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LC Paper No. CB(2)1639/11-12
(These minutes have been seen by the Administration)

Panel on Health Services

Minutes of meeting
held on Monday, 13 February 2012, at 8:30 am
in Conference Room 1 of the Legislative Council Complex

Members Present	:	Dr Hon LEUNG Ka-lau (Chairman) Dr Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman) Hon Albert HO Chun-yan Hon Fred LI Wah-ming, SBS, JP Hon CHEUNG Man-kwong Hon LI Fung-ying, SBS, JP Hon Audrey EU Yuet-mee, SC, JP Hon Vincent FANG Kang, SBS, JP Hon WONG Ting-kwong, BBS, JP Prof Hon Patrick LAU Sau-shing, SBS, JP Hon Cyd HO Sau-lan Hon CHAN Hak-kan Hon CHAN Kin-por, JP Hon CHEUNG Kwok-che Hon IP Kwok-him, GBS, JP Dr Hon PAN Pey-chyou Dr Hon Samson TAM Wai-ho, JP Hon Alan LEONG Kah-kit, SC
Member attending	:	Hon WONG Kwok-hing, MH
Members absent	:	Hon Andrew CHENG Kar-foo Hon CHEUNG Hok-ming, GBS, JP

Public Officers attending	:	Item IV Mr Richard YUEN Ming-fai, JP Permanent Secretary for Food and Health (Health) Mr Chris SUN Head, Healthcare Planning and Development Office Food and Health Bureau Item V Mr Thomas CHAN, JP Deputy Secretary for Food and Health (Health) 2 Dr Raymond HO Lei-ming Head (Tobacco Control Office) Department of Health Mr CHOW Chi-kwong Head of Revenue and General Investigation Bureau Customs and Excise Department
Clerk in attendance	:	Ms Alice LEUNG Chief Council Secretary (2) 5 (Acting)
Staff in attendance	:	Ms Maisie LAM Senior Council Secretary (2) 5 Ms Priscilla LAU Council Secretary (2) 5 Ms Sandy HAU Legislative Assistant (2) 5 Miss Liza LAM Clerical Assistant (2) 5

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I. Confirmation of minutes

(LC Paper Nos. CB(2)963/11-12 and CB(2)1015/11-12)

The minutes of the special meeting and the regular meeting held on 24 November and 12 December 2011 respectively were confirmed.

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

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

III. Items for discussion at the next meeting

(LC Paper Nos. CB(2)964/11-12(01) and (02) and CB(2)1012/11-12(01))

Items for discussion at the next regular meeting

3. Members agreed to discuss the following items proposed by the Administration at the next regular meeting scheduled for 12 March 2012 at 8:30 am -

(a) Expansion of United Christian Hospital; and

(b) Establishment of a multi-partite Medical Centre of Excellence in Paediatrics.

Other discussion items

Use of obstetric services by non-local women

4. The Chairman referred members to Ms Audrey EU's letter dated 8 February 2012 requesting the Panel on Health Services ("the Panel") to hold a special meeting to discuss the arrangement for antenatal checkup and delivery booking for non-local expectant mothers (LC Paper No. CB(2)1012/11-12(01)). He sought members' views on whether the subject should be included on the agenda for the next regular meeting of the Panel.

5. Ms Audrey EU was of the view that the Panel should hold an urgent discussion on the matter, as the Administration was reviewing the number of delivery places for non-local pregnant women in public and private

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hospitals in 2013. It was expected that the quota for non-local pregnant women giving birth in Hong Kong in 2013 would be announced in March or April 2012. To facilitate the Panel's discussion, she requested the Administration to provide in its discussion paper information on the mechanism for determining the respective quota of delivery by non-local women at public and private hospitals; whether it would cancel all the quotas for non-local women whose spouses were not permanent residents of Hong Kong so as to ensure that adequate obstetric service could be provided to local women and non-local women whose spouses were permanent residents of Hong Kong; as well as the effectiveness of the arrangement for antenatal checkup and delivery booking for non-local expectant mothers and the issue of the "Certificate on confirmed antenatal and delivery booking" in monitoring the utilization of delivery places. She also suggested inviting the Mainland-Hong Kong Families Rights Association which had submitted views on the subject to present views to the Panel at the meeting.

6. Mr CHEUNG Kwok-che agreed with Ms Audrey EU's proposal to convene a special meeting to discuss the subject. He suggested inviting also the Hong Kong Private Hospitals Association, the Hong Kong Obstetric Service Concern Group and the Hong Kong Neonatal Service Concern Group to the meeting.

7. The Chairman suggested and members agreed to convene a special meeting in late February 2012 to discuss the use of obstetric services by non-local women. Members would be informed of the meeting date in due course.

(*Post-meeting note:* The special meeting had subsequently been scheduled for 28 February 2012 at 8:30 am.)

Community mental health services

8. The Chairman invited members' views on Mr CHEUNG Kwok-che's proposal for the Panel and the Panel on Welfare Services to hold a joint meeting to receive views from deputations on community mental health services. Members raised no enquiries. The Chairman said that the joint meeting would be scheduled for 31 March 2012 from 9:00 am to 11:00 am.

9. To facilitate discussion, Mr CHEUNG Kwok-che requested the Administration to provide in its discussion paper information on the management and follow-up of mental patients living in the community with

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reference to the incident involving a mental patient in Choi Yuen Estate on 30 January 2012 and the work progress of the Working Group on Mental Health Services.

IV. Health Protection Scheme

(LC Paper Nos. CB(2)960/11-12(01) and CB(2)964/11-12(03))

10. PSFH(H) briefed members on the background leading to the proposed Health Protection Scheme ("HPS") and the latest developments, details of which were set out in the Administration's paper (LC Paper No. CB(2)960/11-12(01)).

Impact on healthcare system

11. Mr CHEUNG Man-kwong held the view that the Administration's effort to promote the medical industry would result in greater service demand, in particular those from the Mainland residents, in the private healthcare sector, thus leading to greater demand for healthcare manpower, causing private medical charges to spiral upwards and driving up medical inflation. Expressing concern that the rise in the medical costs might increase premium to a level that the middle class could not afford over the long run, he enquired how the Administration could enable people with private health insurance to stay insured and access affordable private healthcare without the need to fall back on the public healthcare system.

12. PSFH(H) responded that at present, more than one-third of Hong Kong's population was covered by private health insurance. There was a higher tendency for people covered by private health insurance to use private inpatient services. By enhancing transparency, competition, value-for-money and consumer protection in private health insurance and healthcare services, HPS would further encourage the insured to choose and use private services on a sustained basis as an alternative to public services.

13. Ms Audrey EU maintained the view that given the current inadequacy of healthcare manpower and healthcare services, the development of medical industry would escalate service demand from non-local residents and hence medical costs of the private healthcare sector.

14. PSFH(H) assured members that, in parallel with taking forward HPS, the Administration would take measures to increase the overall capacity of

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the healthcare system by ensuring an adequate supply of healthcare manpower and facilitating the development of quality private healthcare services to meet the projected demand.

15. Mr Albert HO did not subscribe to the Administration's explanation that the implementation of HPS could help to relieve the pressure on the public healthcare system, as the insured persons would continue to utilize the public system for the more expensive medical services. He urged the Administration to scrap its policy to facilitate the development of medical industry and its plan to make use of the $50 billion fiscal reserve earmarked for healthcare reform to incentivize the public to participate in HPS. In his view, both would boost demand for private healthcare services and lead to brain drain and further deterioration of the quality of public healthcare.

16. Mr CHAN Kin-por considered it unreasonable to deter the insured to access public healthcare service when needed, albeit they were able and willing to pay for private healthcare. Noting that 63% of the hospital admissions of people covered by private health insurance pertained to the private sector, as compared to 10% among those people without private health insurance, he considered that the implementation of HPS was a positive step forward to enhance the long-term sustainability of the healthcare system.

17. PSFH(H) stressed that without a better regulation over the private health insurance and healthcare services markets, private healthcare services might become less and less affordable to the insured. In formulating the detailed proposal of HPS, the Administration would address the shortcomings or the perceived shortcomings of the current private health insurance and private healthcare services, such as increasing the transparency and certainty of medical charges. The development of new private hospitals at the four sites of land earmarked for private hospital development (at Wong Chuk Hang, Tseung Kwan O, Tai Po and Lantau) ("the four sites") and the increase in the availability of doctors and other healthcare professionals in the coming years would also help improve the long-term sustainability of the overall healthcare system.

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18. The Chairman requested the Administration to provide after the meeting information on the estimated medical inflation rate to be brought about by the growth in service demand and rise in medical costs in the private healthcare sector due to the implementation of HPS.

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Improving the existing public healthcare system

19. Citing a case whereby a patient suffering from voiding difficulty had to wait for more than 10 hours at the Accident and Emergency ("A&E") Department of the Queen Mary Hospital as an example, Mr WONG Kwok-hing urged the Administration to immediately improve the pubic healthcare system and monitor the performance of HA against its performance pledges. Dr PAN Pey-chyou was concerned about the effectiveness of the triage system adopted by the A&E Departments of public hospitals in ensuring that patients with semi-urgent needs for medical treatment were attended to within a reasonable timeframe. Mr WONG Kwok-hing doubted whether the Administration would reduce its commitment to public healthcare with the implementation of HPS.

20. PSFH(H) responded that the public healthcare sector had been and would continue to be the cornerstone of the healthcare system and safety net for the whole population. The Administration had increased the recurrent health expenditure by more than $10 billion over the past five years. In addition, a number of redevelopment or expansion projects of existing public hospitals and new public hospital projects were underway. These included the construction of the North Lantau Hospital Phase 1 and the expansion of the Tseung Kwan O Hospital. The Administration was also preparing for the expansion of the United Christian Hospital and the redevelopment of the Queen Mary Hospital and the Kwong Wah Hospital. New hospitals under preparation included the Tin Shui Wai Hospital and the Centre of Excellence in Paediatrics at Kai Tak Development Area.

21. As regards the case referred to by Mr WONG Kwok-hing, PSFH(H) said that there was an established mechanism in the Hospital Authority ("HA") to handle complaints lodged by patients who were not satisfied with the service they had received. Pointing out that it was not uncommon for patients with semi-urgent needs for medical treatment to wait for more than 8 hours at A&E Departments of public hospitals, Ms Audrey EU urged the Administration to look squarely at the problem.

22. The Chairman considered that meeting the performance pledges should be a prerequisite for providing funding allocation to HA. He also expressed concern about the uneven distribution of resources amongst public hospitals.

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Healthcare manpower

23. Mr CHAN Hak-kan was concerned about the adequacy of healthcare manpower to support the development of private healthcare sector without further stretching the manpower resources of the public sector.

24. PSFH(H) advised that to ensure an adequate supply of healthcare professionals to support the development of the public and private healthcare sectors, the Administration had set up a Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development. The Steering Committee would spearhead the conduct of a strategic review on healthcare manpower planning and professional development, with the aim to formulate plans in the first half of 2013 to strengthen manpower supply and professional qualities to meet both near-term and long-term needs.

Provision of financial incentives under HPS

25. In response to Mr WONG Kwok-hing's enquiry about whether consideration would be given to offering a tax deduction for HPS premiums, PSFH(H) said that financial incentives would be provided to HPS subscribers to better enable HPS to achieve its stated objectives, including protecting consumers, promoting transparency and competition, and relieving pressure on the public health system. The Administration was open-minded on various options of providing financial incentives for supporting the implementation of HPS.

26. Expressing concern about the effectiveness of the existing Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) in regulating private hospitals, Ms Cyd HO objected to the use of the earmarked $50 billion fiscal reserve to provide financial incentives under HPS which, in her view, would result in growth of demand for private healthcare services. She urged the Administration to review the Ordinance as soon as possible.

Land disposal arrangements for the four reserved private hospital sites

27. Mr CHEUNG Man-kwong asked whether consideration would be given to requiring the new hospitals to be developed at the four sites to give priority to Hong Kong residents in the use of their services, by, say, maintaining a minimum percentage of beds or bed days for use by local residents. Mr CHAN Hak-kan raised a similar question.

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28. PSFH(H) replied in the positive, adding that in designing the service requirements for developing the private hospitals at the four sites as conditions for disposal of the sites, the Administration had taken into account the need to support HPS, including the service scope (such as the types of speciality), the standard of service (such as the number of beds), price transparency and the requirement to provide services at packaged charges.

29. Mr CHEUNG Man-kwong sought information on the measures to be put in place to ensure that the new private hospitals concerned would comply with the requirement on the minimum percentage of beds or bed days for use by local residents and the penalty for failing to comply with the requirement.

30. PSFH(H) responded that the Administration was in the process of formulating the land disposal arrangements for private hospital development including the detailed service requirements to ensure their feasibility. It was expected that the new private hospitals concerned would be required to furnish the Administration with data on the utilization of beds by non-local residents on a regular basis. Penalty for breaching the lease conditions including the service requirements would be imposed on the purchasers or grantees of the sites to ensure full compliance with the lease conditions.

31. Pointing out that service demand from local and non-local residents could fluctuate throughout the year due to various uncontrollable and unpredictable factors, the Chairman asked whether flexibility would be allowed for the new private hospitals to adjust the prescribed percentage of beds or bed days for use by non-local residents having regard to the circumstances.

32. Holding the view that the right to adjust the requirement should be vested in the Government, Mr CHEUNG Man-kwong asked whether the lease conditions would include a provision giving the Government the right to change the special requirements for development stated therein as and when necessary.

33. PSFH(H) advised that any modification to the conditions in the lease would require mutual agreement of the Government and the purchaser or grantee concerned. The proposed provision would create uncertainties over operation and hence affect the viability of the business plans of the new private hospitals concerned.

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34. Ms Audrey EU expressed dissatisfaction with the Administration's response, pointing out that catering for local healthcare needs should be the first and foremost consideration when developing the medical industry and implementing HPS. She maintained that the lease conditions of the four sites should be subject to review and variation by the Administration at regular intervals, say, 12 or 18 months, taking into consideration the change in the trend in local service demand.

35. PSFH(H) reassured members that the lease conditions of the four sites would include a requirement on the minimum percentage of beds or bed days for use by local residents. In response to the Chairman's enquiry on the existing proportion of local residents among private healthcare service users, PSFH(H) advised that local residents currently accounted for the majority of the users of private healthcare services.

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36. The Chairman requested the Administration to provide after the meeting written information on the number of inpatient discharges of each existing private hospital over the past five years with breakdown by their resident status and the clinical specialties, and the measures to be put in place to ensure compliance by the new private hospitals with the limit on the percentage of beds or bed days for use by non-local residents.

37. Mr CHAN Hak-kan asked whether consideration could be given to capping the level of charges of the new private hospitals to be developed at the four sites and requiring them to provide beds of a mix of specialties without slanting towards the obstetric service which was currently in great demand by visitors to Hong Kong rather than Hong Kong residents.

38. Ms Audrey EU considered that the lease conditions of the four sites should provide that any increase in service charges which would be higher than a percentage to be specified therein should be subject to the approval of the Administration.

39. PSFH(H) responded that the Administration had no legal authority to determine the level of private hospital charges and such charges should be determined by market supply and demand. While the Administration had no intention to set the maximum level of the charges, it would include in the lease conditions special requirement on price transparency for better protection of consumers. Another requirement for development in the four sites would be the provision of beds of a mix of specialties to meet the different healthcare needs of local patients and capping the proportion of obstetric service beds at a prescribed percentage.

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40. In response to the Chairman's enquiry about the limit to be imposed on the proportion of obstetric service beds in the new private hospitals concerned, PSFH(H) said that the Administration was in the process of hammering out the details of the service requirements. He, however, assured members that the proportion would be set at a reasonable level so that the services in the new hospitals would not slant heavily towards obstetric services.

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41. The Chairman requested the Administration to provide after the meeting written information on the number of beds provided by each existing private hospital with percentage of beds used for obstetric services, and the initial thoughts of the Administration on the requirements to be imposed on the new private hospitals in respect of the service scope, the bed capacity and the limit on the percentage of beds used for obstetrics services.

42. Noting that most of the existing private hospitals were not providing neonatal intensive care services and newborns requiring intensive care in private hospitals had to be transferred to public hospitals for treatment, Ms LI Fung-ying suggested that those new private hospitals offering obstetric services should be required to provide also neonatal intensive care services.

Sites available for hospital development

43. The Chairman urged the Administration to provide more sites for private hospital development, with a view to increasing the overall capacity of the healthcare system to cope with the projected increase in service demand arising from the implementation of HPS. PSFH(H) responded that the Administration would continue to identify sites suitable for both public and private hospital development.

44. The Chairman raised concern that some sites of the existing 12 private hospitals were not used primarily for hospital service. He requested the Administration to provide information on the current site area

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and gross floor area of each existing private hospital with breakdown by clinical use, relevant use for non-clinical activities (such as staff quarters) and non-clinical use, as well as the respective site area of the four sites reserved for private hospital development.

Charitable status of private hospitals

45. Dr PAN Pey-chyou noted that among the 12 existing private

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hospitals registered in accordance with the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165), 10 were charitable institutions which were exempt from tax under the Inland Revenue Ordinance (Cap. 112) ("IRO"). Given that the Administration would make use of the $50 billion set aside to support healthcare reform to incentivize the public to participate in HPS on a sustained basis, which would in turn increase the demand for private healthcare services and thus benefit the private hospitals, he considered it unreasonable to continue to accept private hospitals as charitable institutions for tax exemption purpose.

46. PSFH(H) explained that an entity, including a private hospital, might be granted tax exemption if it was accepted by the Inland Revenue Department ("IRD") as a charitable institution or trust of a public character under section 88 of IRO.

47. Mr CHAN Kin-por expressed grave concern about possible loophole in IRO that had given rise to the practice of some tax-exempt private hospitals to pay bonuses to their staff members. Apart from causing further brain drain from the public sector to the private hospitals concerned, the practice also led to an increase in staff costs, thus pointing to the need to increase the level of service charges and drive up medical inflation. The private hospitals concerned could however continue to derive hefty profits from their business without the need to pay profits tax. He requested the Administration to provide after the meeting written information on whether investigation would be made by IRD into the aforesaid practice.

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48. The Chairman said that he was given to understand that some tax-exempt private hospitals had made use of the profits derived from their business to procure services/goods from entities related to their members. He requested the Administration to provide after the meeting written information on how IRD could ensure that the profits derived from the business of the tax-exempt private hospitals were used solely for attainment of their stated objects and were not being distributed to their members.

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49. Mr CHEUNG Kwok-che also expressed concern about the existing loopholes in the legal framework for regulating charities. He said that to his understanding, staff costs had accounted for the bulk of the expenditure of some organizations carrying out charitable fund-raising activities.

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50. Ms Audrey EU requested the Administration to provide written information on the actions to be taken by IRD regarding the alleged

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practice referred to in paragraphs 48 and 49 above.

51. PSFH(H) advised that the Administration could not disclose the financial reports of private hospitals submitted to the Department of Health in the absence of consent by the hospitals. He would however relay members' concern to IRD.

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Formulation of the detailed proposals for HPS

52. To facilitate further discussion on the subject, Ms LI Fung-ying and Mr CHEUNG Kwok-che requested the Administration to provide after the meeting the composition, membership, workplan (including the frequency of meeting, the meeting schedule and issues of study) and terms of reference of the Working Group and the Consultative Group on Health Protection Scheme set up under the Health and Medical Development Advisory Committee to formulate the detailed proposals for HPS, as well as the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development and its Coordinating Committee and the six consultative sub-groups.

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53. Mr CHAN Kin-por noted from paragraph 13 of the Administration's paper that the Administration would commission a consultancy study on HPS in order to provide professional and technical support to the Working Group and Consultative Group on Health Protection Scheme. He sought elaboration on the role of the consultant and the consultant fee involved.

54. Head, Healthcare Planning and Development Office advised that the successful tenderer was expected to provide professional and technical advice on the current market situation of private health insurance in Hong Kong and a feasible, sound and detailed proposal for implementing HPS, so as to facilitating the Working Group and Consultative Group on Health Protection Scheme to formulate the detailed proposals. To ensure that the successful tenderer would have the required expertise to perform the study, tenderers had to demonstrate that their project team would include actuaries, economists, insurance and management experts. The tender process for the study had followed the established procedures for the procurement of consultancy services. Given that the assessment of the tender submissions had not yet completed, the Administration was not in a position to provide information on the consultant fee at this stage.

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55. Prof Patrick LAU suggested that the consultancy study should explore the feasibility of allowing HPS subscribers to access private services offered by public hospitals. PSFH(H) agreed to consider the suggestion.

56. Noting opposition from the community and some political parties against the use of the earmarked $50 billion fiscal reserve to provide financial incentives under HPS, Mr CHEUNG Kwok-che considered it necessary to study the feasibility of HPS if the $50 billion was used for other purposes in connection with healthcare reform.

57. PSFH(H) responded that the Working Group on Health Protection Scheme would deliberate on and make recommendations on the use of the earmarked $50 billion, having regard to the objectives of the healthcare reform and other relevant considerations.

Way forward

58. Concluding the discussion, the Chairman said that the Subcommittee on Health Protection Scheme appointed under the Panel would follow up with the Administration on issues relating to the introduction of HPS.

Admin 59. To facilitate further discussion on the subject, Ms LI Fung-ying and Ms Audrey EU requested the Administration to provide before the first meeting of the Subcommittee a written response to the issues of concerns raised by members at the meeting.

Admin 60. The Chairman requested the Administration to incorporate in the written response its outstanding response to the following issues raised at the special meeting on 24 November 2011 -

(a) given the high fixed cost for the provision of public healthcare services, how the implementation of HPS, which would facilitate the development of the healthcare services industry, could relieve burden on public healthcare system and reduce public health expenditure; and

(b) the measures to be put in place to retain talents in the public healthcare sector so that the increase in demand for healthcare services and in turn manpower in the private sector induced by the implementation of HPS would not lead to brain-drain from the public sector and affect the quality of public healthcare services.

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V. Tobacco Control – Progress Update

(LC Paper Nos. CB(2)964/11-12(04) to (06) and CB(2)1057/11-12(01) and (02))

61. Deputy Secretary for Food and Health (Health)2 ("DSFH(H)2") briefed members on the progress of the tobacco control measures adopted by the Administration, details of which were set out in the Administration's paper (LC Paper No. CB(2)964/11-12(04)).

Illicit cigarette activities

62. Mr Vincent FANG noted from paragraph 19 of the Administration's paper that the quantity of duty-paid cigarettes from March to December 2011 decreased by 27% compared with the same period in 2010 after the last tobacco duty increase in February 2011. Mr FANG was concerned about the reasons for the decrease in the quantity of duty-paid cigarettes. He was worried that some smokers might switch to consuming illicit cigarettes that might pose an even greater health hazard to them as many illicit cigarettes were counterfeit cigarettes. He asked to what extent the tobacco duty increase attributed to the decrease in the quantity of duty-paid cigarettes and whether the Administration had conducted any tests on the health hazard of counterfeit cigarettes.

63. Head of Revenue and General Investigation Bureau, Customs and Excise Department ("HRGIB") responded that there were no actual figures to illustrate to what extent the decrease in the quantity of paid-duty cigarettes was due to the tobacco duty increase or cessation of smoking. However, illicit cigarette activities had become more active during the initial period after the last tobacco duty increase in February 2011. As the Customs and Excise Department ("C&ED") had already deployed staff to strengthen enforcement actions, including illicit cigarette peddling activities at various black spots in the territory, street peddling activities at black spots were nearly eliminated in the latter part of the second quarter of 2011, and the overall illicit cigarette situation was under control. HRGIB further advised that tests on the ingredients of illicit cigarettes were conducted regularly by the Government Laboratory. Both genuine duty-not-paid cigarettes and counterfeit cigarettes contained harmful substances such as nicotine, tar and heavy metals and were hazardous to health. In the analysis results, some samples of counterfeit cigarettes contained a higher level of heavy metals than those of genuine duty-not-paid cigarettes.

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64. In response to Mr Vincent FANG's concern about online selling of illicit cigarettes, HRGIB advised that the sale of illicit cigarettes via internet was uncommon in Hong Kong. In 2011, C&ED received only one complaint case concerning online selling of illicit cigarettes. As regards the sale of illicit cigarettes via Mainland shopping websites as reported by the media, HRGIB said that C&ED had analyzed the situation and considered that there was no cause for such activities to become a trend.

65. Dr PAN Pey-chyou raised concern about the health hazard of illicit cigarettes posed on the elderly in the community and asked about the measures that had been taken by the Administration to combat against illicit cigarette activities.

66. HRGIB responded that to tackle the problem of illicit cigarette activities at source, C&ED had strengthened its collaboration with the relevant Mainland authorities, and enhanced enforcement actions against illicit cigarette peddling in the community. In addition, C&ED had stepped up its publicity and education efforts to assist anti-illicit-cigarette operations. With the assistance of the Housing Department, C&ED had delivered talks on anti-illicit-cigarette at various public housing estates in the North District.

Enforcement actions by the Tobacco Control Inspectors

67. Mr CHAN Hak-kan said that there were complaints about inadequacy of manpower in the Tobacco Control Office ("TCO") to handle calls received by TCO complaint hotline and follow up the complaints about smoking offence. He asked whether TCO would conduct more unannounced inspections targeted at black-spots of smoking offences, such as amusement game centres, shopping malls and food premises.

68. Head (Tobacco Control Office), Department of Health ("H(TCO)") advised that there were at present 100 Tobacco Control Inspectors ("TCIs") in TCO. Inspections were arranged in two weeks after complaints were received and responses would be provided to the complainants after inspections. TCO would arrange frequent unannounced inspections to the locations where repeated complaints were received until there was improvement in the compliance with the smoking ban. H(TCO) further said that apart from taking enforcement actions, TCO also educated venue managers on how to handle smoking-related complaints and offences.

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69. Ms LI Fung-ying expressed concern about whether TCIs had encountered any verbal or physical assault in carrying out their enforcement actions. In response, H(TCO) advised that to enable TCIs to discharge their duties effectively, TCO had collaboration with the Police which had deployed five police officers with experience in taking enforcement actions to provide training and assistance to TCIs to carry out their enforcement actions. TCO also provided other support to TCIs including training on the communication skills and crisis management.

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70. Ms LI Fung-ying requested the Administration to provide information in writing on the number of cases where TCIs encountered verbal or physical assault in carrying out their enforcement actions in the past three years.

71. Mr CHAN Kin-por noted from Annex C to the Administration's paper that a total of 7 637 fixed penalty notices ("FPNs") were issued for smoking offences, amounting to over $11 million in 2011. He sought information on the number of payment default cases (including those who were tourists) and the amount of penalty involved.

72. H(TCO) responded that as persons committing the offence of violating the smoking ban were required to provide their local address for the issuance of FPNs, the Administration might not be able to identify whether the offenders were Hong Kong residents or tourists. As regards the number of payment default cases, H(TCO) advised that people who had been issued with FPNs were required to settle the payment within 21 days, and over 95% of FPNs were settled within the specified period. Generally speaking, compliance with the requirement for paying FPNs within the period of 21 days was good, irrespective whether the persons concerned were Hong Kong residents or tourists.

Smoking cessation services

73. Noting from paragraph 21 of the Administration's paper that resources for DH for smoking prevention and cessation related activities would be greatly increased from about 47 million in 2011-2012 to over 81 million in 2012-2013, Ms LI Fung-ying asked whether any targets had been set for the smoking cessation services.

74. DSFH(H)2 advised that it was the Administration's established policy to discourage smoking and protecting the public from exposure to second-hand smoke as far as possible. Smoking cessation was an integral

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part of the Administration's tobacco control measures to protect public health. It was noted that the demand for smoking cessation services was increased by 50% after the increase of tobacco duty in February 2011. The increased resources would be used in enhancing the existing services and providing new services for smoking prevention and cessation in 2012-2013. Different sets of indicators would be adopted for measuring the performance and monitoring the effectiveness of the services implemented (e.g. the number of service users and number of successful cases of smoking cessation).

75. Referring to Annex A to the Administration's paper, Mr CHAN Hak-kan pointed out that many of the key tobacco control measures listed therein mainly focused on law enforcement and taxation and smoking cessation services were relatively insufficient. He enquired about details of the smoking cessation services provided by the Administration and the implementation and effectiveness of the pilot programme of smoking cessation services using acupuncture in Chinese Medicine.

76. H(TCO) responded that with the increased resources for smoking prevention and cessation in 2012-2013, the community-based smoking cessation services in collaboration with Tung Wah Group of Hospitals ("TWGHs") and Pok Oi Hospital ("POH") would be further strengthened. TWGHs would open two more centres providing free smoking cessation services in addition to the existing six centres. DH had entered into a funding and service agreement with POH since April 2010 for the provision of the smoking cessation pilot programme using acupuncture in Chinese medicine. A review on the effectiveness of acupuncture treatment in smoking cessation would be conducted and it was expected that the outcome of the review would be announced in the next two or three months. However, the result of acupuncture treatment was initially as effective as that of the Nicotine Replacement Therapy. POH would also enhance the free smoking cessation service which was presently provided in 18 mobile clinics serving over 90 locations in different districts. H(TCO) said that community-based smoking cessation services operated with service hours from 9:00 am to 9:00 pm on weekdays and sessions also available at weekends. H(TCO) further advised that the increased funding would also support the study on the effectiveness of various smoking cessation services as well as the education on the harmfulness of smoking by the Hong Kong Council on Smoking and Health.

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77. Ms Cyd HO noted from Annex D to the Administration paper's that the number of enquiries or calls received by DH hotline and HA telephone counselling service were far more than the number of clients served by the smoking cessation services provided by DH, HA, TWGHs and POH. She expressed grave concern about the insufficiency of smoking cessation services, and urged the Administration to strengthen the cessation services.

78. DSFH(H)2 stressed that the Administration had increased and would continue to allocate resources to smoking cessation services and other tobacco control measures, depending on the needs and demands for such services. DSFH(H)2 further said that both the number of calls and the number of service recipients on smoking cessation services had been increasing over the past years. However, not all smokers making enquiries on smoking cessation would seek smoking cessation services. The service volume of smoking cessation services depended on the capacity of non-government organizations and the actual service demand.

Prescription of Nicotine Replacement Therapy

79. Dr PAN Pey-chyou said that HA doctors were generally restricted to provide the prescription of Nicotine Replacement Therapy ("NRT") to their patients with tobacco dependence. He considered that HA doctors, especially specialists in psychiatry should be allowed to prescribe NRT drugs for their patients where clinically necessary. The Chairman echoed Dr PAN's view and suggested that doctors of specialities in psychiatry and respiratory should be allowed to prescribe NRT drugs for their patients. He suggested that NRT drugs be listed in the Drug Formulary.

80. DSFH(H)2 responded that with the additional funding provided to HA in 2010, clients attending HA smoking cessation clinics were prescribed NRT drugs free-of-charge. As regards members' views and suggestion, he would relay to HA for consideration.

Other tobacco control measures

81. Mr CHAN Kin-por said that the Australian government enacted a new piece of legislation for plain cigarette packaging last year to the effect that cigarettes would be sold in olive green packets and all brand names printed in a standard font size and style. He asked whether the Administration would consider studying the effectiveness of plain cigarette packaging as a measure in reducing tobacco use and introducing a similar piece of legislation into Hong Kong.

Action

82. DSFH(H)2 responded that the Administration would take into account recommendations of the World Health Organization in respect of tobacco control and overseas experience when conducting studies on the subject. The Administration would examine and consider all feasible options to achieve the objectives of the tobacco control policy.

VI. Report of the Subcommittee on Registration of Proprietary Chinese Medicines

(LC Paper No. CB(2)1040/11-12)

83. Members noted the report of the Subcommittee on Registration of Proprietary Chinese Medicines, and supported its recommendations as set out under paragraph 27 of the report, which included, among others, requiring the Administration to report to the Panel on the implementation progress of the mandatory registration of proprietary Chinese medicines and label and package insert requirements at regular intervals.

VII. Any other business

84. The Chairman said that the House Committee had agreed at its meeting on 21 October 2011 that the Subcommittee on Health Protection Scheme could be activated after any one of the subcommittees on policy issues in operation had completed its work. Given that the Subcommittee on Registration of Proprietary Chinese Medicines had concluded its work and submitted a report to the Panel, the Subcommittee on Health Protection Scheme could commence work in full swing.

85. There being no other business, the meeting ended at 10:42 am.

Council Business Division 2
Legislative Council Secretariat
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