

# 立法會 *Legislative Council*

LC Paper No. CB(2)1335/19-20

Ref : CB2/PL/HS

## **Report of the Panel on Health Services for submission to the Legislative Council**

### **Purpose**

This report gives an account of the work of the Panel on Health Services ("the Panel") during the 2019-2020 session of the Legislative Council ("LegCo"). It will be tabled at the Council meeting of 15 July 2020 in accordance with Rule 77(14) of the Rules of Procedure of the Council.

### **The Panel**

2. The Panel was formed by resolution of the Council on 8 July 1998 and as amended on 20 December 2000, 9 October 2002, 11 July 2007 and 2 July 2008 for the purpose of monitoring and examining Government policies and issues of public concern relating to medical and health services. The terms of reference of the Panel are in **Appendix I**.

3. The Panel comprises 22 members, with Dr Hon CHIANG Lai-wan and Hon CHAN Hoi-yan elected as Chairman and Deputy Chairman respectively. The membership list of the Panel is in **Appendix II**.

### **Major work**

#### Prevention and control of coronavirus disease 2019 in Hong Kong

4. The year of 2020 is off to a challenging start to public health with the confirmation by the Mainland authorities in early January 2020 that a novel coronavirus about which little is known has emerged, causing the cluster of viral pneumonia cases first detected in Wuhan of Hubei Province in December 2019, and later a pandemic from March 2020 onwards. The virus and the disease it causes were subsequently named by the World Health Organization

("WHO") as severe acute respiratory syndrome coronavirus 2 ("SARS-CoV-2")<sup>2</sup> and coronavirus disease ("COVID-19") respectively. Since the reports of the emergence of cluster of pneumonia cases in Wuhan, the Panel has been kept monitoring the measures put in place by the Administration for the prevention and control of COVID-19 in Hong Kong at seven meetings held between January and May 2020. The Panel will receive another briefing from the Administration at its meeting in July 2020.

*Immigration control measures and compulsory quarantine arrangements*

5. At the early stage of the COVID-19 epidemic when the Mainland was the epicentre, many members urged the Administration to take heed of the call from some medical experts for a complete closure of immigration control points to stop the flow of visitors from the Mainland to Hong Kong, albeit that various measures had already been put in place by the Administration in phases to reduce the flow of people between the Mainland and Hong Kong at that time. With the significant increase in the number of overseas countries or areas reporting community transmission of COVID-19 since mid-February 2020 and the characterization of the outbreak of COVID-19 by WHO as a pandemic on 11 March 2020, members were deeply concerned that there had been a surge in confirmed cases in Hong Kong which were dominated by imported or imported-related cases. There were again calls from members that, apart from imposing compulsory quarantine requirements on inbound travellers having stayed in the Mainland (except for exempted persons) and specified places outside China for any period during the 14 days preceding arrival in Hong Kong, the Administration should impose a complete closure of all immigration control points, this time mainly to prevent the virus from being imported from overseas. Some members were also concerned about the arrangement that only those inbound travellers arriving via the Hong Kong International Airport ("HKIA") with upper respiratory symptoms were required to undergo viral tests at the temporary COVID-19 test centres at AsiaWorld-Expo and wait for the laboratory tests there. The Panel passed two motions at the meeting on 20 March 2020 urging the Administration to, among others, deny the entry of all non-Hong Kong residents to Hong Kong through different immigration control points and conduct viral tests for all inbound travellers.

6. The Administration advised that it had all along adopted a risk-based approach in formulating immigration control measures. It was announced that with effect from 25 March 2020 until further notice, all non-Hong Kong residents coming from overseas countries and regions by plane would be denied entry to Hong Kong; non-Hong Kong residents coming from the Mainland, Macao and Taiwan would be denied entry to Hong Kong if they had been to any overseas countries and regions in the past 14 days; all transit services at HKIA

would be suspended; and all travellers coming from, or having stayed in, Macao and Taiwan would be subject to a 14-day compulsory quarantine, which was the same as the arrangements for arrivals from the Mainland. The above apart, starting from 8 April 2020, all asymptomatic inbound travellers arriving at HKIA would be mandated to immediately proceed to the temporary specimen collection centre of the Department of Health ("DH") at AsiaWorld-Expo to collect their deep throat saliva samples at the venue. The above arrangement was later refined to require those inbound travellers who arrived on flights in the morning to wait for the viral test results at the centre. For inbound travellers who arrived on flights in the afternoon or at night and hence, whose test results would not be available on the same day, they would be taken to DH's Holding Centre for Test Result in the Regal Oriental Hotel in Kowloon City to wait for their test results. Those who were tested positive would be arranged for admission to hospital for treatment while the close contacts who travelled with them would be sent to designated quarantine centres. There was a call from members that the Administration should put in place measures to ensure that the latter arrangement would not pose health risks to the community of the Kowloon City District.

7. Taking into account that the number of cases reported in the Mainland had been decreasing since the peak in mid-February 2020, there were calls from some members in April 2020 that persons who had genuine business needs for travelling between Hong Kong and the Mainland, such as manufacturers with factories in the Mainland, should be exempted from the 14-day quarantine requirement under the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C). Members were subsequently advised that in view of the latest situation of COVID-19, the Regulation had been amended to provide a legal framework for broadening the exemption of persons or category of persons from compulsory quarantine with effect from 29 April 2020 to cover, among others, travellers whose travelling was necessary for purposes relating to manufacturing operations, business activities or provision of professional service in the interest of Hong Kong's economic development. Some members returning from different functional constituencies urged the relevant government bureaux to expeditiously hammer out the exemption arrangement for various categories of persons for consideration of the Chief Secretary for Administration. There was, however, a concern about exempting crew members of aircrafts, goods vessels and passenger ships from compulsory quarantine arrangement.

8. Stepping into May 2020, members in general considered that with millions of cases recorded worldwide, it was unrealistic to aim for eradication or elimination of COVID-19 in Hong Kong in the near future. Against the above, prevention and control of COVID-19 was expected to be a part of the new

normal of the daily operation of the society. Since the epidemic situation in Hong Kong had become more stabilized in terms of the number of confirmed cases of COVID-19, some members proposed the adoption of the "travel bubble" concept, whereby bilateral arrangement was to be established between Hong Kong and a particular country or place where the outbreak situation was under control and would not pose a public health risk to Hong Kong which was higher than the local risk, such as Macao, Shenzhen and Zhuhai, for gradually resumption of limited traveller movement. The Administration advised that it had adopted a "suppress and lift" strategy thus far and would review the immigration control measures from time to time having regard to the latest health risk assessment.

### *Quarantine facilities*

9. Since mid-March 2020, inbound travellers subject to the 14-day compulsory quarantine requirements were permitted to serve their quarantine at home or other self-nominated places in order to maintain the capacity of the quarantine centres to cope with the requirements for close contacts of confirmed cases and occasional clusters. Members expressed concern about the health risks arising from persons placed under home quarantine given the small living area per capita in Hong Kong. The Panel passed a motion at the meeting on 20 March 2020 urging the Administration to, among others, discuss with the hotel industry the underwriting of suitable hotels as temporary quarantine centres for returning Hong Kong residents, so as to address the issue of insufficient quarantine facilities and lower the risk of second generation spread of the disease in the community. The Administration advised that given that hotels were designed for leisure and recreational purposes, most of the rooms were equipped with central air-conditioning and were enclosed. Hence, they did not meet the requirements of quarantine centres to have independent air-conditioning with fresh air ventilation. That said, hotels could be an option for people who were required to undergo compulsory quarantine under the law.

10. Some members were concerned that prospective tenants who had accepted the advance housing offer of Chun Yeung Estate had experienced serious inconvenience or problems due to the deferred intake arising from the Administration's use of the Estate as a temporary quarantine centre since February 2020. They urged the Administration to announce the timetable for ceasing the use of Chun Yeung Estate as quarantine centre to enable the prospective tenants of the Estate to plan ahead their arrangements for moving in, including switching schools for their young children. The Administration assured members that if the epidemic situation stabilized and there was no local community outbreak with unknown sources by the time the construction of additional quarantine facilities at the government site and the site reserved for

future tourism development at Penny's Bay was completed, it would cease the use of Chun Yeung Estate as quarantine centre as soon as possible, and complete thorough disinfection and relevant repair works such that the prospective tenants could move in as early as possible.

### *Viral testing*

11. Members were concerned about the turnaround time of the COVID-19 viral tests performed by the Centre for Health Protection ("CHP") under DH and the Hospital Authority ("HA") and the testing capacity of public institutions. There were suggestions that Hong Kong should consider employing newly developed rapid tests to expedite the identification of confirmed cases. There were also views that the Administration should enhance its testing capacity and provide large-scale viral testing for COVID-19 to ascertain whether there were invisible virus transmission chains in the community. Members were advised that sensitivity and accuracy was the Administration's prime consideration in determining the type of viral test to be employed. HA had introduced a rapid test kit in mid-April 2020 which could extract and amplify nucleic acids in a fully automated manner for use at the Accident and Emergency Departments in public hospitals. The turnaround time would be shortened to less than an hour, and around 2 000 rapid tests could be performed each week. The Administration was also enhancing its testing capacity in different ways. Separately, the Administration would provide support for various research studies on COVID-19 under the Health and Medical Research Fund which would cover, among others, real-time population-based sero-epidemiological studies of COVID-19 in the community to help identify the number of asymptomatic people with COVID-19.

### *Social distancing measures*

12. The Administration published in the Gazette on 27 and 28 March 2020 respectively the Prevention and Control of Disease (Requirement and Directions) (Business and Premises) Regulation (Cap. 599F) to impose certain temporary measures on catering business and scheduled premises for the purpose of ensuring social distancing in respect of the public health emergency concerning COVID-19, and the Prevention and Control of Disease (Prohibition on Group Gathering) Regulation (Cap. 599G) which prohibited certain group gatherings in public places. Members in general agreed that maintaining social distancing was a key to cut the virus transmission chain and delay the spread of COVID-19 in Hong Kong and called for stringent enforcement actions to detect breach cases. However, some members were of the view that the Police, being one of the enforcement departments of the Prevention and Control of Disease

(Prohibition on Group Gathering) Regulation, had made use of the Regulation to clamp people's freedoms. With the COVID-19 situation in Hong Kong having stabilized since mid-April 2020, some members called on the Administration to ensure an optimal balance among public health, economic and social needs of the community by lifting some or even all of the prevailing social distancing measures when situation permitted.

### *Response measures of HA*

13. The issue of surge capacity of HA to cope with the outbreak of COVID-19 in Hong Kong was of considerable concern to members. Members noted that apart from activating most of the 1 400-odd isolation beds in public hospitals, HA had subsequently retrofitted one to two general wards in each hospital cluster into standard negative pressure wards to provide about 400 additional standard negative pressure beds for patients who were recovering but had not yet been confirmed negative for the virus. There was a call that HA should enhance the capacity of its isolation facilities in the longer run under the 10-year Hospital Development Plans to prepare for future outbreak of any communicable diseases. Separately, concern were raised over the stockpile of personal protective equipment ("PPE") for frontline healthcare personnel of public hospitals, which had often fallen below the required level of maintaining three month's consumption to cater for operational needs during emergency situation. HA had also revised its infection control guidelines, which covered the PPE to be worn by clinical staff when carrying out different clinical procedures, from time to time since the outbreak of the disease. HA advised that with the development of the novel coronavirus infection, it had expedited the procurement of PPE since January 2020 and at the same time promoting the effective use of PPE. With the exception of N95 respirator, the supply of other PPE items in mid-April 2020 was more stable when compared to the start of the epidemic.

14. Noting that elective surgeries and other non-emergency services of HA had been deferred since mid-February 2020 to focus the manpower resources of public hospitals to combat the epidemic, some members considered that HA should expand the public-private partnership programmes to tap on the private sector to handle those cases with their appointments at public hospitals being deferred by HA, with a view to ensuring that patients would receive timely medical care. There were also calls from members that the Administration should provide HA's frontline healthcare personnel and supporting staff with special allowance to recognize their efforts to address the demand surge arising from the outbreak of the disease, and prescribe COVID-19 as an occupational disease under the Employees' Compensation Ordinance (Cap. 282) to safeguard the interests of employees involving close and frequent contacts with sources of

COVID-19 infection arising from their employment in specified high-risk occupation, including healthcare staff.

*Supply of surgical masks and other PPE*

15. Members expressed strong dissatisfaction that the Administration had failed to take any swift and concrete actions to address the acute shortage and price-gouging of surgical masks in the market that persisted since early January 2020. There were suggestions that the Administration should enhance local production capacity of surgical masks through facilitating the establishment of production lines for adult and children-sized surgical mask; ration the supply such that every Hong Kong resident in need could purchase a designated number of surgical masks at reasonable price; and specify surgical masks as a reserved commodity under the Reserved Commodities Ordinance (Cap. 296). Separately, there was a call that the Administration had to ensure adequate supply of surgical masks and other PPE for all frontline personnel involved in combating the epidemic, such as cleansing workers. The Administration advised that it had been working proactively since mid-January 2020 to increase the overall supply of surgical masks with a multi-pronged approach. A task group was set up under the Commerce and Economic Development Bureau to oversee the issue. Under the Local Mask Production Subsidy Scheme, subsidies had been provided to a maximum of 20 local production lines to facilitate the start of local mask production to help address the imminent shortage as well as to build up stock. In May 2020, the Administration announced that it would distribute free reusable CuMask+™ developed by the Hong Kong Research Institute of Textiles and Apparel to all Hong Kong citizens. Some members, however, expressed concern that the face mask was only suitable for general protection but not for use in high-risk places such as hospitals and clinics.

*Risk communication*

16. Members were of the view that to effectively tackle the disease, the Administration had to alleviate the public's anxiety through timely dissemination of information in an open and transparent manner. In addition, in view of the prevalence of voluminous disease-related fake news and rumors on the internet, in particular during the early stage of the outbreak of COVID-19 in Hong Kong, members considered that the Administration should make speedy public clarifications to stem panic. The Administration assured members that the Workgroup on Communications under the Steering Committee cum Command Centre would make sure that the latest and accurate messages are conveyed to all members of the public and stakeholders speedily and effectively. One-stop integrated information could be found at the dedicated government webpage (coronavirus.gov.hk) in various languages.

## Prevention, control and treatment of other diseases

### *Primary healthcare*

17. In a bid to shift the emphasis of the present healthcare system and mindset of members of the public from treatment-oriented healthcare services to prevention-focused, the current-term Government has committed to enhancing district-based primary healthcare services by setting up District Health Centres ("DHCs") in 18 districts progressively. With the commencement of operation of the first DHC in Kwai Tsing District in September 2019, the Panel conducted a visit to the Kwai Tsing DHC and followed up with the Administration on the development of primary healthcare in this session. Some members raised concern that the Kwai Tsing DHC had failed to provide health advice to members of the public to fight the COVID-19 epidemic but had suspended its services during the early stage of the outbreak of the disease. The Administration assured members that the Kwai Tsing DHC would enhance its health promotion service to the public in light of the latest situation of COVID-19. Noting that as announced in the Chief Executive's 2019 Policy Address, DHCs would be set up in six more districts within the current-term Government and smaller interim DHC Express would be established in the remaining 11 districts, members were concerned about whether sites had been earmarked for the relevant purpose. The Administration advised that it had secured the support of the relevant District Councils in respect of the locations of seven DHCs, and aimed at consulting the relevant District Councils on the locations of the other 10 DHCs within the current-term Government.

18. There were suggestions from members that the service scope of DHC and DHC Express should cover screening for osteoporosis. At the Panel's request, the Administration exchanged views with members on its work in relation to prevention of osteoporosis. The Panel also invited deputations to give views on the subject. Members shared deputations' view that other than primary prevention through adopting a healthy lifestyle to build strong and healthy bones at an early age, osteoporosis screening as a tool for secondary prevention was effective against osteoporosis. They expressed disappointment at the Administration's stance that there were still controversies in osteoporosis screening and yet sufficient evidence to support universal screening programme in Hong Kong. The Panel passed two motions urging the Government to include osteoporosis screening as a pilot scheme on primary care services; and provide free osteoporosis screening services for females aged 50 or above and males aged above 65 on a territory-wide basis and arrange follow-up tests for healthy cases, marginal cases and cases with health concerns at five-yearly intervals, three-yearly intervals, and annually respectively.



### *Seasonal influenza*

19. In the session, the Panel continued its effort to examine before the start of the 2019-2020 winter influenza season the preparatory work carried out by the Administration and HA to tackle the expected influenza winter surge. Members were pleased to note that following members' call in the last legislative session, the School Outreach Vaccination Pilot Programme had been regularized from the 2019-2020 winter season onwards, and expanded to cover kindergartens and child care centres on a pilot basis. Members gave various suggestions on ways to increase herd immunity, including targeting education at parents to raise their awareness on the effectiveness of vaccination in preventing their children from receiving seasonal influenza and its complications; providing parents and foreign domestic helpers taking care of the kindergarten students with seasonal influenza vaccination at the school setting if they wished to do so; considering the use of nasal live-attenuated vaccine for young children; and providing free vaccination to all community-living Hong Kong residents aged 50 to under 65 under the Government Vaccination Programme. To ensure HA's surge capacity during the winter surge, members urged HA to further increase the rate of the Special Honorarium Scheme allowance to encourage more healthcare staff to work extra service sessions to meet the service demand; make use of the resources allocated for employment of agency supporting staff to encourage existing supporting staff to augment the manpower during the winter surge period; provide mobile healthcare services in the vicinity of public hospitals at affordable prices; introduce seasonal influenza healthcare vouchers to encourage members of the public to seek medical consultation in the private sector; and reduce the number of meetings and postpone non-urgent meetings so that frontline healthcare staff could focus more on clinical work.

### *Cancer*

20. Cancer is the top killer in Hong Kong. With a growing and ageing population, the number of new cancer cases and related healthcare burden is set to rise. It is projected that with the prevailing trends in incidence and population structure in Hong Kong, the annual number of new cancer cases would increase by around 30% to more than 42 000 by 2030 from current level. With the promulgation of the first Hong Kong Cancer Strategy in July 2019 which attempted to offer a holistic plan for the prevention and control of cancer and step up the support for cancer patients and their carers, the Panel discussed with the Administration the Strategy and the cancer situation in Hong Kong in this session. Holding the view that providing timely cancer screening and treatment to all in need was crucial to reduce the hit rate of cancer, members called on the Administration to introduce cancer screening programmes for

chronic carriers of hepatitis B virus and smokers; implement a population-based mammography screening for the prevention of breast cancer; launch a catch-up programme to enable all secondary and tertiary female students to receive the human papillomavirus vaccination; introduce a cancer drug subsidy programme with a low threshold to relieve the financial pressure of the cancer patients and their family; and subsidize cancer patients in need of medical consumables to cover part of their expenses in this regard. The Administration should also enhance its engagement of relevant community organizations or concern groups to strengthen all-rounded support to cancer patients, cancer survivors and carers. The Panel will further discuss breast cancer screening with the Administration at the meeting in July 2020.

#### Healthcare manpower planning 2020

21. A sustainable healthcare system needs to be supported by adequate and quality healthcare professionals in different disciplines. When the Panel was briefed by the Administration in 2017 on the findings of the first round of manpower projection for the 13 healthcare professions that were subject to statutory registration, members were gravely concerned about the assumption of the projection model and had cast doubt about whether the findings so derived could meet the service demand and improve the service quality in the face of an ageing population and rising expectations for healthcare services. At that time, the Administration had undertaken that manpower planning and projection for these 13 healthcare professions would be conducted once every three years in step with the triennial planning cycle of the University Grants Committee ("UGC"). Holding the view that there was a need for the Administration and The University of Hong Kong ("HKU"), which was commissioned again to conduct the new round of projection, to take into consideration the views of members prior to finalizing the projection results before end 2020, the Panel requested a briefing by the two parties in this regard.

22. Members were pleased to note that HKU would address in the present exercise some suggestions raised during the last round of manpower projection, including the need to conduct manpower projection for specialist doctors and dentists; and differentiate the workforce skills mix for registered nurses and enrolled nurses in order to conduct manpower projections for these two types of nurses respectively. However, they were concerned that as in the case of the last projection exercise, the manpower demand and supply in the base year of the current exercise (i.e. 2017) would be assumed to be at equilibrium under the generic forecasting model. Holding the view that the supply of and demand for public hospital and specialist outpatient services could hardly be regarded as equilibrium as demonstrated by the constant complaint of long waiting time, members requested HKU to take into account factors such as known shortage in

the public and subvented sectors for healthcare professionals, manpower requirement for service enhancement, and service demand arising from the setting up of DHCs or DHC Express across the territory and the incorporation of Chinese medicine into the healthcare system in making the projection. The Panel passed two motions urging that workload indicators, ratio of persons being taken care of to service providers, and a doctor-to-population ratio of not lower than 2.3 (per 1 000 population) be included in the projection. Question was also raised as to the preparedness of those UGC-funded universities which offered healthcare-related training programmes for the likely outcomes of the current projection exercise that there would be a general manpower shortage of most healthcare disciplines under the study. Members were assured that the Administration would discuss with the universities concerned enhancement of their teaching facilities to cope with any possible increase in the number of healthcare training places in the next UGC triennium.

#### Enhancement of mental health services

23. As stated by WHO, there is no health without mental health. The urgency to address the mental health needs in Hong Kong in more holistic ways has all long been of considerable concern to the Panel. More than two years have passed since the Administration established a standing Advisory Committee on Mental Health in November 2017 to provide advice on the development of mental health policies and enhancement of mental health services, and to follow up on and monitor the implementation of the recommendations put forth by the Review Committee on Mental Health in April 2017. Of equal concern to members in the session was the work of the Advisory Committee done so far. Members were pleased to note that a number of recommendations made by the Review Committee were either at an advanced stage of implementation or were underway. While the Advisory Committee's work was still at the inception stage given the sheer size, multiplicity and severity of the mental health problems, numerous gaps had been identified and new initiatives made by the Advisory Committee were being followed up. These included three surveys embarked in 2019 to gather up-to-date information on the prevalence of mental health problems among school-based children and adolescents aged six to 17, youth aged 15 to 24, and elders aged 60 or above; and new service protocol being explored for child and adolescent mental health services.

24. Of particular concern to members were the psychological interventions that should be provided for different quarters in the community, in particular adolescents, who had experienced mental distress or symptoms of post-traumatic stress disorder due to the social events in 2019. They urged the Advisory Committee to work with the Administration to implement various policies, not just on the medical front, to deal with the mental health tsunami arising from the

social unrest. Members were advised that the Advisory Committee had studied the experience of many other places in the promotion of mental well-being and help-seeking. The "Mental Health Infostation" website was launched in July 2019 to provide mental health-related information, in particular those related to conflict management. To encourage help-seeking by adolescents who had mental health needs, empathetic messages were disseminated through the school setting as well as social media. The entire community also needed to pitch in to learn more about mental health and its symptoms as greater understanding would reduce stigma and increase openness. The Administration assured that it would deploy sufficient resources and enhance the supporting infrastructure to keep improving the healthcare services provided by the public sector.

#### Advance directives and dying in place

25. The discussion of advance directives in relation to medical treatment can be dated back to 2004 when the Law Reform Commission issued a Consultation Paper on Substitute Decision-making and Advance Directives in relation to Medical Treatment, which set out proposals to reform the law relating to the above two aspects of decision-making in relation to medical treatment for persons who were unable to make those decisions at the time of execution of the associated action. In the consultation report released two years later in 2006, the Commission recommended, among others, that the concept of advance directives should be promoted initially by non-legislative means until the community had become more widely familiar with the concept. More than 13 years have passed since then. Following the Administration's launch of a three-month public consultation exercise in September 2019 to solicit public views on its end-of-life care proposals which sought to codify the current common law position in respect of an advance directive and to increase the safeguards attached to it; remove legislative impediments to implementation of advance directives by emergency rescue personnel; and amend the relevant provisions of the Coroners Ordinance (Cap. 504) to facilitate dying in place in residential care homes for the elderly ("RCHEs"), the Panel discussed with the Administration and received views from deputations on the above proposals.

26. While expressing support towards the proposals, members shared deputations' views that it was necessary to have a statutory prescribed form for the making of advance directives and set up a centralized database, say, under the Electronic Health Record Sharing System, for the storage, management and retrieval of the advance directive records. There was also a need for the Administration to step up life-and-death education, strengthen cooperation between the medical and welfare sectors, and enhance end-of-life and palliative home care services, as well as address issues associated with the handling of dead bodies in case of dying at home and the possible depreciation of the value

of the property concerned to facilitate the implementation of the proposal of dying at home. Some members considered that the Administration should make it a mandatory requirement that all RCHes had to set up hospice care facilities to enable the implementation of dying at RCHes. It is expected that the Panel would continue to follow up with the Administration on the issue in the next term when it would be briefed on the results of the public consultation.

### Genomic medicine

27. Pursuant to the Chief Executive's 2017 Policy Address, the Steering Committee on Genomic Medicine was established in November 2017 to map out the strategies for developing genomic medicine in Hong Kong. In the session, the Panel discussed with the Administration the Report on Strategic Development of Genomic Medicine in Hong Kong submitted by the Steering Committee to the Government, which gave a detailed account of the current landscape of genetics and genomics in Hong Kong, examined key issues to be addressed and proposed eight recommendations to guide the long-term strategic development of genomic medicine in Hong Kong. Holding the view that it was of paramount importance to have an adequate pool of talents in order to bring the development of genomic medicine in Hong Kong to the next level, members were pleased to note that the Hong Kong Academy of Medicine had been invited to coordinate with relevant colleges on enhancing training in genetics and genomics of clinicians.

28. Members also welcomed the launch of the Hong Kong Genome Project ("HKGP") which would serve as a catalyst and anchor for showcasing the clinical benefits, piloting related new policy measures, building up talent pool and testing clinical protocols. Noting that the latest plan of the Hong Kong Genome Institute, which was a company limited by guarantee wholly owned by the Government, would start recruiting patients for sequencing in mid-2021, members called on the Institute to put in place data security and privacy protection mechanism in respect of the use of HKGP data for research and law enforcement purposes. There were concerns about the various ethical issues surrounding genomic applications, such as genetic discrimination and impacts on insurance practices, as well as the proper use of genetic and genomic tests. The Administration assured members that it would keep reviewing the situation and consider introducing regulatory measures on the use of genetic data, say, for insurance and employment purposes, as and when necessary. In the meantime, the Hong Kong Federation of Insurers had, on the recommendation of the Steering Committee, issued the Best Practice on the Use of Genetic Test Results to take effect on 1 June 2020. The above apart, the Administration would step up public education to empower members of the public to make informed decisions on undergoing health-related and non-health-related genetic tests.

The Panel would follow up with the Administration on the taking forward of the recommendations of the Steering Committee at future meetings.

Public healthcare infrastructure and public health facilities

29. The first 10-year Hospital Development Plan, for which \$200 billion has been earmarked for the implementation of a total of 16 projects to meet the service needs up to 2026, is in its fifth year since its commencement in early 2016. In this session, the Panel examined in detail four projects under the Plan. They were main works for the expansion of United Christian Hospital; demolition, site formation and foundation works for the redevelopment of Grantham Hospital, phase 1; the construction of a community health centre cum social welfare facilities at Pak Wo Road, North District; and the construction of a Hospital Authority Supporting Services Centre. Members were in general supportive of these projects which would enhance the service capacity of the public healthcare system to meet the rising service demand, the present-day service standard and future service requirement. They urged the Administration and HA to ensure that the projects could be completed on time and within budget, and carry out advance healthcare manpower planning to cope with the increase in service capacity. There were also views that the Administration should construct more isolation facilities under the above two hospital projects and other hospital projects in the pipeline under the first and second 10-year Hospital Development Plans. On the hospital supporting service facilities located in the Hospital Authority Supporting Services Centre, members called on HA to review the current arrangement of storing 90-day contingency stock of critical PPE and key linen items for emergency use, and address the data security issues arising from housing an information technology corporate data centre with a central laundry centre and a central food production unit in the same building.

30. Given that dedicated workforce would be required to provide project management services for the above four projects as well as the other 12 projects under the first 10-year Hospital Development Plan and to take forward the planning and implementation of the second 10-year Hospital Development Plan which involved 19 projects, the Panel was consulted on the Administration's proposal of creating one supernumerary post of Government Architect in the Architectural Services Department. Holding no other views on the proposal, members noted that while the duration of the proposed post was initially set at about seven years from 2020-2021 to 2026-2027, it would be subject to further review in light of the prevailing programme and workload incurred by the two 10-year Hospital Development Plans.

31. The Panel was also consulted on the Administration's proposals of enhancing two public health facilities under DH, including the proposed enhancement of the Public Health Laboratory Centre ("PHLC") to upgrade the microbiology laboratories and the supporting facilities by setting up a laboratory suite that met biosafety level 3 as specified in the WHO Laboratory Biosafety Manual, and the proposed reprovisioning of the Victoria Public Mortuary ("VPM"). Members were supportive of the proposed enhancement of PHLC so as to enable the Centre to meet the urgent and surging service demand arising from the emerging communicable diseases in Hong Kong and further limit the contamination of the work environment and the surrounding areas for better protection of the staff and the community. They also expressed support for the proposed reprovisioning of VPM to enhance its body storage capacity to cater for the projected caseload of Hong Kong Island up to 2046. There was a view that adequate space should be provided in the reprovisioned VPM for the bereaved families to conduct memorial ceremony.

#### Subcommittees under the Panel

32. The Joint Subcommittee on Issues Relating to the Regulation of Devices and Development of the Beauty Industry established under the Panel and the Panel on Commerce and Industry commenced its work in December 2018 to study the issues relating to the regulation of devices and development of the beauty industry and make timely recommendations. Subsequent to the five meetings held in the last legislative session, the Joint Subcommittee held one more meeting in this session to discuss with the Administration the issues including the implementation of Qualifications Framework in the beauty industry, and the Administration's policies and measures to support the industrialization of beauty trade. The Joint Subcommittee had completed its work and provided a report to the two Panels.

33. The Subcommittee on Issues Relating to the Support for Cancer Patients established under the Panel commenced its work in March 2019 to study issues relating to the support for cancer patients. Subsequent to the four meetings held in the last legislative session, the Subcommittee held four more meetings in this session to discuss with the Administration various issues of concern including diagnosis and treatment of cancer under the public healthcare system, mechanism for appraisal of cancer drugs for inclusion in HA Drug Formulary and the safety net and arrangement for the provision of sustainable and affordable drug treatment for cancer patients, development of cancer services in public hospitals, support to cancer patients and their carers and the role of non-governmental organizations, and progress of the commissioned study on risk factors of breast cancer in Hong Kong. Deputations were invited to give

views on the support for cancer drug treatment at one of these meetings. The Subcommittee had completed its work and would provide a report to the Panel.

34. The Subcommittee on Issues Relating to the Development of Chinese Medicine established under the Panel commenced operation in December 2019 to study and review the Government's policies and initiatives to promote the short, medium and long-term development of Chinese medicine, and follow up on the issue of registration of Chinese medicines and other related matters. The Subcommittee held four meetings to discuss with the Administration various issues of concern including the latest progress of the Government's initiatives on the development of Chinese medicine, anti-epidemic efforts and roles that may be performed by Chinese medicine practitioners ("CMPs") in the handling of the COVID-19 epidemic, Government-subsidized Chinese medicine outpatient services and Integrated Chinese-Western Medicine inpatient services, development of Chinese Medicine Hospital, regulatory regime for Chinese herbal medicines and proprietary Chinese medicines and development of the industry, development of the Government Chinese Medicine Testing Institute, regulatory regime for and professional development of CMPs, and the latest progress of Chinese Medicine Development Fund. The Subcommittee had completed its work and would provide a report to the Panel.

35. The Joint Subcommittee on Long-term Care Policy established under the Panel on Welfare Services and the Panel commenced its work in December 2016 to study the long-term care policy and services. With the endorsement of the House Committee, the Joint Subcommittee had been put on the waiting list upon completion of its 12-month work period in December 2017 for re-activation of work when a vacant slot arose. The Joint Subcommittee re-activated its work in March 2020 and held three meetings with the Administration to discuss various issues of concern, including long-term care services being affected under the COVID-19 epidemic, application of gerontechnology in elderly care services, provision of health care vouchers for persons with disabilities, and amendments to the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) and the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613). Deputations were invited to give views on the amendments to the two Ordinances at one of these meetings. The Joint Subcommittee had completed its work and would provide a report to the two Panels.

#### Meetings and visit

36. From October 2019 to June 2020, the Panel held a total of 13 meetings. The Panel has scheduled another meeting in July 2020 to discuss measures for the prevention and control of COVID-19 in Hong Kong and breast cancer



screening. The Panel also paid a visit to the Kwai Tsing DHC in November 2019 to better understand the brand new district-based medical-social collaboration model for the provision of primary healthcare service.

Council Business Division 2  
Legislative Council Secretariat  
8 July 2020

**Legislative Council**

**Panel on Health Services**

**Terms of Reference**

1. To monitor and examine Government policies and issues of public concern relating to medical and health services.
2. To provide a forum for the exchange and dissemination of views on the above policy matters.
3. To receive briefings and to formulate views on any major legislative or financial proposals in respect of the above policy areas prior to their formal introduction to the Council or Finance Committee.
4. To monitor and examine, to the extent it considers necessary, the above policy matters referred to it by a member of the Panel or by the House Committee.
5. To make reports to the Council or to the House Committee as required by the Rules of Procedure.

**Panel on Health Services**

**Membership list for the 2019-2020 session\***

<b>Chairman</b>	Dr Hon CHIANG Lai-wan, SBS, JP
<b>Deputy Chairman</b>	Hon CHAN Hoi-yan
<b>Members</b>	Hon Tommy CHEUNG Yu-yan, GBS, JP Prof Hon Joseph LEE Kok-long, SBS, 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-yee, GBS, JP Hon YIU Si-wing, BBS Hon CHAN Chi-chuen Hon CHAN Han-pan, BBS, 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 Hon Elizabeth QUAT, BBS, JP Hon POON Siu-ping, BBS, MH Hon CHU Hoi-dick Hon SHIU Ka-fai, JP Hon SHIU Ka-chun Dr Hon Pierre CHAN Hon KWONG Chun-yu

(Total : 22 members)

<b>Clerk</b>	Ms Maisie LAM
--------------	---------------

<b>Legal adviser</b>	Ms Wendy KAN
----------------------	--------------

\* Changes in membership are shown in Annex.

**Panel on Health Services**

**Changes in membership**

<b>Member</b>	<b>Relevant date</b>
Hon LAU Kwok-fan, MH	Up to 31 October 2019
Hon MA Fung-kwok, SBS, JP	Up to 3 November 2019
Hon Vincent CHENG Wing-shun, MH, JP	Up to 3 November 2019
Hon HO Kai-ming <sup>1</sup>	Up to 4 November 2019
Hon LUK Chung-hung, JP	Up to 4 November 2019
Hon Abraham SHEK Lai-him, GBS, JP	Up to 4 November 2019
Dr Hon Priscilla LEUNG Mei-fun, SBS, JP	Up to 4 November 2019
Hon LEUNG Che-cheung, SBS, MH, JP	Up to 5 November 2019
Hon CHAN Hak-kan, BBS, JP	Up to 6 November 2019
Hon Steven HO Chun-yin, BBS	Up to 19 November 2019
Hon Kenneth LAU Ip-keung, BBS, MH, JP	Up to 20 November 2019
Hon Junius HO Kwan-yiu, JP	Up to 21 November 2019
Hon YUNG Hoi-yan, JP	Up to 19 December 2019
Hon Wilson OR Chong-shing, MH	Up to 26 December 2019
Hon WONG Kwok-kin, SBS, JP	Up to 9 March 2020

<sup>1</sup> Pursuant to section 15(1)(a) of the Legislative Council Ordinance (Cap. 542), HO Kai-ming ceases to hold office as a member of the Legislative Council upon his resignation on 1 June 2020.