

立法會
Legislative Council

LC Paper No. CB(4)1811/20-21
(These minutes have been seen by
the Administration)

Ref : CB4/PL/HS

Panel on Health Services

**Minutes of policy briefing-cum-meeting held on
Friday, 8 October 2021, at 9:30 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, GBM, GBS, JP
Hon Michael TIEN Puk-sun, BBS, JP
Hon YIU Si-wing, SBS
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
Dr Hon CHIANG Lai-wan, SBS, JP
Hon SHIU Ka-fai, JP
Dr Hon Pierre CHAN
- Member attending** : Hon Holden CHOW Ho-ding
- Public Officers attending** : Agenda item II
Prof Sophia CHAN Siu-chee, JP
Secretary for Food and Health

Mr Thomas CHAN Chung-ching, JP
Permanent Secretary for Food and Health
(Health)

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

Mr Kevin CHOI, JP
Deputy Secretary for Food and Health (Health) 1

Miss Amy YUEN Wai-yin, JP
Deputy Secretary for Food and Health
(Health) 2

Ms Shirley KWAN Yu-pik
Deputy Secretary for Food and Health
(Health) 3

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

Dr Ronald LAM Man-kin, JP
Director of Health

Dr Tony KO Pat-sing
Chief Executive
Hospital Authority

Dr Deacons YEUNG Tai-kong
Director (Cluster Services)
Hospital Authority

Agenda item III

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

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

Dr Edwin TSUI Lok-kin, JP
Controller, Centre for Health Protection
Department of Health

Dr CHUANG Shuk-kwan, JP
Head, Communicable Disease Branch
Department of Health

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

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

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

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

Miss Natalie YEUNG
Council Secretary (4)3

Miss Ariel SHUM
Legislative Assistant (4)3

Action

I. Information paper(s) issued since the last meeting

Members noted that no information paper had been issued since the last meeting.

II. Briefing by the Secretary for Food and Health on the Chief Executive's 2021 Policy Address

[LC Paper No. CB(4)1615/20-21(01), The Chief Executive's 2021 Policy Address and The Chief Executive's 2021 Policy Address Supplement]

2. At the invitation of the Chairman, Secretary for Food and Health ("SFH") briefed members on the policy initiatives in respect of health matters set out in the Chief Executive's 2021 Policy Address ("the 2021 Policy Address"), details of which were set out in the Administration's paper (LC Paper No. CB(4)1615/20-21(01)).

Direct access to healthcare professional services without a doctor's referral

3. Expressing recognition on the Administration's proposal to allow patients to have direct access to healthcare professional services, such as physiotherapy and occupational therapy, without a doctor's referral, Mrs Regina IP queried whether the new initiative would cover services provided by medical laboratories such as blood test and hormone test.

4. SFH responded that the proposal was the outcome of discussions by the Boards of the supplementary medical professions concerned, including the Physiotherapists Board and the Occupational Therapists Board. The arrangement for members of the public to receive coronavirus disease 2019 ("COVID-19") testing service provided by private laboratories was also made through similar procedures in the Medical Laboratory Technologists ("MLT") Board. Although there was not yet discussion on patients' direct access to testing services in laboratories without a doctor's referral in MLT Board, the Administration would keep an open mind and examine the subject matter with the Board.

5. Dr Pierre CHAN further enquired about what other types of healthcare professional services would be included in the Administration's proposal and the reasons. He also asked which parties in the medical profession the Administration had consulted. He said that there were patients who sought medical treatments at public hospitals after discovering high tumour marker levels from blood test in private laboratories, but were found by the public hospitals concerned to be healthy, resulting in a waste of public resources and time. He was therefore worried that if no doctor's referral was needed before having access to healthcare professional services, more similar cases would be found, resulting in unnecessary increase in the workload of public hospitals and procrastination on the waiting time for services in public hospitals. Nonetheless, Mr Tommy CHEUNG opined that the problem mentioned was long-existing and irrelevant to the introduction of the proposal. He was pleased that the Administration had proposed such changes after listening to opinions from the Liberal Party, patients' groups and the medical profession.

6. SFH advised that the proposal was one of the recommendations listed in the Report of the Strategic Review on Healthcare Manpower Planning and Professional Development promulgated in 2017. In drawing up the report, various parties (including representatives from the 13 healthcare professions subject to statutory registration) were consulted on manpower planning, professional development and regulation of healthcare professions. Examples around the globe were also studied. She stressed that patients' interests and safety were the key concern and the statutory Boards and Councils of the healthcare professions would deliberate on the proposal thoroughly. The development of primary healthcare services and making of related regulations could also help ease the problem.

Continuing professional development of medical professionals

7. Noting that many doctors, especially young doctors, working in the Hospital Authority ("HA") were not able to retain their positions if they opted to pursue continuing education overseas, even for professional development in the medical field, Mrs Regina IP criticized the arrangement for leading to talent wastage and considered it a discouragement for doctors to engage in continuing professional development. She questioned whether HA could reserve some positions for talented doctors to return after continuing education overseas and suggested that HA should, by following the current practice on Government Scholarship awardees, require such doctors to return to Hong Kong to serve in Hong Kong's public healthcare sector for a certain period of time.

8. SFH agreed that suitable training should be offered to young doctors and other healthcare professionals. While careful consideration might be needed given the manpower shortage, HA should in general support the continuing development of their staff. She would ask HA to study the aforesaid suggestion.

Manpower shortage in the Hospital Authority

Wastage of doctors

9. Mr YIU Si-wing enquired whether public healthcare services had been affected by the recent medical manpower wastage and outflow, and what measures would be carried out to address the problem in the short to medium term.

10. SFH replied that the Administration had been adopting a multi-pronged approach to enhance healthcare manpower, including increasing the number of local healthcare training places, admitting non-locally trained healthcare

professionals and retaining local healthcare professionals. Chief Executive, HA ("CE, HA") said that the manpower wastage was worrying and HA was concerned about the situation. More severe shortages were found in particular specialties such as Anaesthesiology, in which operation sessions had to be adjusted. HA had implemented manifold measures to address the problem such as provision of special honorarium for HA staff, recruiting more part-time staff and extending the employment of doctors beyond retirement. There were around 600 locum and part-time doctors working in HA currently.

Internal management of the Hospital Authority

11. The Chairman relayed complaints from some doctors in HA, especially young doctors, that the management therein was problematic. They indicated that senior doctors were occupied with administrative work, leaving junior doctors overloaded with clinical work. Doctors were under high pressure psychologically and some even suffered from depression. She urged HA to review its administrative structure and management.

12. CE, HA responded that while both senior and junior doctors were engaged in clinical work, doctors with more experience would also need to help with non-clinical work such as formulating treatment regimens for patients, giving input in procuring medicines and equipment and conducting clinical reviews. Understanding that junior doctors might need supervision from senior doctors, HA had been strengthening the internal support in clinical departments. He added that HA had just implemented a new staff retention policy of extending the employment of doctors beyond retirement which would be up to the age of 65. Those experienced doctors retained would mainly focus on clinical duties with a view to relieving work pressure of frontline staff.

13. Noting that the Government of the previous term had conducted a comprehensive review of HA and put forward over 100 recommendations for HA to implement, Mr Tommy CHEUNG enquired how many of the recommendations had been and when would the rest be implemented.

14. SFH replied that three years were given for HA to implement the recommendations. CE, HA advised that follow-up work had generally been completed and HA would continue to review its operation in a bid to tackle new challenges.

Language requirements of non-locally trained doctors

15. Mr Tommy CHEUNG was of the view that Cantonese proficiency should not be a requisite for non-locally trained doctors to practise in Hong Kong. SFH responded that the Administration kept an open mind on the language requirements of non-locally trained doctors. CE, HA clarified that as long as a non-locally trained doctor could facilitate the provision of HA's services, it was not a must for such doctor to be able to speak Cantonese in order to work in HA. There were non-Cantonese speakers among the 39 non-locally trained doctors currently practising in HA with limited registration.

Retaining supporting staff

16. Ms Alice MAK pointed out that HA had been spending a large sum of money on hiring services provided by supporting workers employed by agencies, as a result of the high attrition rate of supporting staff in HA. She raised a question on the recruitment and retention arrangements of supporting staff in HA such as patient care assistants. CE, HA explained that the workload of frontline supporting staff in HA was heavy and therefore their attrition rate was high. HA had improved the remuneration package of patient care assistants, operation assistants and executive assistants two years ago and more training had been provided for supporting staff. Further enhancement on their training and promotion opportunities was in the pipeline. HA would also try to extend employment of frontline supporting staff beyond their retirement.

Overall review on public healthcare system and public health strategy

Role and functions of the Department of Health

17. Mr YIU Si-wing, Mr POON Siu-ping and Ms Alice MAK noted from the 2021 Policy Address that the Administration would consider strengthening the core functions of the Department of Health ("DH") in formulating and implementing public health strategies, as well as monitoring and facilitating the development of health technology and the research and development of drug. It would also consider the role of DH and coordination arrangements in the process of reviewing the governance framework and service provision of primary healthcare services. Mr YIU questioned whether it reflected that there were shortcomings in the services of HA and how DH could complement HA without overlapping with its responsibilities. Mr POON and Ms MAK enquired about the proposed framework and timetable of the review.

18. SFH responded that the review would be conducted in a holistic manner, covering the entire public healthcare system. DH, especially the Centre for Health Protection, had been playing an important role in combating the epidemic over the past 21 months. The Administration would assess the capability of DH in implementing public health strategies in relation to prevention and control of diseases, in terms of manpower, contact tracing, digitalization, etc. DH's role as a regulator also became more prominent as additional legislation, such as regulations on healthcare professionals and on private healthcare facilities, had been introduced. Another core function of DH would be facilitating the development of healthcare technology and the research of drug. With the establishment of District Health Centres ("DHCs") in the 18 districts to promote primacy healthcare, the Administration would consider whether the functions of DH would overlap with DHCs. The positioning of HA, as well as the provision of services and the referral of cases within the three-tier public healthcare system, would also be covered in the review. Above apart, healthcare initiatives involving the private sector such as the Elderly Health Care Voucher Scheme would also be evaluated.

Primary healthcare services

19. Noting that the Administration had proceeded with a comprehensive review on the planning of primary healthcare services and governance framework to formulate a blueprint for the sustainable development of primary healthcare services in Hong Kong ("the Blueprint"), Mr POON Siu-ping asked about the preliminary planning of the Blueprint.

20. SFH advised that the development of primary healthcare services could be summarized into three parts:

- (a) establishment of DHCs and DHC Express in the 18 districts, which was one of the commitments of the current-term Government;
- (b) enhancement of services provided by DHCs and DHC Express, as well as the coordination among them, HA, DH, district organizations and private medical service providers; and
- (c) formulation of the Blueprint under the guidance of the Steering Committee on Primary Healthcare Development.

21. As regards the Blueprint, a public consultation would be conducted shortly and the Blueprint would be announced within the current term of the

Government. The Blueprint would cover five aspects including (i) establishment and restructuring of a district-based and prevention-oriented primary healthcare system; (ii) governance framework of primary healthcare services; (iii) manpower and training of primary healthcare personnel; (iv) enhancing health surveillance and health record sharing; and (v) financing of primary healthcare services.

22. With the estimated number of chronic disease patients in Hong Kong rising from 2 million for the time being to 3 million in 2030, Dr CHIANG Lai-wan queried about the performance of DHCs and how their services could be improved to cater for needs of such patients.

23. SFH indicated that prevention of chronic diseases was one of the major tasks of DHCs. Primary healthcare services would be complementary to services provided by public hospitals and other facilities that constituted the entire healthcare system in Hong Kong.

Development of Chinese Medicine

Chinese Medicine Clinics cum Training and Research Centres

24. Regarding the Chinese Medicine Clinics cum Training and Research Centres ("CMCTRs") established in the 18 districts, Mr YIU Si-wing asked about the service planning and queried whether CMCTRs could accommodate the substantial number of Hong Kong graduates studying Chinese medicine in Hong Kong and the Mainland. He further questioned whether the Administration had examined the mutual recognition arrangement of Chinese medicine practitioner ("CMP") qualifications within the Greater Bay Area ("GBA").

25. SFH advised that the scope of Chinese medicine out-patient services provided by CMCTRs had been expanded to include government-subsidized Chinese medicine out-patient services. The Administration had been monitoring the number of Hong Kong registered CMPs who graduated from Mainland institutions. Most of them were practising in private clinics. Currently, Hong Kong registered CMPs could practise in both public and private healthcare institutions in GBA, which was a valuable opportunity for them.

Chinese medicine practitioners to prescribe diagnostic imaging and laboratory tests

26. Noting from the 2021 Policy Address that the Administration would explore empowering CMPs to prescribe diagnostic imaging (such as X-ray) and

laboratory tests for their patients, Mr POON Siu-ping enquired whether the Administration had started such exploration and the specific details of the empowerment. Pointing out that dentists and veterinarians could prescribe many more supplementary medical procedures than CMPs could, Ms Starry LEE suggested empowering CMPs to also prescribe other supplementary medical procedures such as ultrasound scan, computerized tomography scan ("CT scan") and magnetic resonance imaging. In her view, the development of Chinese medicine in Hong Kong was unacceptably slow. She therefore asked whether the empowerment mentioned above could be put in place before the operation of the Chinese Medicine Hospital. Mr CHAN Han-pan took the view that the Chinese medical profession had been requesting for the aforesaid power for years and asked about the timeframe for putting such power in place.

27. SFH explained that the Administration's exploration mentioned above was to tie in with the development of primary healthcare services and the operation of the Chinese Medicine Hospital, as well as responding to the request from the Chinese medical profession. She assured members that the empowerment to be explored by the Administration would be put in place as soon as possible and before the operation of the Chinese Medicine Hospital so as to facilitate the work of CMPs.

Registration of Chinese medicine products in the Greater Bay Area

28. Given that the initiative to allow traditional proprietary Chinese medicine products for external use registered in Hong Kong to be registered and sold in the GBA through a streamlined approval process was well received by the trade, Mr SHIU Ka-fai hoped the Administration could extend the coverage to traditional proprietary Chinese medicine products for internal use.

29. SFH overtook to maintain close communication with the Mainland authorities on the subject matter.

Supportive measures for victims of sexual violence

30. The Chairman recalled that a motion was passed in the Legislative Council three years ago, urging the Administration to designate rooms in public hospitals to set up one-stop crisis support centres for victims of sexual violence to receive medical treatment, undergo forensic examinations, report to the Police, take statement, as well as receive support and counselling services from social workers, in the same place. She pointed out that the World Health Organization ("WHO") had issued guidelines for medico-legal care for victims of sexual

violence, including the recommended setting of such designated rooms. However, curtains were still used in public hospitals to separate areas for victims of sexual violence, which was unsatisfactory. She urged HA to designate rooms that complied with the WHO's guidelines for victims of sexual violence.

31. CE, HA advised that HA attached great importance to the support offered to victims of sexual violence and designated rooms would be arranged for them in the Accident and Emergency ("A&E") Departments in public hospitals when needed. He concurred that it would be more preferable if victims of sexual violence could receive consolidated services from supporting teams in the same place. While there might be space constraints in some A&E Departments, HA would explore the suggestion and set up designated rooms accordingly in a gradual manner.

Medical services for Hong Kong citizens living in the Greater Bay Area

Provision of medical services for Hong Kong citizens in the Greater Bay Area

32. Dr CHIANG Lai-wan asked when HA would finish exploring the suggestion to provide public medical services for Hong Kong citizens living in GBA.

33. SFH responded that she had led a 100-member delegation to GBA in 2018, comprising representatives from private healthcare facilities and leaders of healthcare professional associations, to study the provision of healthcare services by Hong Kong private healthcare bodies in GBA and exchange views on improving the medical standard in GBA. Currently some of them had already established or were planning to establish private hospitals or healthcare facilities in GBA.

34. Mr Holden CHOW further enquired whether the Administration could collate relevant data such as the number of medical bodies and personnel from Hong Kong providing services in GBA and whether the Administration could collaborate with these medical bodies to provide services for Hong Kong citizens living there.

35. SFH affirmed that the Administration would strengthen the medical services provided for Hong Kong people in GBA.

Access to electronic health records in the Mainland

36. Mr CHAN Han-pan queried whether the Administration would consider amending the legislation such that electronic health records of Hong Kong citizens could be accessed in the Mainland. While the Mainland authorities were proactively providing facilitations for Hong Kong citizens living in the Mainland, in terms of tax and housing arrangements, he considered the Administration sluggish in providing such kinds of support and urged it to step up efforts in removing barriers for Hong Kong citizens living in the Mainland.

37. SFH stressed that the Food and Health Bureau ("FHB") endeavoured to facilitate Hong Kong citizens in receiving suitable medical services in GBA. The Health Commission of Guangdong Province, the Macao Health Bureau and FHB attended two GBA medical forums together previously and the Administration would continue working on the collaboration. She further advised that the Electronic Health Record Sharing System ("eHRSS") had already enabled sharing of electronic health records among eligible public and private healthcare providers; and in order to facilitate Hong Kong citizens stranded in the Mainland in receiving medical services therein, eligible HA patients with eHRSS registration could apply, with the assistance of The University of Hong Kong-Shenzhen Hospital ("HKU-SZH"), for a copy of their own medical records of the past three years from the eHRSS via Data Access Request ("DAR"). Permanent Secretary for Food and Health (Health) added that under the Electronic Health Record Sharing System Ordinance (Cap. 625), eHRSS was a patient-oriented platform and patients were allowed to, with their own consents, take the initiative to share health records with designated healthcare providers. The Administration would explore amending the legislation if deemed necessary.

Screening programme for lung cancer

38. Mr CHAN Kin-por said that lung cancer was one of the most common cancers in recent years and the number of non-smokers suffering from lung cancer, especially lung adenocarcinoma, was escalating. Although the recovery rate of early-phase lung adenocarcinoma was high, no prominent symptoms could be found in early stage, posing huge difficulties in diagnosis. Symptoms only turned obvious when the cancer reached stage four and became hardly curable. Hence, early detection was crucial. Given that low-dose CT scan of thorax ("low dose CT thorax") was much more effective in detecting lung adenocarcinoma than conventional chest X-ray, Mr CHAN questioned whether the Administration would roll out a screening programme for lung cancer similar to the Breast Cancer Screening Pilot Programme and Colorectal Cancer Screening Programme, using low dose CT thorax instead of X-ray.

39. SFH advised that the Hong Kong Cancer Strategy launched earlier contained statistical data related to different types of cancers in Hong Kong. The Cancer Coordinating Committee under FHB would study the data and formulate relevant prevention and screening strategies. CE, HA added that lung cancer was one of the Administration's major concerns, given the large number of patients and the difficulties in detection. An expert committee had been set up under FHB and the Department of Health to examine preventive measures for a variety of diseases. While the factors of consideration in launching a screening programme for lung cancer were complicated, the expert committee would continue to follow up on this subject matter.

Prevention and control measures of coronavirus disease 2019

40. Mrs Regina IP, Mr Tommy CHEUNG, Mr Michael TIEN and Ms Starry LEE recognized the continuous efforts of SFH and her team in combating and controlling the spread of COVID-19, bringing Hong Kong to a comparatively stable situation in recent months.

Resumption of quarantine-free travel between Hong Kong and the Mainland

41. Mr Michael TIEN expressed that, to his understanding, the Mainland authorities were not satisfied with a few aspects of Hong Kong's disease control and prevention measures, including the security arrangements in designated quarantine hotels and the excessive number of persons entering Hong Kong from overseas who were granted quarantine exemption, rendering the date of resumption of quarantine-free travel between Hong Kong and the Mainland uncertain. He asked whether and when the Administration would arrange law enforcement officers to guard the entrances and exits of designated quarantine hotels. He also asked about the total number of persons entering Hong Kong from overseas who were granted quarantine exemption; and queried whether the criteria for exemption would be tightened. Moreover, he asked about the other conditions Hong Kong was requested to fulfill for such resumption.

42. In addition, Mr Michael TIEN agreed that priority to travel should be offered to persons with compassionate or business reasons after quarantine-free travel between Hong Kong and the Mainland resumed. To facilitate the resumption, he enquired whether the Administration would develop a health code with real name registration function which could track one's whereabouts in the past 14 days prior to entering the Mainland, or enhance the "LeaveHomeSafe" mobile application to include such function.

43. SFH advised that the Chief Secretary for Administration ("CS") together with health officials and experts from Hong Kong had a candid dialogue with the Mainland authorities the previous month to exchange professional views on the strategies to prevent and fight the virus and explore the resumption of quarantine-free travel between Hong Kong and the Mainland in an orderly manner. Mainland experts agreed with Hong Kong's determination in fighting the epidemic and reaffirmed the city's present situation of "zero local infection". While arrangements in designated quarantine hotels were parts of the infection control strategy for preventing the importation of cases, a designated team had been assigned to oversee the work and enhance the arrangements when deemed necessary.

44. In response to the question on quarantine exemption, SFH explained that CS had the authority to exempt certain persons from compulsory quarantine by law, taking into consideration stringent criteria. Timely review on the arrangements would be carried out. She added that the Innovation and Technology Bureau ("ITB") was working on the health code system and the "LeaveHomeSafe" mobile application to tie in with the anti-epidemic work.

45. Noting that quarantine-free travel would only be possible if Hong Kong could keep up its disease control measures to the same level as the Mainland's, Mr WONG Ting-kwong asked whether the Administration could satisfy the Mainland's requests, including increasing the testing frequency for medical staff, quarantine hotel staff and airport staff to one test every other day; putting patients with COVID-19 discharged from hospitals under 14-day medical surveillance at designated place; tightening quarantine exemption arrangements for air crew, sea crew and diplomatic personnel; and developing a health code with real-name registration function. He asked whether there was an implementation timetable.

46. SFH reiterated that striving to control the epidemic so that normal cross-border flow of people could be resumed as early as possible remained the Administration's top priority for the time being. The Administration was determined and decisive in strengthening the city's disease control measures to keep up with the Mainland's in the hope of holding a second meeting with the Mainland as soon as possible.

III. Measures for the prevention and control of coronavirus disease 2019 in Hong Kong

[LC Paper Nos. CB(4)1615/20-21(02) and (03), CB(4)1598/20-21(01) to (11) and CB(4)1622/20-21(01) and (02)]

47. At the Chairman's invitation, Under Secretary for Food and Health ("USFH") briefed members on the latest situation and measures being taken 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)1615/20-21(02)).

Border control measures

Protection for staff who had chances of contact with inbound travellers

48. Mr SHIU Ka-fai was concerned about whether staff who had chances of contact with inbound travellers had been adequately protected from COVID-19 infection, in particular staff of designated quarantine hotels ("DQHs") and the airport, and those who handled cargoes. He asked whether sufficient personal protective equipment had been provided for them, whether the protective gowns would be disposed of after use everyday, and whether the flow of work had been designed to prevent staff members from infection. He considered that the Administration should conduct checks on whether staff members had strictly followed the infection control measures and prosecute those who had not complied with the measures.

49. In reply, USFH said that the Administration was refining the infection control measures for staff who had chances of contact with inbound travellers. Head, Emergency Response and Programme Management Branch, DH ("Head, ERPMB") advised that DH had issued guidelines on infection control measures at DQHs. He elaborated that before including a hotel in the DQH Scheme, the Infection Control Branch of DH and, inter alia, the Electrical and Mechanical Services Department would conduct on-site assessment on whether the design of the hotel and the flow of work complied with the relevant requirements. Protective gowns would be disposed of after use by staff members. Outsiders could not share use DQH facilities with persons in quarantine.

50. Controller, Centre for Health Protection of DH ("Controller, CHP") added that staff who handled cargoes at the airport were required to wear gloves and protective gowns. He added that whilst personal protective equipment, such as protective gowns, had been provided for staff members, it was important that they

followed strictly the correct procedures for using them. There were compliance teams monitoring the compliance of infection control measures at both DQHs and the airport.

51. Mr CHAN Han-pan asked whether the Administration would require all staff members who had chances of contact with inbound travellers to receive vaccination or provide them with a third dose of vaccine.

52. USFH advised that administrative measures had been taken to require airport staff with high risk of infection and high exposure to COVID-19 virus to receive vaccination before undertaking the relevant work. The Administration would regularly review whether staff members of all jobs with such high risk and high exposure should be required to receive vaccination.

Request for quarantine-free travel between Hong Kong and the Mainland

53. Dr Priscilla LEUNG urged the Administration to launch the "Hong Kong Health Code" system as soon as possible to facilitate quarantine-free travel between Hong Kong and the Mainland. The Chairman and Dr LEUNG asked about details of the requirements of the Mainland which could not be met by Hong Kong so that Hong Kong people could work together to meet the requirements.

54. USFH advised that ITB had been following up the technical issues of establishing the "Hong Kong Health Code" system. At present, the development of the health code conversion system had been completed and the system was applicable to applicants of the Return2hk Scheme and Come2hk Scheme. ITB was collaborating with the Mainland authorities on enhancement of the code conversion system with a view to incorporating the vaccination records into the code conversion function and making technical preparations for the gradual resumption of cross-boundary travels among the three places. The relevant system would be put into service when the related arrangements for cross-boundary travels among the three places were implemented. As for the information to be incorporated into the "Hong Kong Health Code", he said that the Administration would make reference to the health code currently adopted by the Mainland.

55. USFH further said that the Hong Kong Special Administrative Region ("HKSAR") Government had held a meeting with relevant authorities in the Mainland recently to exchange strategies to prevent and fight the virus and study the resumption of quarantine-free travel between the Mainland and Hong Kong. The relevant authorities in the Mainland hoped that Hong Kong's anti-epidemic

measures were more in line with the Mainland practice. He advised that apart from the "Hong Kong Health Code" system, the Administration was working on tightening the standard of discharging COVID-19 patients from hospital, testing requirements and frequency, as well as quarantine exemption mechanism in order to meet the requirements of the Mainland. The HKSAR Government had submitted a proposal in this regard for consideration by relevant authorities in the Mainland.

56. In response to Dr Priscilla LEUNG's further enquiry on whether the quarantine exemption arrangement in Hong Kong could not meet the requirement of the Mainland, USFH said that the relevant government bureaux or departments were responsible for monitoring whether the exempted persons under their purview had complied with the conditions of quarantine exemption. FHB would review the monitoring work of exempted persons by sampling. To ensure that the closed-loop management principle had been followed by the exempted persons performing designated activities in Hong Kong, the Administration would study how the monitoring work of exempted persons could be strengthened, details of which would be further discussed by the relevant government bureaux and departments.

57. The Chairman said that many members of the public had longed for quarantine-free travel between the Mainland and Hong Kong. She was dissatisfied with the Administration's late action to address the public's needs as it had only held the first meeting with the Mainland on such matter recently.

58. USFH explained that Hong Kong had undergone four waves of the COVID-19 epidemic in the past year, which hindered the HKSAR Government from negotiating with relevant authorities in the Mainland on resumption of quarantine-free travel between the two places. Since the target of "zero local cases" had basically been achieved at present, it gave the HKSAR Government better leverage to discuss the matter with relevant authorities in the Mainland. He said that the Administration was actively pursuing the target of resumption of quarantine-free travel and striving to hold a second meeting with relevant authorities in the Mainland as soon as possible.

59. Mr Tommy CHEUNG pointed out that different Hong Kong people had different aspirations in respect of resumption of quarantine-free travel between Hong Kong and overseas countries or the Mainland, depending on their needs. He asked whether it would be feasible to relax the restrictions for incoming travellers without affecting the efforts to achieve the goal of resumption of quarantine-free travel with the Mainland, and whether the Administration would

follow the Mainland's strategy for resumption of quarantine-free cross-boundary travel to and from overseas countries.

60. USFH said that the Chief Executive had indicated that the top priority of Hong Kong was resumption of quarantine-free travel between Hong Kong and the Mainland. In other words, other proposals falling outside that top priority would not be considered in the meantime. The Administration would follow the Mainland's strategy for resumption of quarantine-free cross-boundary travel to and from overseas countries .

Monitoring of the operation of designated quarantine hotels

61. Mr Michael TIEN raised concern over an incident of a man, who had been issued a compulsory quarantine order, was suspected of having left the DQH he resided without permission ("the Incident"). He asked about the follow up actions that had been taken by the Administration on the Incident, whether it would consider arranging policemen to station at the entrances of DQHs to avoid recurrence of similar incidents or imposing heavy penalty on DQHs for failure to comply with the conditions set out in the contract made between DQHs and the Administration. He also queried why some DQHs were allowed to open up their facilities, such as restaurants, to outsiders. He requested the Administration to review the operation of DQHs to prevent the COVID-19 virus from slipping into the local community, which might affect resumption of quarantine-free travel between Hong Kong and the Mainland.

62. USFH advised that to avoid recurrence of similar incidents, the Administration would instruct the concerned DQH to strengthen its monitoring measures, such as installing additional Close Circuit Television system and motion sensor.

63. Controller, CHP and Head, ERPMB advised that a mechanism was in place for prevention of persons in quarantine to leave DQHs. Head, ERPMB explained that this was the first time a person in quarantine left DQHs without permission. He advised that DH was notified by the relevant DQH that an Italian man had left the hotel room without permission during the hotel quarantine period and the man had been requested by the hotel staff to return to his room. However, before the man was sent to the quarantine centre for compulsory quarantine on the next day due to his contravention of the compulsory quarantine order, that man was found missing. To follow up on the Incident, the Administration had requested the DQH concerned to submit a report on the Incident and issued a warning letter to that DQH. Head, ERPMB added that

according to the invitation for Expression of Interest, DQHs' compliance records was one of the factors for consideration when selecting DQHs and determining their respective available rooms for future cycles under the DQH Scheme. Apart from the aforesaid punitive mechanism, there was also a mechanism for quality assurance of service provided by DQHs. The Administration would review the operation of DQHs from time to time.

64. Regarding the concern on opening up DQHs' facilities to outsiders, USFH said that the facilities of DQHs should meet the standard on infection control as required by the Administration. To address the concern of Mr Michael TIEN, he agreed to review the above arrangement.

65. Head, ERPMB added that DQHs intending to open up their facilities to outsiders should submit the request for such opening up to the Administration for its assessment on whether there was effective isolation and independent control on exit and entrance, so that outsiders would not have chance of contact with quarantine facilities. Subject to the risk assessment result, DH might offer no comments on such request.

Admin 66. At the request of Mr Michael TIEN, the Administration agreed to give a written explanation of the rationale for allowing DQHs to open up their facilities to outsiders.

Recognition of overseas vaccination records

67. The Chairman raised concern that some Hong Kong people were stranded in Cambodia and could not return to Hong Kong because their vaccination records had not yet been recognized by the HKSAR Government. She asked about the progress of discussion on recognition of the vaccination record issued by Cambodia. USFH advised that the Administration was liaising with the Cambodian government on such matter.

Social distancing measures

68. Mr POON Siu-ping considered that as Hong Kong had basically achieved the target of "zero local cases" since May 2021, the Administration should focus its efforts on preventing importation of cases and further relax the social distancing measures to restore Hong Kong to normality.

69. USFH advised that the social distancing measures had been relaxed in a gradual manner with "vaccine bubble" as the basis since April 2021. Given the

dense environment in Hong Kong, the risk of community transmission would be very high if there was any local confirmed case. Therefore, the pace of relaxing social distancing measures should be measured.

70. In view of the stable epidemic situation in Hong Kong, Mr YIU Si-wing asked about the progress of discussion on relaxation of the restrictions on "cruise-to-nowhere" ("CTN") itineraries and local tours with the Tourism Commission of the Commerce and Economic Development Bureau. He suggested that the Administration should relax the duration for passengers of CTN itineraries to take COVID-19 tests from within 48 hours prior to boarding to within 72 hours, and relax the passengers capacity limit on a coach for local tours from 50% to 85%.

71. In response, USFH said that the relevant policy bureaux had been regularly reviewing social distancing measures under their respective purviews and had already relaxed some measures. He reiterated that the social distancing measures should be relaxed in a gradual manner.

72. Mrs Regina IP suggested that apart from coach drivers, the Administration would also provide financial subsidy for owners of tourist coaches, whose business was also affected by the epidemic. USFH undertook to relay her views to the relevant policy bureau.

Coronavirus disease 2019 Vaccination Programme

Vaccination rate

73. The Chairman suggested that HA should set up more COVID-19 Vaccination Stations at public hospitals, in particular for those public hospitals which provided geriatric service, to facilitate the elderly in receiving vaccination. In addition, she requested the Administration to step up publicity efforts to provide more information for the elderly on vaccination to allay their worries.

74. USFH said that the Administration had been making efforts to promote vaccination, in particular for the elderly. Chief Manager (Infection, Emergency & Contingency) of HA ("CM(IEC)/HA") added that starting from 29 September 2021, three COVID-19 Vaccination Stations were set up in three public hospitals to enable patients visiting the hospital for follow-up appointments and visitors to receive vaccination without prior booking. HA planned to set up four more such Stations tentatively in the next week such that there would be at least one such Station in each hospital cluster. HA staff would also proactively encourage patients visiting specialist out-patient clinics during follow-up

appointments to receive vaccination at designated spot of public hospitals or Community Vaccination Centres ("CVCs") if they had no contraindications of vaccines.

75. Pointing out that no vaccine was currently available in Hong Kong for injection by children aged below 12, Mr Tommy CHEUNG urged the Administration to require all teaching staff, in particular those who taught at kindergartens and primary schools, to receive vaccination to protect children. USFH undertook to relay his view to the relevant bureau for consideration.

Suggestion of lowering the age limit for receiving the Sinovac vaccine

76. The Chairman and Mr CHAN Han-pan urged the Administration to consider the suggestion of lowering the age limit for receiving the Sinovac vaccine to provide a choice for students. They asked about the progress of the study in this regard.

Admin

77. USFH advised that the Administration would only implement the above suggestion in Hong Kong based on expert advice to ensure that it was safe and effective to do so. Controller, CHP added that the Advisory Panel on COVID-19 Vaccines would study the benefits and side effects of the suggestion. It was collecting more data from the drug manufacturer in this regard. He agreed to provide written information on the progress and considerations of pursuing the matter.

Administration of a third dose of vaccines for persons who had been fully vaccinated

78. The Chairman, Mr POON Siu-ping, Mrs Regina IP and Mr CHAN Han-pan asked about the Administration's assessment on the need to administer a third dose of COVID-19 vaccines for persons who had been fully vaccinated. The Chairman was particularly concerned that the first batch of people who received vaccination in late February 2021 might be not protected from infection due to decline of antibody. Mr CHAN further asked whether the stock of vaccines was sufficient if a third dose was to be administered and when the current stock of vaccines would expire.

79. In response, USFH, Controller, CHP and Head, Communicable Disease Branch, DH advised that the Advisory Panel on COVID-19 Vaccines would require more medical evidence to consider whether a third dose of COVID-19 vaccines should be administered for persons who had been fully vaccinated and

if so, what groups of people should be administered to maximize the effectiveness. The Advisory Panel's preliminary thinking was that elderly persons and high-risk groups might require a third dose of injection. Currently, the two local medical schools were also studying the matter. USFH added that as experts had earlier advised, even if the antibody level in vaccinated persons had decreased, the T-cell response of vaccination could also protect them.

Operation of Community Vaccination Centres

80. Mr YIU Si-wing thanked the Administration for involving practitioners in the travel trade to operate CVCs. Noting that the Administration had initially planned to operate CVCs until late December 2021, he asked when the Administration would review whether the above timetable would be extended so that such practitioners could make preparation for their future. USFH advised that the Administration would review the arrangement in due course and would duly liaise with the practitioners in the travel trade on such matter.

(At 12:12 pm, the Chairman extended the meeting for 15 minutes to 12:30 pm. She also decided to continue with the meeting although a Black Rainstorm Warning Signal had been issued. At 12:28 pm, members agreed to the Chairman's suggestion to further extend the meeting to finish the discussion.)

Treatment and discharge management

81. Dr CHIANG Lai-wan noted that there were some oral antiviral medicines newly developed to provide medical treatment to COVID-19 patients. She asked whether the Administration would consider procuring such medicines, and if so, the quantity to be procured. She considered that the quantity to be procured should be sufficient to meet the demand.

82. CM(IEC)/HA advised that HA had been monitoring the development of medicines in local and overseas markets to provide medical treatment to COVID-19 patients. In August 2021, HA had stockpiled the new monoclonal antibody therapies for the treatment of relatively mild COVID-19 in patients who were at high risk for progressing to severe COVID-19. As for oral antiviral medicines, HA was aware that such medicines were tested to be effective in clinical researches. HA was liaising with the relevant drug manufacturer on the procedure of procurement and would place an order when the United States Food and Drug Administration had authorized such medicines for emergency use.

The quantity to be procured would be recommended by the expert panel but could not be disclosed as the procurement agreement was confidential. She further advised that apart from the above-mentioned therapies, HA had been adopting other therapies to provide medical treatment to COVID-19 patients according to their symptoms, and remdesivir was one of the drugs for treatment. USFH said that the Administration would closely monitor the situation and make sure that the quantity of oral antiviral medicines to be procured would be sufficient to meet the demand.

83. Mr POON Siu-ping asked about the progress of reviewing the discharge criteria for confirmed COVID-19 patients. USFH advised that the current discharge criteria were made by HA based on the advice of infectious disease experts and DH. In reviewing such criteria, HA would make reference to Mainland's discharge criteria where appropriate for the purpose of resumption of quarantine-free travel between Hong Kong and the Mainland as soon as possible.

IV. Any other business

84. This being the last meeting of the Panel in the current legislative term, the Chairman thanked Panel members, the Administration and HA for their contribution and support to the work of the Panel.

85. There being no other business, the meeting ended at 12:30 pm.