

立法會
Legislative Council

LC Paper No. CB(2)627/18-19

(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Tuesday, 24 April 2018, at 4:30 pm
in Conference Room 3 of the Legislative Council Complex

- Members present** :
- Prof Hon Joseph LEE Kok-long, SBS, JP (Chairman)
 - Hon Tommy CHEUNG Yu-yan, GBS, JP
 - Hon WONG Ting-kwong, GBS, JP
 - Hon Starry LEE Wai-king, SBS, JP
 - Hon CHAN Kin-por, GBS, JP
 - Hon Mrs Regina IP LAU Suk-ye, GBS, JP
 - Hon Paul TSE Wai-chun, JP
 - Hon YIU Si-wing, BBS
 - Hon Charles Peter MOK, JP
 - Hon CHAN Chi-chuen
 - Hon CHAN Han-pan, JP
 - Hon Alice MAK Mei-kuen, BBS, JP
 - Dr Hon KWOK Ka-ki
 - Dr Hon Fernando CHEUNG Chiu-hung
 - Dr Hon Helena WONG Pik-wan
 - Dr Hon Elizabeth QUAT, BBS, JP
 - Hon POON Siu-ping, BBS, MH
 - Dr Hon CHIANG Lai-wan, JP
 - Hon CHU Hoi-dick
 - Dr Hon Junius HO Kwan-yiu, JP
 - Hon SHIU Ka-fai
 - Hon SHIU Ka-chun
 - Hon KWONG Chun-yu
- Members attending** :
- Hon WU Chi-wai, MH
 - Hon HO Kai-ming
 - Hon Tony TSE Wai-chuen, BBS

Member absent : Dr Hon Pierre CHAN (Deputy Chairman)

Public Officers attending : Items III to VI

Dr CHUI Tak-yi, JP
Under Secretary for Food and Health

Item III

Dr Constance CHAN Hon-yea, JP
Director of Health

Dr Cindy LAI Kit-lim, JP
Deputy Director of Health

Mr Ian CHIN Cheuk-hong
Principal Assistant Secretary for Food and Health
(Health) Special Duties 2
Food and Health Bureau

Dr Heston KWONG Kwok-wai, JP
Head, Emergency Response and Information Branch
Department of Health

Dr CHEUNG Ngai-tseung
Head of Information Technology and Health Informatics
Hospital Authority

Item IV

Miss Linda LEUNG Ka-ying
Principal Assistant Secretary for Food and Health (Health) 2
Food and Health Bureau

Mr LEUNG Kam-moon
Acting Assistant Director (Quantity Surveying)
Architectural Services Department

Mr Michael LI Kiu-yin
Chief Project Manager 202
Architectural Services Department

Item V

Mr Chris FUNG Pan-chung
Principal Assistant Secretary for Food and Health (Health) 3
Food and Health Bureau

Dr Jenny LAM
Hospital Chief Executive, Kowloon Hospital and Hong
Kong Eye Hospital
Hospital Authority

Dr LEE Che-kin
Deputising Chief of Service (Psychiatry), Kowloon Hospital
Hospital Authority

Item VI

Miss Amy YUEN
Deputy Secretary for Food and Health (Health) 2
Food and Health Bureau

Dr Jeff LEE Pui-man
Head (Tobacco Control Office)
Department of Health

Clerk in attendance : Ms Maisie LAM
Chief Council Secretary (2) 5

Staff in attendance : Miss Kay CHU
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Miss Maggie CHIU
Legislative Assistant (2) 5

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- I. Information paper(s) issued since the last meeting**
[LC Paper Nos. CB(2)1085/17-18(01), CB(2)1153/17-18(01) and
CB(2)1198/17-18(01)]

Members noted that the following papers had been issued since the last meeting:

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- (a) Referral from the Subcommittee on Hospital Authority Ordinance (Amendment of Schedule 1) Order 2018 on the progress of development of the Hong Kong Children's Hospital;
- (b) Referral from the Bills Committee on Chinese Medicine (Amendment) Bill 2017 on review of the Chinese Medicine Ordinance (Cap. 549); and
- (c) Letter dated 10 April 2018 from the Administration on the carrying out of a public consultation on regulation of advanced therapy products by the Department of Health ("DH") from 3 April to 2 June 2018.

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)1218/17-18(01) and (02)]

2. Members agreed that the Panel would discuss the subjects "Strategy and action plan to prevent and control non-communicable diseases in Hong Kong" and "Reprovisioning of Fu Shan Public Mortuary" as proposed by the Administration at the May regular meeting scheduled for 21 May 2018 at 4:30 pm.

(Post meeting-note: Arising from the discussion of agenda item VI as set out in paragraph 43 below, a new item "Matters arising from the meeting on 24 April 2018" has been added to the agenda for the May regular meeting for discussion on the proposal for the Research Office of the Information Services Division of the LegCo Secretariat to study the regulation and health effects of electronic cigarettes ("e-cigarettes") and heat-not-burn tobacco products ("HTPs"). Separately, subsequent to the meeting, the Chairman has directed that another item be added to the said agenda for consideration of the proposal put forth by Mr CHAN Han-pan and Dr CHIANG Lai-wan in their joint letter dated 3 May 2018 (LC Paper No. CB(2)1326/17-18(01)) for setting up a subcommittee under the Panel on issues relating to the support for cancer patients.)

III. Information technology enhancement project of Department of Health

[LC Paper No. CB(2)1218/17-18(03)]

3. The Chairman reminded members that in accordance with Rule 83A of the Rules of Procedures, they should disclose the nature of any direct or

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indirect pecuniary interests relating to this funding proposal before they spoke on the subject.

4. Under Secretary for Food and Health ("USFH") briefed members on the proposal on the first stage of DH's Strategic Plan to Re-engineer and Transform Public Services ("SPRINT-1"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1218/17-18(03)).

Clinical Information Management System of DH

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5. Holding the view that information provided in the Administration's paper was not comprehensive enough to facilitate members' consideration of the funding proposal for SPRINT-1, Dr Elizabeth QUAT said that the Democratic Alliance for the Betterment and Progress of Hong Kong had reservation on the proposal at this stage. She requested the Administration to provide in writing the details of the 35 projects under the four key initiatives of SPRINT-1 (i.e. clinical services improvement, business support and enablement, Information technology operations enablement, and studies for future developments). Dr KWOK Ka-ki and Mr POON Siu-ping made similar requests. Director of Health ("DoH") highlighted the scope of the proposed projects under the four initiatives of SPRINT-1 as set out in paragraphs 12 to 17 of the Administration's paper.

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6. While expressing support for the development of SPRINT-1, Mr Charles MOK and Dr KWOK Ka-ki asked whether the enhancement and extension of DH's Clinical Information Management System ("CIMS") under Initiative 1 - Clinical services improvement would leverage upon the Clinical Management System ("CMS") of the Hospital Authority ("HA") which was well developed. Dr Elizabeth QUAT sought written elaboration as to how the interface among DH's enhanced CIMS, HA's CMS and the electronic medical record systems of private healthcare providers would be improved in the longer term to facilitate data sharing and analytics. Mr POON Siu-ping asked about the role of HA in SPRINT-1. Mr WU Chi-wai expressed support to the direction of improving the information technology systems of DH. However, he was concerned about why DH had to develop new modules for its CIMS but not adopted the relevant modules of CMS of HA directly or integrated the two systems into one single system in order to save time, cost and manpower of health informatics professionals involved in the development of CIMS.

7. USFH and Head, Emergency Response and Information Branch of DH ("H/ERIB, DH") explained that certain types of clinical and healthcare services provided by DH, such as child and student health assessment services, required the development of unique modules within DH's CIMS.

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The enhanced CIMS would be fully interfaced with the Electronic Health Record Sharing System ("eHRSS") to enable DH to share and view the health records of those patients registered with eHRSS. Head of Information Technology and Health Informatics, HA added that it was proposed to leverage on HA's expertise and know-how in relation to the development of CMS and eHRSS to help DH develop the various components under Initiative 1. While HA would serve as the technical agency in this regard, a substantial portion of development work would be sourced from the private sector. Such tasks included not only purchase of products and commissioning of studies but also engagement of contractors and technical staff as well as procurement of services.

8. Dr Elizabeth QUAT sought information about (a) the existing establishment of HA for supporting its CMS and/or being the technical agency for the development and operation of eHRSS, and the additional manpower required by HA for serving as the technical agency for the initiative on clinical services improvement under SPRINT-1; and (b) a detailed breakdown by the work to be performed by HA and the work to be sourced from the private sector of the \$1,057 million estimated non-recurrent expenditure for SPRINT-1. USFH said that it was expected that over 60% of the budget to be spent by HA on DH's behalf would be outsourced to the private sector. The requisite information would be provided in writing after the meeting.

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Implementation of SPRINT-1

9. Mr POON Siu-ping noted that the implementation of SPRINT-1 would bring about, among others, an estimated notional recurrent staff cost saving of \$81.4 million from 2026-2027 onwards as a result of savings on fragmented staff efforts due to improved operational efficiency. He asked whether this meant that a staff cut in DH would be resulted.

10. DoH replied in the negative. H/ERIB, DH supplemented that the planning, development, coordination and implementation of SPRINT-1 would require a project team comprising staff with expertise in policy and legal issues, medical and clinical services, project management, health informatics and IT. In response to the Chairman's enquiry, H/ERIB, DH affirmed that DH would absorb the additional staff cost from within its resources and review the manpower requirements as the project progressed.

11. While expressing support for the development of SPRINT-1, Dr Fernando CHEUNG considered that key performance indicators should be developed to measure the effectiveness of SPRINT-1 in various areas, such as improvement in the efficiency in the delivery of clinical and health

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services by DH, the monitoring of communicable diseases and the identification and follow up of at-risk cases by the Maternal and Child Health Centres ("MCHCs"). Holding the view that the websites of various service units under DH were not user-friendly and attractive enough to members of the public, Dr KWOK Ka-ki asked if the implementation of SPRINT-1 would enable a more interactive mode of dissemination of health information to the public.

12. DoH advised that it was expected that the implementation of SPRINT-1 would enhance efficiency of various work and services of DH, such as the reporting of infectious disease cases by private doctors and case referrals by MCHCs, through replacement of paper-based workflow and redundant manual operations. Upon completion of SPRINT-1, the monthly number of electronic health records to be shared by DH via eHRSS was expected to increase from the current 30 000 entries to 200 000 entries in 2024, and further to 400 000 entries in 2026. USFH added that with the development of SPRINT-1, DH's mobile applications would be expanded to bring greater convenience to the public.

Conclusion

13. In closing, the Chairman concluded that the Panel did not object to the submission of the funding proposal to the Finance Committee for consideration.

IV. Creation of one supernumerary Chief Quantity Surveyor post in the Architectural Services Department for the implementation of the 10-year Hospital Development Plan

[LC Paper Nos. CB(2)1218/17-18(04) and (05)]

14. The Chairman reminded members that in accordance with Rule 83A of the Rules of Procedures, they should disclose the nature of any direct or indirect pecuniary interests relating to this funding proposal before they spoke on the subject.

15. USFH briefed members on the Administration's proposal to create a supernumerary Chief Quantity Surveyor ("CQS") (D1) post under the Quantity Surveying Branch of the Architectural Services Department ("ArchSD") to strengthen professional support in quantity surveying for the delivery of the projects under the 10-year Hospital Development Plan ("HDP") at strategic level ("the staffing proposal"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1218/17-18(04)).

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16. Members noted the information note entitled "10-year Hospital Development Plan" prepared by the Legislative Council ("LegCo") Secretariat (LC Paper No. CB(2)1218/17-18(05)).

17. Dr KWOK Ka-ki said that the Civic Party was supportive of the staffing proposal. He hoped that the proposed CQS could ensure that the project costs would be kept within the cost cap of \$200 billion for the first 10-year HDP. Expressing support for the staffing proposal, Mr Tony TSE remarked that the proposed CQS played an important role of providing professional technical advice on cost aspect of project delivery, particularly cost estimating at the design stage.

18. Acting Assistant Director (Quantity Surveying), ArchSD ("AAD(QS), ArchSD") advised that the creation of the proposed CQS post would strengthen the directorate support in ArchSD in performing its role of vote controller of the healthcare projects to ensure sound budget control within the cost cap through cost management, devising procurement and contract strategy, as well as risk and value management. In respect of the building design, the proposed CQS would assess the available design options with due consideration of the value for money principle and life cycle cost implication.

19. While expressing support for the staffing proposal, Dr Fernando CHEUNG remarked that the design of healthcare infrastructure should be patient-centred. He called on the Administration to gauge the service users' views on the healthcare projects. Mr WU Chi-wai remarked that additional space should be provided for under various hospital projects for future expansion of the hospitals concerned to meet the healthcare needs of a growing population. Citing the case whereby the height of a healthcare infrastructure might be restricted by the plot ratio of the site as an example, Mr HO Kai-ming was concerned about how far the Administration would endeavour to meet the expectation of the community on the design of the healthcare infrastructure. Mr Tony TSE was of the view that professionals of ArchSD in both the architectural and quantifying surveying disciplines should play a greater role in the design process of the healthcare projects to enhance cost control.

20. USFH advised that the role of the facility in the relevant hospital cluster and the need to upgrade the facility comparable to international and modern standards (e.g. distance between beds in hospital wards and area of an operating theatre) were, among others, prime consideration of HA and the Administration in designing the healthcare infrastructure concerned. Efforts had been and would continuously be made to gauge the view of the clinical staff and service users in the planning process. AAD(QS), ArchSD

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added that many of the healthcare projects adopted the design-and-build procurement approach. ArchSD would maintain close communication with the contractors during the design process.

21. Dr Helena WONG sought elaboration about the respective roles and responsibilities of ArchSD and HA in the delivery of healthcare projects under the first 10-year HDP. Mr WU Chi-wai raised a similar question. He was particularly concerned about the party to be held accountable for cost overrun, if any, in these projects.

22. AAD(QS), ArchSD advised that ArchSD, being the vote controller of all healthcare projects under the 10-year HDP, was responsible to ensure government funds were spent in a cost-effective manner on these projects. ArchSD or HA would assume the role of works agent for individual projects under the 10-year HDP, and be responsible for building design and engagement of works contractors to implement the projects concerned. For those projects where HA took up the role of works agent, ArchSD would act as the technical adviser to ensure that these projects conformed to government requirements. AAD(QS), ArchSD further advised that in the past five years, none of the 57 projects where ArchSD was the works agent had cost overruns. To facilitate members' better understanding of the respective roles and responsibilities of ArchSD and HA in the delivery of healthcare projects under the first 10-year HDP, he undertook to provide, with the aid of a flowchart, supplementary information in this regard in writing. The Chairman remarked that the relevant information should also be set out in the paper for the staffing proposal to be provided by the Administration for the Establishment Subcommittee ("ESC").

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23. Dr Helena WONG asked whether the proposed CQS would, apart from providing input in the planning process of the second 10-year HPD, provide support for the delivery of the healthcare projects concerned. AAD(QS), ArchSD replied in the negative, adding that the duration of the proposed post was about nine years from 2018-2019 to 2026-2027 to tally with the coverage period of the first 10-year HDP. Mr POON Siu-ping said that he did not object to the staffing proposal. However, he was concerned about whether the duration of the proposed post should be a bit more than nine years for contingency purpose. AAD(QS), ArchSD advised that ArchSD would keep in view the manpower requirement as the projects progressed. In response to Dr KWOK Ka-ki's call for an early planning of the second 10-year HDP, USFH assured members that the Administration and HA would start the work as soon as practicable.

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Conclusion

24. In closing, the Chairman concluded that the Panel did not object to the submission of the staffing proposal to ESC for consideration.

V. Proposed extension of Kowloon Psychiatric Observation Unit
[LC Paper No. CB(2)1021/17-18(01)]

25. USFH briefed members on the plan of HA to extend the Kowloon Psychiatric Observation Unit ("the Unit") by opening a new "gazetted" ward, with an increase in the number of "gazetted" beds from 180 to 220 (by adding 40 beds or 22%) by October 2018 to meet service demand, details of which were set out in the Administration's paper (LC Paper No. CB(2)1021/17-18(01)).

26. Dr Helena WONG sought information about the additional provision earmarked by HA to cope with the setting up of the new ward. Hospital Chief Executive, Kowloon Hospital and Hong Kong Eye Hospital, HA ("HCE/KH & HEH, HA") advised that a one-off provision of around \$14 million had been allocated for the purpose. With the commencement of the operation of the new ward, the yearly recurrent expenditure to support the operation of the Unit would be about \$41 million.

27. Dr Helena WONG asked about the additional manpower required to support the operation of the new ward. Mr POON Siu-ping enquired about the staff recruitment progress in this regard. He asked whether existing staff of the Unit would have to share out the extra workload arising from the operation of the new ward in case some vacancies had yet been filled when the ward commenced operation in October 2018.

28. HCE/KH & HEH, HA and Deputising Chief of Service (Psychiatry), Kowloon Hospital, HA ("DCS(P)/KH, HA") advised that at present, the Unit had 31 psychiatric doctors, 243 nurses, 12 community psychiatric nurses, 11 clinical psychologists and 27 occupational therapists. The opening of the new ward required an additional of three psychiatric doctors, 23 psychiatric nurses, three allied health staff and 30 supporting staff. Separately, the Officer-in-charge of the Medical Social Services Unit concerned would keep in view the manpower requirement for medical social workers in the light of the opening of the new ward. At the request of the Chairman, DCS(P)/KH, HA agreed to advise in writing the respective numbers of doctors, psychiatric nurses and allied health staff (with a breakdown by the grades involved), as well as the respective ratios of these healthcare professionals to patients, to support the operation of the Unit before and after the new ward commenced operation.

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29. Mr SHIU Ka-chun welcomed the setting up of the new ward. Noting that the attrition number outnumbered the intake number of psychiatric doctors of the Kowloon Central and Kowloon East Clusters in 2017, he was concerned about whether the addition of three psychiatric doctors could cope with the additional workload arising from the opening of the new ward. Dr Helena WONG expressed concern about the manpower shortage problem of HA's psychiatric stream.

30. USFH and DCS(P)/KH, HA advised that various measures had been implemented by HA to attract and retain medical staff, which included enhancing training opportunities, re-employing suitable serving doctors upon their retirement to retain suitable expertise for training and knowledge transfer and recruiting part-time doctors. It was expected that the increase in the number of local medical graduates in 2018 would help relieve the medical manpower pressure in the pressurized areas. Where necessary, psychiatric doctors of HA would be flexibly deployed to cope with the operational needs.

31. Dr Fernando CHEUNG was concerned that more than half of the some 10 reported cases of alleged indecent assault involving inpatients of public hospitals in the past five to six years occurred in psychiatric wards. Some of these cases involved mentally-ill patients under the age of 18. He asked about whether and, if so, what measures would be implemented by HA to strengthen the operational security of the new ward in the light of the findings of the independent review panels set up by HA to identify the causes of these incidents and make recommendations on improvement measures.

32. HCE/KH & HEH, HA and DCS(P)/KH, HA advised that measures implemented by HA to prevent recurrence of events of a similar nature included, among others, strengthening the identification of vulnerable and high-risk patients (e.g. adolescent patients and patients incapable of self-care) and arranging designated wards and toilets for these patients; strengthening the patrolling of psychiatric wards; enhancing patient education to increase their awareness in prevention of indecent assault incidents as well as responding to such incidents; and installing additional surveillance equipment (including CCTV system) as appropriate.

Conclusion

33. In closing, the Chairman concluded that the Panel did not object to the gazettal of the Declaration of Mental Hospital (Consolidation)

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(Amendment of Schedule) Order 2018 to give effect to the proposed extension of the Unit.

VI. Smoking ban at bus interchanges leading to tunnels or expressways

[LC Paper Nos. CB(2)1218/17-18(06) and (07)]

34. USFH briefed members on the findings of the survey carried out by the Tobacco Control Office ("TCO") during April to May 2017 to evaluate the designation of no smoking areas ("NSAs") at the eight bus interchanges ("BIs") at tunnel portal areas since March 2016 ("the survey"), as well as the legislative proposal to extend the smoking ban to the remaining three BIs leading to expressways or tunnels, namely Tuen Mun Road BI, Lantau Toll Plaza BI, and Aberdeen Tunnel BI ("the NSA legislative proposal"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1218/17-18(06)).

35. Members noted the background brief entitled "Smoking ban at bus interchanges located at the tunnel portal areas" prepared by the LegCo Secretariat (LC Paper No. CB(2)1218/17-18(07)).

36. Noting that eight of the 11 BIs leading to expressways or tunnels had been designated as NSAs with effect from March 2016, Dr Helena WONG asked why the Administration did not implement smoking ban at all the 11 BIs in one go. Mr SHIU Ka-fai said that he was supportive of the legislative proposal. Head (Tobacco Control Office), DH ("H(TCO), DH") explained that the extension of smoking ban to the eight BIs located at tunnel portal areas was an initial step for testing the feasibility of expanding NSAs to other public transport facilities. Having regard to the support from the vast majority of the respondents of the survey, the Administration now proposed to extend the smoking ban to the remaining three BIs. Each of these three BIs had about 26 to 71 bus routes for passenger interchange. Dr Junius HO declared that he was a non-smoker. Expressing support for the legislative proposal, he remarked that areas where smoking was not prohibited should be provided for at the BIs concerned to cater for the need of smokers. Separately, the Administration should explore the feasibility of introducing legislative proposal in the future to protect people from passive smoking on the street.

37. Dr Junius HO cast doubt on the effectiveness of enforcement actions against persons who contravened the smoking ban in all NSAs of the territory given the small number of staff of TCO responsible for carrying out frontline enforcement and prosecution duties. H(TCO), DH advised

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that a designated enforcement team had been set up under TCO since 2016 to conduct inspections at the eight BIs at tunnel portal areas. Apart from handling complaints, the team would also arrange proactive inspections at these locations. During the period from March 2016 to December 2017, the team carried out over 1 720 inspections at the eight BIs concerned, and the number of fixed penalty notice or summons so issued reached 1 600. He assured members that TCO would keep in view the manpower requirement and conduct review in this regard as and when appropriate to ensure effective enforcement of the smoking ban at NSAs.

38. Dr Helena WONG noted with concern that some respondents of the survey were not aware that the eight BIs at tunnel portal areas had been designated as NSAs after implementation of the smoking ban for 12 months. In her view, the Administration should take steps to prevent smokers from unknowingly contravening the law. Highlighting the measures that had been taken by the Administration to step up publicity on the smoking ban at the eight BIs as set out in paragraph 6 of the Administration's paper, H(TCO), DH pointed out that the survey findings revealed that about 70% of the respondents who were interviewed face to face at the designated NSAs at the eight BIs at tunnel portal areas were aware of the statutory smoking restriction.

39. The Chairman and Mr SHIU Ka-fai sought clarification as to whether smoking e-cigarettes or HTPs at statutory NSAs, including those at BIs, was an offence. H(TCO), DH replied that any person smoking e-cigarettes or HTPs at statutory NSAs would be prosecuted. He added that as stipulated in the Smoking (Public Health) Ordinance (Cap. 371), no person should smoke or carry a lighted cigarette, cigar or pipe in an NSA; and "smoke" was defined as "inhaling and expelling the smoke of tobacco or other substance". As such, any person who smoked (including e-cigarettes) in a statutory NSA would be prosecuted.

40. Noting that there were views that e-cigarettes and HTPs were less harmful than cigarettes and other tobacco products, Dr Helena WONG asked about the scientific evidence to justify that smoking e-cigarettes or HTPs at statutory NSAs would constitute an offence as was the case of smoking or carrying a lighted cigarette, cigar or pipe in an NSA. H(TCO), DH stressed that there was scientific evidence showing that the use of e-cigarettes or HTPs was harmful to health.

41. Mr SHIU Ka-fai said that to his understanding, about 10% of the smoking population in Hong Kong was using e-cigarettes or HTPs, which were considered less harmful as compared with other tobacco products. He urged the Administration to introduce as early as possible a regulatory

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regime similar to the current regulatory regime for cigarettes and other tobacco products to cater specifically to e-cigarettes and HTPs. He was also concerned about whether e-cigarettes would be subject to taxation under the Dutiable Commodities Ordinance (Cap. 109). Dr Helena WONG asked about the Administration's plan to regulate these new products.

42. Deputy Secretary for Food and Health (Health) 2, FHB advised that the Administration was examining issues relating to regulation of e-cigarettes and other new tobacco products, and would revert to the Panel as and when appropriate. At present, the Dutiable Commodities Ordinance had clearly defined tobacco that would be subject to charging of duties in Hong Kong.

Conclusion

43. In closing, the Chairman said that members' concern, if any, over the NSA legislative proposal could be further examined by the subcommittee to be formed to study the subsidiary legislation. Separately, the Administration should brief the Panel on its legislative proposal in relation to e-cigarettes and other new tobacco products as soon as it was in a position to do so. Dr Helena WONG proposed that the Research Office of the Information Services Division of the LegCo Secretariat should be requested to conduct a study on the regulation and health effects of e-cigarettes and HTPs to facilitate members' understanding in this regard. The Chairman suggested that the proposal be considered at the May regular meeting of the Panel. Members raised no queries.

VII. Any other business

44. The Chairman reminded members that the Panel would hold a special meeting on 30 April 2018 at 9:30 am to receive views from members of the public on "Role and operation of Chinese Medicine Centres for Training and Research".

45. There being no other business, the meeting ended at 6:53 pm.