

立法會
Legislative Council

LC Paper No. CB(2)211/15-16

(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 18 May 2015, at 4:30 pm
in Conference Room 3 of the Legislative Council Complex

- Members present** : Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN (Chairman)
Dr Hon LEUNG Ka-lau (Deputy Chairman)
Hon Albert HO Chun-yan
Hon Vincent FANG Kang, SBS, JP
Hon WONG Ting-kwong, SBS, JP
Hon CHAN Kin-por, BBS, JP
Hon CHEUNG Kwok-che
Hon Albert CHAN Wai-yip
Hon YIU Si-wing
Hon Charles Peter MOK, JP
Hon CHAN Han-pan, JP
Hon Alice MAK Mei-kuen, JP
Dr Hon KWOK Ka-ki
Dr Hon Fernando CHEUNG Chiu-hung
Dr Hon Helena WONG Pik-wan
Dr Hon Elizabeth QUAT, JP
Hon POON Siu-ping, BBS, MH
- Members attending** : Hon Michael TIEN Puk-sun, BBS, JP
Hon KWOK Wai-keung
- Member absent** : Hon Christopher CHUNG Shu-kun, BBS, MH, JP

**Public Officers : Item III
attending**

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

Miss Linda LEUNG
Principal Assistant Secretary for Food and Health (Health) 2

Dr CHEUNG Wai-lun
Director (Cluster Services)
Hospital Authority

Dr T Y CHUI
Cluster Chief Executive, Kowloon East Cluster
Hospital Authority

Mr Desmond NG
Chief Manager (Business Support Services)
Hospital Authority

Item IV

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

Miss Linda LEUNG
Principal Assistant Secretary for Food and Health (Health) 2

Dr CHEUNG Wai-lun
Director (Cluster Services)
Hospital Authority

Dr S V LO
Director (Strategy and Planning)
Hospital Authority

Dr Tony KO
Cluster Chief Executive, New Territories West Cluster
Hospital Authority

Mr Donald LI
Chief Manager (Capital Planning)
Hospital Authority

Item V

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

Mr Davey CHUNG Pui-hong
Deputy Secretary for Food and Health (Health) 2
Food and Health Bureau

Dr Sarah CHOI Mei-yee, JP
Assistant Director of Health (Special Health Services)
Department of Health

Dr Christine WONG Wang
Head (Tobacco Control Office)
Department of Health

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

Staff in attendance : Ms Janet SHUM
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Ms Michelle LEE
Legislative Assistant (2) 5

Action

I. Information paper(s) issued since the last meeting
[LC Paper Nos. CB(2)1331/14-15(01) and (02)]

Members noted that a referral from the meeting between Legislative Council Members and Sha Tin District Council members on 29 January 2015 on the provision of public general outpatient clinic services in Ma On Shan had been issued since the meeting.

Action

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)1496/14-15(01) and CB(2)1456/14-15(02)]

2. Members agreed to discuss at the next regular meeting scheduled for 15 June 2015 at 4:30 pm the subjects of "Drug Formulary of the Hospital Authority" and "Hospital Authority's private patient services", which was proposed by the Administration and deferred for discussion due to change of agenda item of the meeting on 16 March 2015 respectively.

3. Dr KWOK Ka-ki expressed concern about the development of the Hong Kong Children's Hospital, particularly the provision of inpatient beds and services upon the commencement of services. He suggested that the item "Development of the Hong Kong Children's Hospital" be included in the agenda for the June regular meeting. Members agreed.

(Post-meeting note: On the instruction of the Chairman, the item "Measures for the prevention and control of Middle East Respiratory Syndrome" has been added to the agenda for the June regular meeting. Discussion on "Hospital Authority's private patient services" has been deferred to the July regular meeting.)

III. Security management in the hospitals of the Hospital Authority

[LC Paper Nos. CB(2)1456/14-15(03) and (04)]

4. Under Secretary for Food and Health ("USFH") briefed members on the arrangements adopted by the Hospital Authority ("HA") for ensuring security in public hospitals, details of which were set out in the Administration's paper (LC Paper No. CB(2)1456/14-15(03)).

5. Members noted the information note entitled "Security management in the hospitals of the Hospital Authority" prepared by the Legislative Council ("LegCo") Secretariat (LC Paper No. CB(2)1456/14-15(04)).

The United Christian Hospital incident

6. Expressing grave concern about the incident of a man impersonating a doctor in the United Christian Hospital ("UCH") in March and April 2015 ("the Incident"), Dr KWOK Ka-ki asked whether, and if so, what immediate measures had been implemented by HA to prevent recurrence of similar incident. In particular, he was concerned about whether only those hospital staff wearing a staff ID card with the relevant access right could gain access to ward areas. Mr CHAN Han-pan asked about the procedures for verifying the identity of hospital staff who could not present their staff card.

Action

Miss Alice MAK asked whether the existing construction works of UCH had stretched the security manpower resources of UCH and led to the occurrence of the Incident. Noting that the man concerned was able to access to the uniform store room of UCH, Mr POON Siu-ping enquired about the measures in place to ensure the safe-keeping of uniforms of hospital staff. He asked whether HA would review its overall security arrangement to identify improvement measures. Mr Albert CHAN opined that HA should investigate the Incident to identify whether it was caused by system or human factors, and review the overall security arrangement in HA with reference to international practices. In his view, individual hospitals, having regard to their respective characteristics in relation to hospital environment, could devise tailor-made security measures to suit their operational needs in accordance with the corporate policies formulated in this regard.

7. USFH responded that HA had immediately stopped issuing temporary access cards, stepped up security patrol and conducted refresher training for the security personnel. In addition, an independent investigation panel had been set up under HA to look into the root cause of the Incident, and make recommendations on system improvement in UCH as well as security measures across HA. Director (Cluster Services), HA ("D(CS), HA") supplemented that access to certain areas of public hospitals, such as ward areas and uniform store rooms, was restricted under HA's Access Control System (i.e. an electronic locking system) in order to protect HA properties and the safety of patients. Access right was assigned on a "need-to-access" basis so as to ensure that no person could access to places where his or her access was not needed or allowed. A staff ID card with access rights would be readily provided for new staff when they reported duty. The practice of issuing temporary access cards by Security or Foreman Office previously adopted by four public hospitals had been immediately stopped after the Incident. In case of loss of staff ID card, security staff would accompany the staff concerned to access to the restricted areas where necessary. A replacement card would be issued by the human resource office to the staff concerned on the following day.

8. Mr CHAN Han-pan asked whether the man impersonating a doctor had conducted any consultation or clinical investigation for patients of UCH. Cluster Chief Executive, Kowloon East Cluster, HA advised that no unusual clinical records of inpatients were found. Moreover, it would not be appropriate for him to provide details of the Incident as the case was currently under judicial proceedings.

Admin/HA

9. At the request of the Chairman, USFH agreed to provide for members' information the report of HA's review of its hospital security management and proposed enhanced measures when available.

Action

Security management of patients

10. Miss Alice MAK sought information about the mechanism putting in place by HA to avoid visitors from impersonating patients. D(CS), HA advised that each patient would be provided with an identification wristband. As regards infants, an identification band was added to their ankles.

11. The Chairman relayed the view of the nursing staff of HA about the need to enhance security management of paediatric wards as the current ward design did not facilitate access and exit control of visitors. It was suggested that security staff should be deployed to guard the wards during visiting hours to reduce the risk of child abduction but without burdening the healthcare staff with an additional responsibility. D(CS), HA took note of the suggestion. He further advised that as an additional security measure for paediatric wards, HA was studying the feasibility to introduce an electronic tag system such that any attempt to tamper with the tag or remove the child through a secured exit would trigger an alert or alarm.

12. Referring to reports of two patients with intellectual disability and mental illness missing from Tai Po Hospital and Pok Oi Hospital in December 2014 and March 2015 respectively, Dr KWOK Ka-ki enquired about the measures put in place by HA to minimize the risks of patients missing from hospitals. He suggested that the electronic tag system should also be applied for use of inpatients with intellectual disability and mental illness. In addition, consideration could be given to providing these patients with a global positioning system ("GPS")-based tracking device to facilitate tracking of the location of the patients when they were travelling between hospitals and the residential care homes.

13. D(CS), HA advised that while staff of HA had strived to monitor the movement of patients particularly those at higher risk, there remained the possibility of occurrence of occasional individual patient missing incidents as patients were generally free to move within hospital premises. In case a patient was found missing from hospital, HA would report the case to the Police and inform the patient's family. As regards the use of GPS-based tracking devices, HA would keep in view of the technology development and the international practice in this regard.

Governance structure in respect of security management

14. Mr POON Siu-ping sought elaboration about the two-tier governance structure in respect of security management of HA hospitals. D(CS), HA advised that at the corporate level, the Committee on Hospital Security was responsible for reviewing policies, strategic plans and priorities on

Action

improvement measures concerning the overall security arrangement in HA. At the cluster frontline level, the Cluster General Managers (Administrative Services) were responsible for maintaining the day-to-day general security management, investigating security incidents and prioritizing improvement measures as appropriate. When a security incident occurred, the hospital concerned could report the incident through the Advanced Incidents Reporting System. It would also conduct root cause analysis and propose recommendations on improvements. HA would arrange to share the lessons learnt from the incidents at both cluster and corporate level with a view to preventing recurrences of similar incident.

IV. Extension of Operating Theatre Block of Tuen Mun Hospital
[LC Paper Nos. CB(2)1456/14-15(05) and (06)]

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

16. USFH briefed members on the proposed extension of the Operating Theatre ("OT") Block, and the proposed expansion of the accident and emergency ("A&E") department and radiology department of the Tuen Mun Hospital ("TMH"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1456/14-15(05)).

17. Members noted the information note entitled "Extension of Operating Theatre Block of Tuen Mun Hospital" prepared by the LegCo Secretariat (LC Paper No. CB(2)1456/14-15 (06)).

Scope of the proposed project

Surgical services

18. Pointing out that the workload statistics on surgical services at TMH was among the highest of all HA hospitals, the waiting time for elective surgery of surgical and orthopaedic specialties at TMH was unduly long and ten out of the eleven existing OTs in TMH had an area of around 40 m² as compared with the international standard of 60 m², Mr CHAN Han-pan expressed support for the proposed project. Miss Alice MAK said that the Hong Kong Federation of Trade Unions had long been calling for enhancing the accident and emergency ("A&E") and surgical service capacity of TMH. She expressed support for the proposed project. Holding the view that resource allocation to TMH had all long been lower than other hospitals in

Action

terms of population ratio, Mr Albert CHAN expressed support for the proposed project to enhance the surgical capacity of TMH. He asked whether the project would cover other service areas, in particular the specialist outpatient services, of TMH.

19. USFH advised that the proposed project would include the construction of an extension to the existing OT Block of TMH to provide new OTs for enhancing the surgical service capacity and capability, as well as an expansion of the existing A&E and radiology departments to meet the increasing demand for emergency care and radiological examinations.

20. While expressing support for the proposed project, Mr POON Siu-ping was concerned that there was an imminent need to ease the pressure of TMH before the completion of the project as the OT utilization rate for elective surgery in TMH was over 120% in 2013-2014. Dr KWOK Ka-ki expressed support for the proposed project. He, however, was of the view that the proposal to provide at least 18 OTs in the extension of the OT Block could not meet the anticipated increase in service demand as the Pok Oi Hospital ("POH") and the future Tin Shui Wai Hospital ("TSWH"), which belonged to the same hospital cluster (i.e. the New Territories West ("NTW") Cluster), lacked supportive facilities (such as intensive care unit ("ICU")) for carrying out emergency surgeries.

21. Chief Manager (Capital Planning), HA ("CM(CP), HA") advised that the number of OTs to be provided in the extension of the OT Block would be worked out during the detailed design stage. Cluster Chief Executive, New Territories West Cluster, HA ("CCE(NTWC), HA") supplemented that most of the ultra-major and major operations in the NTW Cluster would continue be carried out in TMH, whereas POH and the future TSWH would mainly provide less complicated and ambulatory surgeries.

22. Dr LEUNG Ka-lau expressed support for the proposed extension of the OT Block of TMH. Pointing out that it was the general practice of public hospitals to designate different OTs for emergency surgeries and elective surgeries, he sought explanation as to the reason why a high usage of OTs of TMH for emergency surgery (i.e. over 50% of the operations performed in TMH were emergency surgery) had resulted in long waiting time for elective surgery of surgical and orthopaedic specialties as described in paragraph 5 of the Administration's paper; and how the OT utilization rate for elective surgery in TMH, which stood at over 120% in 2013-2014, was calculated.

23. D(CS), HA explained that given the shortage of OTs in TMH, emergency surgery would be accorded priority for utilization. Hence, there

Action

would be a reduction in the number of OT sessions available for elective surgery. CCE(NTWC), HA supplemented that in some circumstances, some marginal cases would be treated as emergency surgeries due to the insufficient number of OT sessions available for elective surgery. There were also cases whereby the duration of elective surgery had spilled over to the OT session designated for emergency surgery. In some other circumstances, the OT sessions originally designated for elective surgery would be utilized for the performance of emergency surgery for those urgent cases of clinical oncology and orthopaedics & traumatology specialties.

Admin/HA

24. Dr LEUNG Ka-lau requested HA to provide in writing information on the breakdown of the respective number of emergency and elective surgeries of TMH in the past three years by the surgical operation category (i.e. ultra-major, major, intermediate and minor); and among the emergency surgeries performed in TMH in the past three years, the number of surgeries which were originally classified as elective surgeries.

25. Pointing out that there would generally be no additional charges for the use of OTs in private hospitals from 7:00 am to 8:00 pm, Dr LEUNG Ka-lau enquired about the operation hours of OTs of public hospitals for elective surgery. CCE(NTWC), HA advised that the operation hours of OTs of public hospitals for elective surgery were from 8:30 am to 4:30 pm. That said, the duration of surgeries would last longer than the above operation hours in most cases.

Rehabilitation services

26. Mr YIU Si-wing asked whether the rehabilitation services of TMH, as well as the support services provided by the patient groups to patients discharged from TMH would be enhanced in tandem with the expansion of the OT Block of TMH so as to provide holistic care for patients undergoing surgeries. CCE(NTWC), HA advised that where necessary, more beds in the Rehabilitation Block of TMH could be opened by phases to meet the operational needs. As regards partnership with patient groups, TMH had a pool of volunteers comprising patients, members of the public and patient groups, and agency volunteers forming various volunteer service groups to provide support to patients.

Obstetric services

27. Dr Helena WONG asked about the number of delivery suites to be accommodated in the extension of the OT Block of TMH. D(CS), HA advised that HA would monitor the demand for obstetric services of each hospital cluster on an annual basis taking into account, among others, the

Action

number of female population of childbearing age in the catchment area. The detailed design of the extension of the OT Block, including how the delivery suites could be integrated with the OTs, would be worked out in due course.

Admin/HA Dr Helena WONG requested HA to provide in writing information on the projected number of delivery per annum, based on birth statistics and age of the female population in Tuen Mun and Yuen Long districts, in the NTW Cluster in the next five years and the estimated medical manpower supply of the Obstetrics & Gynaecology specialty in TMH in the corresponding period. D(CS), HA agreed.

Provision of hospital beds

28. Dr KWOK Ka-ki opined that HA should make use of the opportunity of the proposed project to provide additional hospital beds in TMH to meet the demand of a growing and ageing population. Noting that the new OT Block would accommodate ICU, he sought information about the number of ICU beds to be provided.

29. CCE(NTWC), HA explained that the proposed project aimed at removing the bottleneck of TMH which mainly rested with inadequate surgical facilities. As regards hospital beds, there had been an increase in the number of beds in TMH and POH in recent years. At present, TMH had about 20 ICU beds. Additional acute beds and convalescent beds would be opened in POH and TMH in 2015-2016 to meet the growing service demand. In addition, the future TSWH would provide an additional 300 beds upon its commissioning in 2017. USFH added that future expansion of TSWH had been catered for by reserving the residual development potentials of its adjoining site. Dr KWOK Ka-ki maintained the view that provision of additional hospital beds should be covered in the proposed project to obviate the need to expand TMH in future. CM(CP), HA advised that the scope of the proposed project as set out in paragraph 8(b) of the Administration's paper had already maximized the plot ratio of the site.

Project implementation

30. Mr Albert CHAN sought clarification as to whether the proposed project would be funded through the Government's recurrent subvention to HA. Dr Helena WONG asked whether the proposed project would be covered under the \$13 billion one-off grant for minor projects of HA. USFH clarified that funding approval from the Financial Committee ("FC") of LegCo would be sought for the proposed project.

31. Expressing concern that the use of filibuster by some Members might stall the funding proposal submitted to FC, Mr CHAN Han-pan enquired

Action

about the Administration's timetable for seeking funding approval from FC. USFH advised that the Administration planned to seek funding approval from FC in 2016. Subject to FC's funding approval, Stage 1 works would be commenced in 2016 for completion of the whole project in 2020.

32. Miss Alice MAK urged HA to minimize the disruption of patient services during the project period and shorten the time required for completing the proposed project. CM(CP), HA advised that given the complexity of the proposed project which involved the construction of a new building block within the existing hospital compound without disruption of services, it was estimated that the whole project would require five years to complete. That said, HA would endeavour to expedite the construction works as far as practicable.

Manpower requirements

33. Mr CHAN Han-pan enquired about the healthcare manpower planning for TMH to align its expansion plan. Mr POON Siu-ping raised a similar question. D(CS), HA advised that the whole project would be completed in 2020. It was expected that the medical manpower shortage in HA would improve by then, as the number of local medical graduates would start to go up to 420 in 2018. This apart, the strategic review on healthcare manpower planning and professional development being conducted by the Food and Health Bureau, which sought to formulate a healthcare manpower strategy to ensure an adequate supply of qualified personnel for meeting future needs, was expected to complete by end of 2015. CCE(NTWC), HA supplemented that the number of medical and nursing staff of TMH had increased by about 4% and 5% respectively in 2014-2015 when compared to 2013-2014. TMH would continue to enhance its manpower resources through staff deployment and training.

34. Noting that many doctors did not prefer to work in TMH for various reasons, Mr Michael TIEN asked whether consideration could be given to developing TMH into a teaching hospital so as to attract more medical graduates to choose to serve at TMH after completion of their internship training.

35. D(CS), HA advised that while the Queen Mary Hospital and the Prince of Wales Hospital were respectively the teaching hospital affiliated with the University of Hong Kong and the Chinese University of Hong Kong, about 60% of the local medical students would be posted to other acute public hospitals (including TMH) for clinical attachment. TMH was also one of the public hospitals for allocation of Intern positions for local

Action

medical graduates. It should be noted that many medical graduates were willing to work in the NTW Cluster as they might reside in the region.

36. Miss Alice MAK urged HA to address the concern of the care-related support staff of the NTW Cluster, such as health care assistants, over the issues of workload and difference in employment terms and conditions. CCE(NTWC), HA advised that HA would continue to implement various measures to retain its staff, including the supporting staff, and strengthen its workforce.

37. In response to Mr POON Siu-ping's enquiry about the view of the Tuen Mun District Council ("TMDC") on the project, CCE(NTWC), HA advised that the Social Services Committee of TMDC had expressed support for the project at its meeting on 12 May 2015. Concern was, however, made about the manpower support for TMH and the future expansion of TMH to meet the increasing service demand. HA would take into account TMDC's views when finalizing the project design.

Conclusion

38. In closing, the Chairman concluded that the Panel supported the submission of the proposal to the Public Works Subcommittee and FC for consideration.

V. Progress of tobacco control measures

[LC Paper Nos. CB(2)1456/14-15(07) and (08)]

39. USFH briefed members on the Administration's tobacco control policy and proposed additional measures to enhance effectiveness in protecting public health, details of which were set out in the Administration's paper (LC Paper No. CB(2)1456/14-15(07)).

40. Members noted the updated background brief entitled "Tobacco control" prepared by the LegCo Secretariat (LC Paper No. CB(2)1456/14-15(08)).

[At this juncture, the Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion of this item.]

Action

Tobacco control policy

41. Dr Helena WONG and Mr Vincent FANG queried the rationale of the Administration in setting a policy goal of a smoke-free Hong Kong which was considered unrealistic given that smoking was not totally banned in Hong Kong. Holding the view that the smoking prevalence rate in Hong Kong which stood at 10.7% in 2012 was already on the low side, Mr Vincent FANG asked about the Administration's target smoking prevalence rate. Mr Albert CHAN said that he had all long objected to the tobacco control measures introduced by the Administration, as it was not fair to impose stringent regulatory control on smoking consumption but not on alcohol consumption which was also a behaviour risk factor that had long-term effect on health. He requested the Administration to advise in writing as to whether it had assessed the respective impact of long working hours, air pollution and alcohol on public health, and if so, the outcomes of the studies.

Admin

42. USFH responded that establishing a smoke-free Hong Kong was a broad statement safeguarding our public health on this was in line with the objective of the World Health Organization ("WHO") to achieve the endgame for tobacco. The Administration's current policy was to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimizing the impact of passive smoking to the public. It was hoped that smoking prevalence in Hong Kong could be lowered to single digit in the not-too-far away future.

Health warnings on tobacco products

Size of the graphic health warning

43. Mr Vincent FANG held a strong view against the Administration's proposal of increasing the coverage area of the graphic health warning from 50% to at least 85% of the two largest surfaces of the packet and of the retail container, which was not a common policy adopted in other overseas countries. In his view, the proposed size of the graphic health warning was such disproportionately large that the remaining space on the packet or retail container would not be sufficient for manufacturers to display the trademarks, branding and other product information. This would amount to an unlawful deprivation of intellectual property. He also cast doubt on the effectiveness of the proposal in further enhancing the smokers' awareness of the health risks of smoking and changing their smoking behaviour. Sharing the views of Mr Vincent FANG, Mr CHAN Han-pan expressed concern that the proposal might also give rise to the problem of counterfeit products. He enquired about the recommendation of WHO in this regard and the number

Action

of countries which had increased the size of graphic health warnings to cover at least 85% of the two largest surfaces of cigarette packets.

44. Mr WONG Ting-kwong expressed grave concern about the proposal to drastically increase the size of the graphic health warning from 50% to at least 85% of the two largest surfaces of the packet and of the retail container in one go. He asked whether consideration could be given to allowing the area of the graphic health warning to cover a different percentage of the two largest surfaces of the packet and of the retail container, say, 60% of one surface and 70% or 80% of another surface. Mr YIU Si-wing urged the Administration to consider members' views and concerns before finalizing the legislative proposal.

Admin

45. USFH advised that according to the WHO Framework Convention on Tobacco Control, the size of health warnings should be 50% or more of the principal display areas. Evidence had indicated that the effectiveness of health warnings and messages increased with their prominence. At present, a few countries had already increased the size of health warnings to cover at least 85% coverage of the principal display areas of cigarette packets. The Administration noted the implementation of plain packaging in Australia and considered the current proposal appropriate. In addition, there would be enough space on the tobacco packet for displaying their product information under the proposal. At the request of Dr Helena WONG, USFH undertook to provide information on the countries which had implemented regulatory measure similar to that proposed by the Administration whereby the graphic health warning had to cover at least 85% of the two largest surfaces of the packet or retail container of cigarettes.

Forms and message of the health warnings

46. Mr Vincent FANG asked about the rationale for the Administration's proposal to adopt the health warning message "Tobacco kills up to half of its users". Mr WONG Ting-kwong said that to his understanding, the trade did not hold a strong view on the Administration's proposal to increase the number of forms of health warning from six to 12. He, however, urged the Administration to cease adopting the health warning message "Tobacco kills up to half of its users" as the message appeared to be merely a slogan without scientific proof. Mr CHAN Han-pan raised a similar concern. USFH advised that the statement "Tobacco killed up to half of its users" was based upon existing scientific evidence adopted by WHO. Statistics revealed that up to half of current tobacco users would eventually die of a tobacco-related disease.

Action

Legislative timetable

47. Mr Vincent FANG expressed strong dissatisfaction that while the Administration had not consulted the trade on the proposal, it planned to table the Smoking (Public Health) (Notices) (Amendment) Order in LegCo in the second quarter of 2015 with a view to effecting the new forms and warning pictures or messages in early 2016 through negative vetting. He suggested that the Panel should hold a special meeting to invite the tobacco trade to express their views on the proposal. Miss Alice MAK, Mr YIU Si-wing and Mr CHAN Han-pan concurred with the suggestion. They urged the Administration to consult the trade on the proposal prior to introducing the legislative amendments. Mr WONG Ting-kwong considered that under the current plan, the lead time for the industry and manufacturers to change their package was far from adequate. He pointed out that a transitional period of one year was provided for in the last legislative exercise to introduce, among others, the requirement that the packets or retail containers of tobacco products should bear graphic health warnings of a size that covered at least 50% of the principal surface areas.

48. USFH responded that the Administration would take into account members' views in finalizing the legislative timetable. It would also consult the District Councils on the legislative proposals. The Chairman remarked that while the proposal was aimed at protecting public health, the Administration should also gauge the views of the trade in addition to that of the District Councils.

[At this juncture, the Chairman proposed and members agreed that the meeting be further extended for 15 minutes.]

Regulation of e-cigarettes

49. Dr Helena WONG was of the view that while the sale of electronic cigarettes ("e-cigarettes") containing nicotine and other cancer-causing agent should be prohibited, a different level of regulatory control should be imposed on those e-cigarettes which did not contain the above constituents. The Administration should also step up publicity and public education on the potential harm from e-cigarettes. Holding the view that e-cigarettes should be subject to regulation in order to safeguard public health, Mr KWOK Wai-keung asked about the legislative timetable in this regard. He considered that the Administration should conduct laboratory analysis of the constituents of e-cigarettes and their health effects prior to mapping out the degree of regulatory control for e-cigarettes. Mr WONG Ting-kwong said that he agreed that there was a need to prevent the initiation of e-cigarettes by non-smokers and youth in view of its potential adverse health

Action

effects. To his understanding, the trade had no strong view on the Administration's proposal to introduce regulatory control on e-cigarettes. Mr YIU Si-wing sought information about the regulatory measures imposed by overseas countries on the import, distribution and sale of e-cigarettes.

50. USFH advised that WHO published a report in 2014 which called for tighter regulation of e-cigarettes. While different countries had adopted different regulatory measures for e-cigarettes for various reasons, it should be noted that Singapore had prohibited the importation, distribution and sale of any article, including e-cigarette, which was designed to resemble to a tobacco product. She further advised that, in a recent international study, it was demonstrated that formaldehyde-releasing agents, which were known to cause cancer, were formed during vapourization of e-cigarette liquid. In addition, most e-cigarettes contained propylene glycol which was a known irritant when inhaled. At present, e-cigarettes containing nicotine were regulated as pharmaceutical products under the Pharmacy and Poisons Ordinance (Cap. 138) and such products had to be registered with the Pharmacy and Poisons Board before they could be sold in Hong Kong. The Administration had not received any application for import of e-cigarettes containing nicotine for sale in Hong Kong. While the intention of the Administration was to introduce regulatory control over e-cigarettes in the longer term given the wider long-term impact to students and youngsters (e.g. inducing them to smoke), no definite legislative timetable had been set in this regard. Dr Helena WONG requested the Administration to provide after the meeting information on the laboratory analysis, if any, of the constituents of the e-cigarettes available in the local market and their health effects.

Admin

51. Noting that overseas experience suggested that the number of smokers using e-cigarettes might change very quickly and that once it had taken root it would be very difficult to reverse the trend, Mr POON Siu-ping asked whether the Administration had assessed the local situation. USFH advised that according to the 2012-2013 school-based survey on smoking conducted by the School of Public Health of the University of Hong Kong, about 1% of secondary school students had used e-cigarette. Head (Tobacco Control Office), DH ("H(TCO), DH") supplemented that the Administration had planned to include in the current and future rounds of Thematic Household Survey on the pattern of smoking in Hong Kong questions relating to e-cigarettes in order to gain a more in-depth understanding of the trend of e-cigarettes in Hong Kong.

52. In response to Mr POON Siu-ping's enquiry about the existing youth educational programmes on the potential harmful effects of e-cigarettes and the effectiveness of these programmes, H(TCO), DH advised that starting

Action

from 2015, the potential health hazards of e-cigarettes would be covered, among others, in the school health talks on tobacco control for primary and secondary students. The Administration would assess students' knowledge about the messages delivered in the health talks through questionnaires. This apart, a new Announcement of Public Interest on the potential harmful effects of e-cigarettes would be launched in due course.

Smoking ban at bus interchanges at tunnel portal areas

53. Mr WONG Ting-kwong said that to his understanding, the trade had no particular view on the Administration's proposal to impose smoking ban at eight bus interchange ("BIs") located within the tunnel portal areas as no smoking areas ("NSAs"). Noting that the Administration's plan was to submit the legislative amendments to LegCo in the fourth quarter of 2015 with a view to effecting smoking ban at these BIs in early 2016, Miss Alice MAK opined that consideration could be given to introducing the legislative amendments at an earlier time given that there was no controversy over the proposal. Dr Helena WONG suggested that NSAs should cover queuing areas of bus stops as non-smokers waiting and queuing for buses were unable to take any actions against second-hand smoking. Mr YIU Si-wing opined that smoking ban could be imposed at bus stops during peak hours, say, during 8:00 am to 9:00 am and 5:00 pm to 7:00 pm on weekdays.

54. USFH responded that while the Administration would consider dealing with smoking at bus stops in the longer term, priority was accorded to prohibiting smoking at BIs located within the tunnel portal areas as the Tobacco Control Office ("TCO") had received a number of complaints and suggestions in this regard.

Enforcement actions taken by TCO

55. Noting that TCO had received 19 642 smoking complaints and enquires in 2014, Miss Alice MAK considered that the number of fixed penalty notices issued by TCO under the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) in 2014 (i.e. 7 834 notices) was on the low side. She urged the Administration to step up enforcement actions against smoking-related offences. Mr CHAN Han-pan expressed a similar view. USFH took note of members' views.

Conclusion

56. In closing, the Chairman said that members had expressed various concerns on the legislative proposals concerning health warnings on tobacco

Action

products and e-cigarettes, whereas no strong views were expressed on the proposal of imposing smoking ban at BIs at tunnel portal areas. Noting members' views, the Panel would hold a special meeting to receive views from the public and the stakeholders on the above three legislative proposals. Members would be informed of the meeting arrangement in due course.

(Post-meeting note: The special meeting has been scheduled for 6 July 2015 from 11:00 am to 12:45 pm and 2:00 pm to 7:00 pm.)

VI. Any other business

57. There being no other business, the meeting ended at 7:02 pm.

Council Business Division 2
Legislative Council Secretariat
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