this kind of schemes is no different from the Patient Satisfaction Survey in the past. I understand that this is a good method and direction for improving medical services but I hope that the Secretary would also understand that the motion has already been passed, meaning that Honourable colleagues do not have to vote in a hurry for it has been passed. Nevertheless, I would like to tell the Secretary and I hope he would understand that, basically, this motion and the pilot scheme that he has just mentioned can proceed in parallel. Thank you, President.

PRESIDENT (in Cantonese): I now put the question to you and that is: That the motion moved by Mr Andrew CHENG, as amended by Mr CHAN Hak-kan, be passed.

PRESIDENT (in Cantonese): Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(No hands raised)

PRESIDENT (in Cantonese): I think the question is agreed by a majority respectively of each of the two groups of Members, that is, those returned by functional constituencies and those returned by geographical constituencies through direct elections, who are present. I declare the motion as amended passed.

NEXT MEETING

PRESIDENT (in Cantonese): I now adjourn the Council until 3.00 pm tomorrow.

Adjourned accordingly at five minutes past Seven o'clock.

Appendix I

WRITTEN ANSWER

Written answer by the Secretary for Home Affairs to Mr KAM Nai-wai's supplementary question to Question 2

As regards the breakdown of the estimated income of \$43 million of the 2009 East Asian Games, the requested information is as follows:

Breakdown of Estimated Income

<i>Item</i>	<i>Amount (HK\$ million)</i>
(i) Admission tickets	12
(ii) Charged accommodation for athletes and officials	10
(iii) Fund-raising and promotional activities	15
(iv) Others (including sale of merchandise, broadcasting rights, and so on)	6
Total	43

Appendix II

WRITTEN ANSWER

Written answer by the Secretary for Home Affairs to Mr CHEUNG Kwok-che's supplementary question to Question 5

Details of the annual expenditure of the Ping Wo Fund since its establishment in September 2003 to December 2008, as well as the estimated expenditure in 2009 are as follows:

<i>Year</i>	<i>Public education and publicity programmes</i>	<i>Research on gambling-related matters</i>	<i>Provision of counselling and treatment services to problem or pathological gamblers</i>
2003	\$1,500,000	\$130,000	\$1,750,000
2004	\$4,480,000	\$351,000	\$7,000,000
2005	\$3,000,000	\$351,000	\$7,532,000
2006	\$2,700,000	\$668,000	\$7,000,000
2007	\$2,500,000	-	\$9,600,000
2008	\$600,000	\$300,000	\$9,600,000
2009 (estimate)	\$3,900,000	\$541,000	\$9,383,340

Appendix III

WRITTEN ANSWER

Written answer by the Secretary for Security to Ms Emily LAU's supplementary question to Question 6

As regards the number of reportable complaints received by the Complaints Against Police Office (CAPO) and the number of observations conducted by the Independent Police Complaints Council (IPCC) members and observers respectively, CAPO received 2 542, 2 569 and 2 714 reportable complaints in 2006, 2007 and 2008 respectively.

Statistics on observations attended by IPCC members and observers on interviews and collection of evidence conducted by the police in handling reportable complaints during the same period are set out below:

<i>Year</i>	<i>Number of observation sessions attended by IPCC members</i>	<i>Number of observation sessions attended by IPCC observers</i>
2006	4	313
2007	13	250
2008	8	539