

立法會
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Panel on Health Services

**Minutes of meeting held on
Friday, 9 April 2021, at 10:45 am
in Conference Room 3 of the Legislative Council Complex**

- Members present** : Hon Elizabeth QUAT, BBS, JP (Chairman)
Hon Abraham SHEK Lai-him, GBS, JP (Deputy 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
Dr Hon Priscilla LEUNG Mei-fun, SBS, JP
Hon Mrs Regina IP LAU Suk-ye, GBS, JP
Hon Michael TIEN Puk-sun, BBS, JP
Hon YIU Si-wing, BBS
Hon CHAN Han-pan, BBS, JP
Hon LEUNG Che-cheung, SBS, MH, JP
Hon Alice MAK Mei-kuen, BBS, JP
Hon POON Siu-ping, BBS, MH
Hon SHIU Ka-fai, JP
Dr Hon Pierre CHAN
Dr Hon CHENG Chung-tai
- Members attending** : Hon KWOK Wai-keung, JP
Hon Holden CHOW Ho-ding
- Member absent** : Dr Hon CHIANG Lai-wan, SBS, JP

**Public Officers
attending**

: Agenda item III

Prof Sophia CHAN Siu-chee, JP
Secretary for Food and Health

Ms Leonie LEE Hoi-lun
Principal Assistant Secretary for Food & Health
(Health)1

Dr Ronald LAM Man-kin, JP
Controller, Centre for Health Protection
Department of Health

Dr K L CHUNG
Director (Quality and Safety)
Hospital Authority

Dr Vivien CHUANG
Chief Manager (Infection, Emergency & Contingency)
Hospital Authority

Agenda item IV

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

Dr CHEUNG Wai-lun, JP
Project Director
(Chinese Medicine Hospital Project Office)
Food and Health Bureau

Ms Ellen CHAN Sheung-man
Principal Assistant Secretary for Food and Health (Health)
7/Head (Chinese Medicine Unit)
Food and Health Bureau

Dr Christine WONG Wang
Assistant Director of Health (Chinese Medicine)
Department of Health

Mr Robert LAW Kwok-wai
Chief Pharmacist (Chinese Medicine)
Department of Health

Miss TSO Sau-ching
Senior Chemist (Chinese Medicines Section)
Government Laboratory

Agenda item V

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

Ms Maisie HO Mei-chi
Principal Assistant Secretary for Food & Health (Health)5
Food and Health Bureau

Dr Cissy CHOI Yu-sze
Head (Primary Healthcare Office)
Food and Health Bureau

Dr Teresa LI Mun-pik
Assistant Director of Health (Health Administration &
Planning)
Department of Health

Mr Frank WONG Tak-choi, JP
Project Director 1
Architectural Services Department

Ms Athena FUNG Chi-shan
Chief Project Manager 101
Architectural Services Department

Ms Monica LAM Sau-lai
Senior Project Manager 135
Architectural Services Department

Clerk in attendance : Mr Colin CHUI
Chief Council Secretary (4)3

Staff in attendance : Ms Macy NG
Senior Council Secretary (4)3

Ms Peggy CHUNG
Council Secretary (4)3

Miss Ariel SHUM
Legislative Assistant (4)3

Action

I. Information paper(s) issued since the last meeting
[LC Paper No. CB(4)640/20-21(01)]

Members noted that a letter dated 12 March 2021 from Dr CHIANG Lai-wan on early discussion of two items on the Panel's list of outstanding items for discussion had been issued since the last meeting.

II. Items for discussion at the next meeting
[LC Paper Nos. CB(4)707/20-21(01) and (02)]

2. Members agreed to discuss the following subjects at the next regular meeting of the Panel scheduled for 14 May 2021:

- (a) Measures for the prevention and control of coronavirus disease 2019 ("COVID-19") in Hong Kong; and
- (b) Drug Formulary of the Hospital Authority ("HA") and drug subsidies.

III. Measures for the prevention and control of coronavirus disease 2019 in Hong Kong
[LC Paper Nos. CB(4)707/20-21(03) and (04), CB(4)630/20-21(01), CB(4)705/20-21(01) to (04), and CB(4)736/20-21(01) and (02)]

3. At the Chairman's invitation, Secretary for Food and Health ("SFH") briefed members on the measures adopted by the Administration to prevent and control the spread of COVID-19 in Hong Kong, details of which were set out in the Administration's paper (LC Paper No. CB(4)707/20-21(03)).

Coronavirus disease 2019 test

4. Ms Alice MAK expressed grave concern that with the new measure to require all staff involved in the operation of catering business and scheduled premises to undergo a COVID-19 test once every 14 days, it was difficult for the public to obtain deep throat saliva specimen bottles due to high demand. She

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urged the Administration to increase the number of specimen bottles for distribution to the public, and requested the Administration to provide written information on the number of specimen bottles delivered by every general outpatient clinic of HA per month from December 2020 to April 2021. She was also concerned about the low utilization rate of community testing centres ("CTCs") due to misperception by the public that the tests were not free of charge. She called on the Administration to step up publicity on the categories of persons to whom CTCs were providing free testing, so as to alleviate the demand for collection packs.

5. The Chairman and Mr Holden CHOW urged the Administration to monitor the process of distributing specimen collection packs to avoid people collecting more packs than needed or making a profit through selling such packs to others. Mr CHOW also requested the Administration to strengthen the promotion of undergoing tests at mobile specimen collection stations.

6. SFH advised that a daily average of around 30 000 to 40 000 specimen collection packs were distributed by the Administration. However, the number of specimen bottles collected was around half of the amount distributed. The Administration would monitor the demand for specimen collection packs and would increase the supply where necessary. She added that apart from collecting specimen collection packs, members of the public might undergo testing at 21 CTCs, the average booking rate of which was only about 20% and there were sufficient quotas to meet the demand. In addition, there were about 20 mobile specimen collection stations throughout Hong Kong that provided free testing services for the public, three of which exclusively served staff of catering premises. These mobile specimen collection stations had sufficient capacity to meet the testing needs of the public and the relevant sectors. She undertook to strengthen the efforts on promotion of various means for undergoing tests other than the use of specimen collection packs, and to monitor the situation of collecting specimen collection packs.

7. Ms Alice MAK further asked whether and when HA would require all its staff to undergo testing to protect patients. Director (Quality and Safety), HA advised that since January 2021, HA had introduced pilot COVID-19 regular testing for about 5 000 staff members caring for vulnerable patients. Rapid antigen testing was later introduced in mid-March 2021 for those staff members. HA was going to extend the arrangements to staff members caring for patients of psychiatric ward, infirmary and rehabilitation ward, which would cover around 10_000 staff members having to undergo rapid antigen testing every week. HA also planned to further extend the testing arrangement to all staff gradually.

However, since around 60 000 odd staff members were involved and some time was required to undergo tendering procedures for the testing service, it was anticipated that the arrangement would be implemented in June or July 2021.

Admin 8. Ms Alice MAK considered the above timing unacceptable and requested the Administration or HA to provide a written explanation on the reasons for the late schedule of requiring all HA staff to undergo testing.

9. Dr Priscilla LEUNG referred to the case of about 800 citizens who had failed to receive a short message service message containing their negative COVID-19 test results after receiving a free COVID-19 test provided by the Government from late November to late December 2020. She enquired about the names of CTCs involved, the number of such failure cases for each CTC, and whether the Administration would pursue the liabilities of the testing service provider(s) concerned.

Admin 10. SFH advised that the incident mentioned by Dr LEUNG involved one testing service contractor. She agreed to provide supplementary information requested by Dr LEUNG after the meeting. She added that generally, if testing service contractors had failed to provide satisfactory service under the contract, including providing accurate testing results, the Administration would issue warning letters to them.

(Post-meeting note: The Administration's response relating to the names of CTCs involved and the number of such failure cases for each CTC was issued to members vide LC Paper No. CB(4)1554/20-21(01) on 17 September 2021.)

Social distancing measures

11. Pointing out that the local epidemic situation had become stable, Mr YIU Si-wing asked whether the Administration would review and consider relaxing the restrictions on local tour. He also asked whether the Administration would allow cruise lines to resume "cruise-to-nowhere" itineraries which did not involve calling at ports outside Hong Kong for Hong Kong residents.

12. SFH responded that as the epidemic had been gradually subsiding earlier, the Administration had started to gradually relax social distancing measures with conditions by reopening some types of scheduled premises. This was to strike a balance between protection of public's health and the aspiration of resuming economic activities. She said that further relaxation might require staff members and customers to receive vaccination or undergo a COVID-19 test.

13. Mr SHIU Ka-fai cast doubt on the accuracy of the findings of a site investigation at a restaurant in K11 Musea concerning air exchange conducted by, among others, Professor YUEN Kwok-yung in early March 2021, as the relevant findings were contradictory to those conducted by experts of the University of Hong Kong as commissioned by the Electrical and Mechanical Services Department. He said that the former reported that the air exchange in the restaurant was insufficient whereas the latter reported the contrary. He raised concern that due to the findings of Professor YUEN, the Administration had required all catering premises to increase their air ventilation to a minimum level of six air changes per hour, or install appropriate air purifiers as an alternative by 30 April 2021. He considered that the Administration should assess whether the timing was practicable and whether there was sufficient supply of air purifiers in the market. He also expressed concern that the relevant requirements would increase the financial burden of the catering sector.

14. SFH advised that a press release had been issued to report the investigation conducted by, among others, Professor YUEN Kwok-yung and several government departments. She added that adequate supply of fresh/outside air had all along been one of the conditions of issuing licence for restaurants. Due to the COVID-19 epidemic, the relevant requirements had to be enhanced. The Food and Environmental Hygiene Department recommended in October 2020 a minimum of six air changes per hour in catering premises. Due to insufficient discussion time, the Chairman directed the Administration to provide a written response to Mr SHIU Ka-fai's question.

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15. Mr Michael TIEN asked whether the number of persons who might be seated together at one table at catering premises could be relaxed from four persons to eight persons if both staff members and customers had been vaccinated. SFH replied that from the perspective of public health, the Administration supported relaxation on the number of persons per table if all people had been vaccinated but the measures had to be agreed by the catering sector.

16. Mr LEUNG Che-cheung considered that although the local epidemic situation had become stable, infection control measures should not be relaxed in order to prevent a new wave of outbreak. SFH shared the view of Mr LEUNG.

Vaccination Programme

Measures to boost the vaccination rate

17. Given the low vaccination rate in Hong Kong, the Chairman, Mr POON Siu-ping, Mr LEUNG Che-cheung and Mr SHIU Ka-fai urged the Administration to devise measures to encourage more people to get vaccinated. Mr LEUNG considered that the Administration should set a target on the vaccination rate, and take both incentive and punitive measures to achieve the target. The Chairman pointed out that some members of the public did not have a pressing need to get vaccinated. She urged the Administration to provide incentives other than travelling, such as relaxing social distancing measures for vaccinated persons with valid health code and testing results. She considered that the Administration should have a determination to boost the vaccination rate and strictly implement infection control measures with a view to restoring the city to normality.

18. Mr SHIU Ka-fai attributed the low vaccination rate to wide media reports on the serious adverse events following vaccination. He requested the Administration to clearly explain to the public any such events to allay the public's worries, and convey the message to the public that getting vaccination was not only for themselves but also people around them.

19. In response, SFH said that the Administration was working on providing incentives for people to get vaccinated. At present, staff members of catering premises who had been fully vaccinated would be exempted from undergoing regular COVID-19 test. The Administration was studying whether the restrictions on the modes of operation of catering business could be further relaxed if staff members and customers had been vaccinated. She added that the Administration was also exploring with the operators of some premises on reopening their businesses under certain conditions on vaccination but the views were diverse. Apart from the above, the Commerce and Economic Development Bureau ("CEDB") was discussing with Singapore the "travel bubble" arrangement to provide incentive on travelling. Regarding the target of vaccination, SFH said that experts generally considered that the vaccination rate should reach at least 70% of the population who could get vaccination to build herd immunity with a view to restoring the city to normality.

20. Dr Pierre CHAN said that he had received two doses of COVID-19 vaccination and indicated his support to people getting vaccination. He noted an opinion that if the vaccination rate in Hong Kong had reached at least 70% to

achieve herd immunity, the social distancing measures could be relaxed to allow Hong Kong to return to normality. However, he considered the target of achieving herd immunity was impossible. Firstly, by excluding people below 30-year-old and the elderly, as well as persons who were not medically fit for receiving vaccination, the remaining population who could receive vaccination was less than 70%. Secondly, an expert of the Fudan University had said that if the efficacy of vaccines was 80%, the entire population should be vaccinated to achieve herd immunity. However, the efficacy of the vaccines available in Hong Kong was lower than 80%. Thirdly, even though the seasonal influenza vaccination programme had been strongly supported by the elderly, the uptake rate of the elderly was only around 46%.

21. SFH said that it was true that protection against COVID-19 in the community would be enhanced with more people getting vaccinated. The Administration would continue to appeal to the public on the advantage of vaccination and provide incentives to encourage more people to get vaccinated.

Introduction of AstraZeneca vaccine to Hong Kong

22. The Chairman and Mr Michael TIEN asked whether the Administration would adopt the experts' suggestion of cancelling the order for AstraZeneca vaccine. Mr TIEN also asked whether any deposit had been paid to the developer of AstraZeneca vaccine and if so, whether the deposit would be forfeited for cancelling the order. The Chairman further enquired whether the Administration would consider procuring other types of vaccine such as the Sinopharm vaccine.

23. SFH advised that the Administration had entered into advance purchase agreement with the developer of AstraZeneca vaccine but such vaccine had not been authorized for emergency use in Hong Kong. She further said that given that the Sinovac vaccine and BioNTech vaccine procured and authorized for emergency use (15 million doses in total) by the Government were already sufficient for vaccination by the entire population of Hong Kong, there was no need for the AstraZeneca vaccine to be supplied to Hong Kong within 2021 to avoid wastage amid tight global supply. As to the handling of the contract with AstraZeneca, she advised that the Administration had to discuss with the vaccine developer concerned. Further details could not be disclosed as the Administration had entered into a non-disclosure agreement with the vaccine developer.

24. SFH added that the Administration had started to consider procuring the next generation COVID-19 vaccines, with a view to planning for the next phase of vaccination programme in Hong Kong. The Administration hoped that the next generation vaccines could have better efficacy in terms of protection. The protection power of the vaccines against mutant virus strains was an important factor for consideration by the Administration in authorizing and procuring COVID-19 vaccines in the future.

Serious adverse events following immunization

25. Mr POON Siu-ping and Dr CHENG Chung-tai asked about the number of serious adverse events following immunization other than deaths. Dr CHENG further asked whether the Administration would recommend those persons involving in serious adverse events following the first dose of COVID-19 vaccination to receive the second dose, if the Expert Committee on Clinical Events Assessment Following COVID-19 Immunization ("Expert Committee") had considered that such events were not directly associated with COVID-19 vaccination.

26. Controller, Centre for Health Protection ("CHP") of the Department of Health ("DH") ("Controller, CHP") advised that the Expert Committee convened regular meetings to assess serious adverse events relating to COVID-19 vaccination based on the algorithm of the World Health Organization. Between 22 March and 4 April 2021, DH received 564 reports on serious adverse events relating to COVID-19 vaccination, in which 311 cases required hospitalization and six cases involving death. Three out of the six death cases with history of first dose of COVID-19 immunization happened after 14 days of vaccination. At its recent meeting, the Expert Committee considered that no serious adverse events were directly associated with COVID-19 vaccination. The Administration recommended those persons who felt unwell after receiving the first dose of COVID-19 vaccination to consult a doctor on the suitability of receiving the second dose of vaccination. He explained that those persons who were suspected to have allergic reactions after receiving the first jab might need to receive simple drug treatment before receiving the second jab.

27. In response to Mr POON Siu-ping's further enquiry on whether there were applications for the Indemnity Fund for Adverse Events Following Immunization with COVID-19 Vaccines, SFH advised that no applications had been received so far.

28. Dr Pierre CHAN expressed his dissatisfaction that the Administration had been taking stringent actions towards clinical incidents in high profile while adopting a relatively mild approach to handling COVID-19 vaccination irregularities such as serious adverse events following vaccination and giving wrong vaccines to patients. He requested the Administration to adopt the same approach in handling both clinical incidents and COVID-19 vaccination irregularities. Referring to the Administration's response that those persons who felt unwell after receiving the first dose of COVID-19 vaccine should consult a doctor on the suitability of receiving the second dose of vaccine, he took the view that the Administration had shifted the responsibility of securing a safe vaccination to the general public and doctors. He asked how doctors could help making the judgment.

29. SFH stressed that the Administration would never adopt double standards towards clinical incidents and incidents relating to COVID-19 vaccination. She explained that the Administration would explain to the public any incidents on which there were public concerns. She added that CHP had explained to the public promptly when it received the first death report after COVID-19 vaccination.

30. Controller, CHP added that to facilitate doctors' assessment on whether their patients were medically fit for receiving the second dose of vaccine, the Administration had sent to doctors the "Interim Guidance Notes On Common Medical Diseases and COVID-19 Vaccination In Primary Care Settings", which provided general principles on what conditions healthcare professionals should watch out for, especially for patients with allergic reaction to the first dose of vaccine and with chronic diseases. The Guidance Notes were also uploaded onto the website. The Administration would keep studying updated local and overseas statistics on COVID-19 vaccination and update the Guidance Notes from time to time.

31. The Chairman raised concern that some members of the public had consulted HA's doctors on whether they were medically fit for receiving vaccines, but those doctors were reluctant to provide a definite answer and asked the patients to decide. She requested the Administration to follow up the matter. The Administration noted the concern raised by the Chairman.

Cross-boundary epidemic control measures

32. Mr YIU Si-wing asked about the details of discussion between the Administration and the Mainland/other countries on vaccine passport. SFH

replied that in preparing for resumption of cross-border/boundary travel activities, the Administration had been keeping an eye on the development of vaccine passports in other countries and working on the technical matters, including allowing the electronic vaccination record to be stored in the "iAM Smart" mobile application. She added that CEDB was discussing with Singapore the bilateral Air Travel Bubble under stable COVID-19 epidemic situation in two places and with conditions of vaccination by participants.

33. Urging for early resumption of cross-border activities, Mr Michael TIEN queried why Hong Kong residents returning to Hong Kong from cities other than the Guangdong Province were not exempted from the compulsory quarantine requirement. In his view, to better protect people of the two places, all people travelling between the Mainland and Hong Kong, who would be exempted from quarantine arrangements under the Return2hk Travel Scheme and the proposed Come2hk Scheme, should be fully vaccinated and should fulfill the COVID-19 test requirements. He asked about the Administration's stance in this regard.

34. SFH explained that the Guangdong Province was the first province included in the Return2hk Travel Scheme because a co-operation mechanism for joint prevention and control of the epidemic by the governments of Guangdong, Hong Kong and Macao was in place. It did not mean that other cities of the Mainland had higher health risks. The Constitutional and Mainland Affairs Bureau was studying whether the Scheme could be extended to Hong Kong residents staying in other Mainland provinces and municipalities, and the detailed arrangements, including vaccination requirements.

Preventing the spread of the virus in Tuen Mun

35. In view of several confirmed cases identified in Tuen Mun recently, Mr LEUNG Che-cheung and Mr Holden CHOW urged the Administration to take effective measures to prevent the spread of the virus in the community. Mr CHOW suggested that the Administration should perform contact tracing of the patients concerned and their family members.

36. Controller, CHP reported that there were three confirmed cases in Tuen Mun in the past two weeks but the Administration was still tracing the source of infections. He said that all close contacts of the confirmed cases were required to undergo compulsory quarantine and compulsory testing. Besides, people living in the same building of the confirmed cases and people working at the same workplace of the confirmed cases were also required to undergo compulsory testing. The Administration had also extended the period of contact tracing from

two days to seven days before the patients developed symptoms. The Administration had also deployed mobile specimen collection stations at Tuen Mun to facilitate residents to receive the COVID-19 test. He appealed to the public that those having mild symptoms should see a doctor and undergo test as soon as possible.

IV. The development of Chinese Medicine Hospital and Government Chinese Medicines Testing Institute in Tseung Kwan O

[LC Paper Nos. CB(4)707/20-21(05) and (06)]

37. At the invitation of the Chairman, Under Secretary for Food and Health ("USFH") briefed members on the proposed works and funding proposals in relation to the development of the Chinese Medicine Hospital ("CMH") and the establishment of the Government Chinese Medicines Testing Institute ("GCMTI") in Tseung Kwan O. Details were set out in the Administration's paper (LC Paper No. CB(4)707/20-21(05)).

38. Expressing support for the development of CMH and establishment of GCMTI, Mr POON Siu-ping enquired whether the capital cost of CMH was similar to that of constructing a Western medicine hospital in similar scale; whether the \$61.6 million non-recurrent cost was to be incurred for the maintenance of the information technology ("IT") systems of CMH or was part of the recurrent operation cost of CMH; whether the recurrent consequences (which was \$1,044.6 million) of the CMH project would be one-off expenses or an annual cost; how such funding would be allocated and the financial role of the CMH's operator; and what would be the role of HA in the operation of CMH apart from referring Integrated Chinese-Western Medicine ("ICWM") cases to CMH.

39. Project Director (Chinese Medicine Hospital Project Office) of the Food and Health Bureau ("FHB") ("PD/CMHPO") advised that the construction works of CMH and a Western medicine hospital of a comparable scale would be similar while the services provided by them would be different. CMH would provide Chinese medicine and ICWM services, together with some core medical examination services of Western medicine. As CMH would not provide Accident and Emergency services, intensive care unit services, obstetrics services nor general anaesthesia services, the costs of the basic works of CMH would be lower than a general Western medicine hospital. The recurrent consequences for developing IT systems of CMH would be provided by the Government for the maintenance and update of software and hardware and the recurrent consequences of about \$1,044.6 million would also be provided by the Government for the

provision of government-subsidized patient services, training and research as well as repair and maintenance of the CMH building. PD/CMHPO added that CMH would be a private hospital regulated under the Private Healthcare Facilities Ordinance (Cap. 633). CMH and HA would form a partnership whereby patients could be referred to receive Chinese medicine services in CMH. For development of the ICWM services, HA would focus on provision of medical services with Western medicine playing a predominant role with support from Chinese medicine services, and vice versa in respect of medical services provided by CMH. CMH and the 18 Chinese Medicine Clinics cum Training and Research Centres ("CMCTRs") under HA would develop a mechanism for patient referral.

40. Mr SHIU Ka-fai supported the development of CMH and establishment of GCMTI. In reply to Mr SHIU's enquiry, PD/CMHPO advised that the estimated cost of about \$8,620 million for capital works included costs of site formation, general building and superstructure works and provision of in-flat facilities. With the dropping of market price in construction costs and exclusion of some intensive care facilities of a Western medicine hospital, the construction cost of CMH was lower than that of a recently completed Western medicine hospital in similar scale. PD/CMHPO added that the original estimated cost for the construction of CMH was over \$10 billion.

41. Mr SHIU further enquired about the details of the recurrent consequences of about \$1,044.6 million. PD/CMHPO elaborated that such funding provision would be provided by the Government as recurrent consequences after the commencement of CMH for government-subsidized patient services, training and research (including clinical placement for students in three local universities with Schools of Chinese Medicine and subsidized training posts for Chinese medicine practitioners) and maintenance of the CMH building.

42. Mr CHAN Han-pan supported the development of CMH. In response to his enquiry about the criteria for selecting the contractor of CMH, PD/CMHPO advised that CMH would adopt a public-private partnership model. The operator must be a non-profit organization or statutory body. It was estimated that over 75% of the annual operating costs of CMH would be supported by the Government. The Administration also requested the contractor to have some experience and ability in developing Chinese medicine. The Administration would also assess the development plan of CMH proposed by the contractor. PD/CMHPO further explained that the contractor had to set up a limited company which would be the operator to manage, operate and maintain CMH. The contractor had to sit in the board of directors of CMH which would govern CMH.

The contractor would be required to assign a management team to operate CMH and provide a capped financial commitment for CMH. In the event of a financial operating deficit, this should be charged to the capped financial commitment. The board of directors of CMH comprised Chinese medicine practitioners, Chinese medicine drugs stakeholders, doctors, as well as representatives of the contractor, universities, HA, and the Government. FHB would drive the business development of CMH through contract management.

43. In reply to Mr CHAN Han-pan's enquiry, PD/CMHPO advised that the Government would be responsible for maintenance of the site and building of CMH while the contractor would be responsible for the maintenance of in-flat facilities and consumables.

44. Mr YIU Si-wing asked whether there would be regulations on the level of fees and charges of CMH or it would be solely determined by the board of directors of CMH. He also enquired whether there would be any arrangement if the financial operating deficit exceeded the financial commitment of the contractor. Mr YIU welcomed the establishment of GCMTI. He further asked whether the Administration would formulate reference standard for Chinese medicine drugs and the role of GCMTI in the matter.

45. PD/CMHPO advised that around 65% of the services of CMH would be Government-subsidized services, the fees and charges of these services would be set by the Administration according to the policy. The remaining 35% of the service of CMH would be market-oriented services offered by the operator without Government subsidies, the fees and charges of the market-oriented services would be determined by the operator of CMH. PD/CMHPO said that such arrangement was aimed at facilitating CMH to interact with the market and promote development of the sector.

46. For the financial arrangements, PD/CMHPO said that any surplus of CMH was to be ploughed back for the CMH's development. If there was a deficit, it would be settled by the capped financial commitment offered by the contractor which had been proposed in their tender submission. In case the deficit exceeded the capped financial commitment, the contractor could make arrangement of the cash flow for provision of extra financial commitment for that particular year. PD/CMHPO stressed that if there was a financial operating deficit, the contractor should adjust its business development to cope with the market demand in order to maintain the sustainability of the services. Given that over 75% of the annual operating costs of CMH would be borne by the Government, it was believed that CMH had a limited chance of having a deficit.

Mr YIU was of the view that the Administration should consider making use of bank financing and guarantee if there was an operating financial deficit for CMH.

47. Expressing support for the development CMH and GCMTI, Mr CHAN Kin-por enquired on the latest progress of putting in place a registration or certification system for Chinese medicine pharmacists. Principal Assistant Secretary for Food and Health (Health) 7/Head (Chinese Medicine Unit), FHB advised that the Chinese Medicine Development Fund supported a project initiated by the Chinese medicine sector on a study whether a professional certification system of Chinese medicine pharmacists and persons engaged in the Chinese medicine drug industry should be set up and if so, the possible framework. The study would, inter alia, collect views from the sector on the matter and the Administration would decide on the way forward in the light of the results of the study. The consultation process was expected to be completed by the end of 2021.

48. The Chairman welcomed the establishment of CMH. She opined that the development of ICWM services in Hong Kong was limited and in a slow progress. She called on the Administration to make reference to the development in Mainland and ICWM treatments announced by the National Administration of Traditional Chinese Medicine in 2018. USFH advised that the Administration noted that Chinese medicine services were becoming more prevalent in Hong Kong. In this regard, the Chinese Medicine Development Committee was established in 2013 to promote the development of Chinese medicine. The Administration announced in the 2014 Policy Address to reserve a site to establish CMH and in the 2018 Policy Address to incorporate Chinese medicine services into the public healthcare system. For ICWM services, HA was providing ICWM treatment for in-patients of selected disease areas including cancer palliative care and acute low back pain care. USFH said that the Administration would make reference to Mainland's experience in developing ICWM.

49. The Chairman questioned why some of the Chinese medicine procured by HA had not been tested and certified in Hong Kong. The Administration undertook to provide information about the mechanism and criteria adopted by HA for procuring Chinese medicine. Assistant Director of Health (Chinese Medicine) ("AD(CM)") advised that there was a mechanism for monitoring the safety and quality of Chinese herbal medicines and proprietary Chinese medicines in the market. USFH added that all medicine procured by HA must meet certain requirements.

(At 12:43 pm, the Chairman informed members of her decision to extend the meeting for 15 minutes.)

(Post-meeting note: The Administration issued the supplementary information vide LC Paper No. CB(4)971/20-21(01) on 10 May 2021.)

50. Mr CHAN Han-pan also expressed concern on the criteria adopted by HA in procuring Chinese medicine. He questioned about how the establishment of GCMTI could assist Hong Kong's Chinese medicine drug industry and expressed reservation on the development of GCMTI. AD(CM) advised that GCMTI aimed at enhancing the testing standard in Chinese medicine through scientific research and transfer of the knowledge of reference standards for Chinese medicine and technical know-how of Chinese medicine to the Chinese medicine drugs and testing industries. The Administration had set up the GCMTI Advisory Committee which included members from the industries and universities to give views to the Administration on the development of GCMTI.

51. Dr Priscilla LEUNG welcomed the development of CMH. She asked whether there were enough clinical placements for students studying Chinese medicine in the local universities with Schools of Chinese Medicine and whether CMH would provide outreach services to Western medicine hospitals. PD/CMHPO advised that CMH would offer government-subsidized clinical placements for students in the three local universities with Schools of Chinese Medicine. At present, such students had to attend clinical placements in Mainland hospitals. Given the advanced development of Chinese medicine in the Mainland, PD/CMHPO said that it would be desirable for students to attend clinical placements in both Mainland and Hong Kong in the future to gain experience and exposure.

52. For the development of ICWM, PD/CMHPO said that CMH would focus on services with Chinese medicine playing the dominant role with support from Western medicine. Some special disease programmes would be developed under ICWM services in the light of advantages and strengths of Chinese and Western medicine. PD/CMHPO said that CMH would provide registered Chinese medicine practitioners with Government-subsidized training posts to receive basic and advanced training. After the establishment and operation of CMH, the Administration would explore if outreach services to other Western medicine hospitals could be developed.

53. The Chairman criticized that the Administration had failed to respond to the concerns raised by members of the Panel's Subcommittee on Issues Relating

to the Development of Chinese Medicine about GCMTI. Details were set out in paragraphs 31 to 35 of the background brief prepared by the Secretariat (LC Paper No. CB(4)707/20-21(06)). She called on the Administration to provide more information about the matters for members' consideration.

54. Mr CHAN Han-pan asked the Administration to provide information on the functions and estimated costs of the proposed outdoor medicinal plant garden in GCMTI when submitting the funding proposals to the Public Works Subcommittee ("PWSC"). He also sought information about the functions of the digitalized database on Chinese medicines and whether the database would be for exclusive use by GCMTI or could also be used by other organizations and/or the public. He further asked how GCMTI (particularly the Chinese medicine drugs herbarium laboratory) could help the industry concerned (e.g. how commercial laboratories could benefit from the work of GCMTI).

55. The Chairman cast doubts on how GCMTI could assist the future development of Chinese medicine. She also criticized the Administration for not taking the lead in purchasing Chinese medicine which received accreditation in Hong Kong. She also asked the Administration to provide further information on the positioning and work of GCMTI.

56. In conclusion, the Chairman indicated that while Panel members raised no objection to the submission of the relevant funding proposal to PWSC, some members had reservation on the proposal. Having regard to the time allocated to this agenda item, the Administration undertook to provide further information on the GCMTI project outside of the meeting before submission to PWSC.

(Post-meeting note: The Administration issued the supplementary information vide LC Paper Np. CB(4)971/20-21(01) on 10 May 2021.)

V. Health centre and social welfare facilities building in Siu Sai Wan
[LC Paper Nos. CB(4)707/20-21(07) and (08)]

57. At the invitation of the Chairman, USFH briefed members on the Administration's funding proposal to provide a health centre and social welfare facilities building ("the Building") in Siu Sai Wan at an estimated cost of about \$710 million in money-of-the-day prices.

Location

58. Mr POON Siu-ping indicated no objection to the funding proposal under discussion. However, he made an opinion that the location of the Building in Siu Sai Wan was not easily accessible as it was not within the railway catchment area.

59. In response, USFH said that with the Administration's aim to set up District Health Centres ("DHCs") in 18 districts in an expeditious manner, it was not easy to identify a suitable site for development of the Building, given the limited land available for development across the territory. He advised that although the Building was not close to any MTR station, it was accessible through some bus and mini-bus routes.

60. Expressing gratitude to Hon CHAN Hak-kan and Mr WONG Kwok-hing who had pursued the project previously, Mr KWOK Wai-keung said that the site concerned had been left idle for years and was recommended by the relevant District Council ("DC") for use by the Administration to meet the demand for health services in the district. He elaborated that the DC concerned originally suggested that the Administration should use the whole site for provision of health services but FHB reverted that the site should be shared by FHB and the Social Welfare Department. Nevertheless, he considered such use of site understandable due to the urgent demand for services of both health centre and social welfare facilities in the Eastern District.

Building design

61. Mr POON Siu-ping was concerned about whether the design of the Building had already been confirmed as tenders for the proposed works had been invited, or it would be confirmed after the Finance Committee had approved the relevant funding proposal. He asked whether the height of the Building could be increased to accommodate more facilities such as more subsidized residential care home places and more supported hostel places for mentally handicapped persons.

62. Project Director 1 of the Architectural Services Department advised that according to the Outline Zoning Plan, the maximum building height for the development was 60 metres above Principal Datum. According to the current design, the Building height was already 59.55 metres above Principal Datum. He further said that the site was close to residential areas, i.e. Siu Sai Wan Estate and Harmony Garden. The plot ratio achieved by the Building was 7.4 which had already met the reference plot ratio proposed by the Planning Department.

Service scope

63. Mr KWOK Wai-keung questioned why the Administration chose to renovate the Wan Tsui General Out-patient Clinic ("GOPC") instead of providing such GOPC service in the Siu Sai Wan DHC.

64. USFH said that HA's services are cluster-based. GOPC was under the purview of HA which would review the demand on GOPC service in the various hospital clusters annually and devise plan on increasing the relevant quota and improving the service concerned. He added that there were currently five GOPCs in the Eastern District, which could satisfy the demand of the district for the time being. He further explained that the role of DHC was different from that of GOPC, as the former focused on preventing diseases and supporting patients with chronic diseases. He undertook that the Administration would continue to closely liaise with HA on provision of GOPC service to meet the demand.

65. The Chairman asked whether the Administration would consider members' previous views on providing more services on preventive care and health maintenance by DHC, such as screening for osteoporosis and cancer, measuring blood pressure and conducting diabetes check-ups. In her opinion, providing the above check-ups for citizens was easy and would be much more effective than merely promotion by distributing leaflets or holding health talks.

66. Head (Primary Healthcare Office) of FHB ("H(PHO)") explained that although DHC did not provide osteoporosis and cancer screening, it conducted health promotion on preventing risk factors associated with osteoporosis and cancer. The Administration would continue to study with the Steering Committee on Primary Healthcare Development on the proposal to expanding the scope of services at DHC.

67. USFH added that currently, DH had implemented cervical cancer and colorectal cancer screening programmes. In exploring the Chairman's suggestion, the Administration would consider the overall public health policy and how the relevant service would be integrated into the existing healthcare system.

Reprovisioning of the Shau Kei Wan Elderly Health Centre

68. Mr POON Siu-ping noted that the Shau Kei Wan Elderly Health Centre, currently at Shau Kei Wan Jockey Club Clinic, would be reprovisioned in the

Building. He asked whether the reprovisioning exercise would be conducted after the commissioning of the Building. Assistant Director of Health (Health Administration & Planning) of DH replied in the affirmative.

DHC Express

69. Mr KWOK Wai-keung noted that as the construction of the Building would take around three and a half years, an interim "DHC Express" would be set up in the Eastern District until the completion of construction and commencement of operation of the Siu Sai Wan DHC. He asked about the progress of setting up the DHC Express in the Eastern District and its location.

70. H(PHO) advised that the Administration had completed invitation of proposals for the operation of smaller interim "DHC Expresses" for 11 districts and the proposals received were under assessment. The Administration hoped to award the contract in the second quarter of 2021, with a view to commencing service provision in the fourth quarter thereof. She added that the locations of DHC Expresses were proposed by the service provider concerned and would only be confirmed after the award of contract.

Conclusion

71. The Chairman concluded that as no objection was raised by members, the Panel supported in principle the submission of the funding proposal to the Public Works Subcommittee.

VI. Any other business

72. There being no other business, the meeting ended at 1:12 pm.