

立法會 *Legislative Council*

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

Purpose

This report gives an account of the work of the Panel on Health Services ("the Panel") during the 2020-2021 session of the Legislative Council ("LegCo"). It will be tabled at the Council meeting of 20 October 2021 in accordance with Rule 77(14) of the Rules of Procedure of the Council.

The Panel

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

3. The Panel comprises 17 members, with Hon Elizabeth QUAT and Hon Abraham SHEK Lai-him elected as Chairman and Deputy Chairman respectively. The membership list of the Panel is in **Appendix II**.

Major work

Prevention and control of coronavirus disease 2019 in Hong Kong

4. The Panel actively monitored the Administration's measures for the prevention and control of coronavirus disease 2019 ("COVID-19") in Hong Kong. After the election of the Panel Chairman and Deputy Chairman in

October 2020, the Panel received briefings by the Administration on the aforesaid measures and discussed them at the subsequent regular monthly meetings and a special meeting of the Panel. The Panel will continue to receive such briefing and discuss such measures at its meeting on 8 October 2021.

Immigration control measures and quarantine arrangements for inbound travellers

5. When Hong Kong started to face the fourth wave of the COVID-19 epidemic in November 2020, the Panel passed a motion at its meeting in that month requesting the Administration to implement more stringent testing arrangement for all inbound travellers including exempted persons upon their arrival at Hong Kong. Having regard to the deteriorating epidemic situation overseas and the prevalence of the more transmissible new virus variants in some overseas places, the Administration had imposed more stringent prevention and control measures to avert the importation of cases. Such measures included, among others, a 14-day hotel quarantine plus 7-day medical surveillance requirement for Hong Kong-based pilots and cabin crew of airlines. Some members expressed concern that such requirement might reduce cargo capacity. Concern was also raised over insufficient rooms offered by designated quarantine hotels to cater for the surge in demand from travellers returning to Hong Kong.

6. With the emergence of a local confirmed case of unknown source involving virus variants in April 2021, members expressed concern that the Administration had failed to react timely to guard against importation of cases. Some members commented that there had been wide media reports that the epidemic situation in some places, such as India, Taiwan and Malaysia, had been worsening, but the Administration had been late in tightening the immigration control measures, such as timely upgrading those countries to higher risk groups and suspending flights from those countries. As a result, there were risks of transmission of virus into the community. Some members noted that some cases with mutant strain were confirmed after the persons had undergone compulsory quarantine for 21 days in designated quarantine hotels. They urged the Administration to review the period of compulsory quarantine and step up measures to prevent transmission of virus within designated quarantine hotels. There was also a view that the Administration might consider requiring all inbound travellers to undergo antibody test. Some members considered that frontline staff who had chances of contact with inbound travellers and hence higher infection risks should receive vaccination.

7. Stepping into May 2021, the epidemic situation became stable. As no new local confirmed cases of COVID-19 had been recorded most of the time since then, Hong Kong had basically achieved the target of "zero local cases".

Some members therefore urged the Administration to discuss the feasibility of reopening the border with the Mainland authorities. These members asked about the progress of letting experts from both sides discuss what more Hong Kong could do to ensure the safe reopening of the border. The Administration was requested to be well prepared for resumption of cross-border travel in the future or exemption from quarantine with "vaccine passport" to facilitate Hong Kong people travelling to the Mainland and overseas. The Administration was also asked to take into account mutual recognition of the vaccine passports, and launch the "Hong Kong Health Code" system as soon as possible, so that people would be exempted from entry quarantine when they travelled between Hong Kong and the Mainland.

8. In view of the latest developments of the global and local COVID-19 epidemic situation, the Administration implemented in August 2021 various measures to tighten the inbound prevention and control measures for travellers arriving at Hong Kong from overseas places, in order to build an anti-epidemic barrier to prevent the importation of cases. According to these measures, holding recognized vaccination records is one of the prerequisites for Hong Kong residents who have stayed in high-risk Group A specified places to board a flight for Hong Kong. Some members urged the Administration to speed up the work on reaching agreements with the relevant countries on bilateral vaccination record recognition to facilitate Hong Kong residents who had been stranded in those specified places (e.g. Cambodia) to return to Hong Kong as soon as possible. The quarantine exemption of overseas film personnel undertaking location filming in Hong Kong gave rise to members' concern over the mechanism for granting such exemption and the arrangements for monitoring to ensure compliance with the exemption conditions by the personnel concerned. The Administration was requested not to grant quarantine exemption to personnel from high-risk places. Concern was also raised on the adequacy of Designated Quarantine Facilities for foreign domestic helpers arriving from Group A specified places for their undergoing compulsory quarantine.

9. Under the Return2hk Scheme and the Come2hk Scheme, travellers were required to undergo compulsory nucleic acid test at a community testing centre ("CTC") or recognized local medical testing institution for six times after arrival at Hong Kong. Concern was raised as to whether the above arrangement might cause much inconvenience to travellers. The Administration was requested to facilitate travellers to conduct the tests, such as allowing them to conduct the tests at home. There was also a concern about the absence of a compulsory vaccination requirement for travellers under the two Schemes despite the advantages of receiving vaccination as repeatedly stressed by the Administration and the stringent vaccination requirements for staff members of specified jobs in Hong Kong.

Arrangements at quarantine centres

10. Members noted that the Administration had set up quarantine centres which currently accommodated people who were close contacts of confirmed cases, but without compatible symptoms for compulsory quarantine. In April and May 2021, due to the transmission of mutant strain in the community, a number of people had to undergo compulsory quarantine at quarantine centres. Some members considered that fully vaccinated persons should be exempted from compulsory quarantine. Concern was also expressed over the suspected food poisoning cases at the Penny's Bay Quarantine Centre and the Administration was urged to improve the quarantine arrangements. The Administration advised that it had adjusted the quarantine requirements for vaccinated close contacts of locally acquired COVID-19 cases. In brief, the duration of compulsory quarantine in a quarantine centre could be shortened provided that some criteria, such as provision of documented proof of vaccination, had been satisfied. Regarding the food poisoning cases, the caterer concerned was selected through an established mechanism. The caterer might be prosecuted over alleged food contamination at the quarantine centre. The Administration also undertook to implement measures to improve the quarantine arrangements and facilities in the future.

Viral testing and community surveillance for coronavirus disease 2019

11. For maintaining community testing services, the Panel supported the Administration's funding proposal for a supplementary provision of \$2,313.6 million to meet the costs for extending the operation of CTCs and mobile specimen collection stations. The Panel also supported the Administration's funding request for a supplementary provision of \$26.4 million to meet the costs of regular testing for frontline government employees who had yet to get vaccinated at the initial implementation stage of the "vaccination in lieu of regular testing" arrangement. Some members called for stricter and decisive measures for achieving the target of "zero" infection case in the community. Suggestion of universal compulsory testing was strongly put forth to help identifying asymptomatic infected persons and cut the silent transmission chains in the community. On the provision of voluntary testing for general public, members expressed concern that it was not easy for the public to collect specimen bottles due to high demand and the points for returning specimens were inadequate. To provide convenience to the public, members called on the Administration to increase the number of specimen bottles for collection by the public and provide more collection points for returning specimens. The Administration explained that a risk-based and precision-guided testing strategy had been implemented for epidemic surveillance and testing in Hong Kong. Under this approach, specified high risk groups would be required to undergo

compulsory testing on a mandatory basis, whereas targeted groups would be arranged to undergo testing on an obligatory basis. Other members of the public would be encouraged to undergo testing on a voluntary basis. On voluntary testing, the number of specimen collection packs distributed in Hong Kong had been increased substantially. However, the number of specimen bottles collected by the Government was only around half of the amount distributed.

12. Following the Administration's announcement that it would no longer accept deep throat saliva as specimen for compulsory testing, members raised concern at the Panel meeting in September 2021 about whether there were sufficient resources to cope with the expected increase in demand for combined nasal and throat swab samples collected by professionals (professional swab sampling), whether there would be a mechanism for waiving the fee for undergoing professional swab sampling, whether deep throat saliva as specimen would still be accepted for patients who were advised by doctors to undergo COVID-19 test, and whether employees who were medically unfit to receive vaccination with medical proof could undergo regular tests at a CTC free of charge. The Administration advised that the new arrangement was targeted on compulsory testing only. At present, CTCs still had quotas for booking. The Administration would keep reviewing the demand for CTC services and might set up additional mobile specimen collection stations when necessary. Persons subject to compulsory testing under legislation or persons requested by doctors to undergo testing could do so free of charge. Some employers required their staff to receive vaccination or undergo regular tests. Such testing arrangements, including whether the relevant staff members were required to pay for undergoing the test, would be subject to the policy of individual employers.

Maintaining social distancing

13. Epidemic fatigue was observed in November 2020 as evidenced by an apparent rebound in the number of local cases brought about by mask-off gathering activities and staycation in hotels. Members expressed deep concern about the effectiveness of the social distancing measures and urged the Administration to explore ways to enhance contact tracing to prevent the further spread of the virus in the community. The Administration advised that in response to the upsurge of local cases, they had promptly introduced legislative amendments to the relevant regulations to regulate gathering activities in hotels and guesthouses, as well as further tightened social distancing measures. To ensure public compliance with the relevant measures, the Administration gazetted in early December 2020 legislative amendments to relevant regulations under the Prevention and Control of Disease Ordinance (Cap. 599) to raise the fixed penalty for breach of the requirements stipulated therein from \$2,000 to \$5,000 with effect from 11 December 2020.

14. With the implementation of tightened social distancing measures spanning across the Christmas and Chinese New Year ("CNY") holidays, members observed that the catering, public entertainment and beauty trades, among others, were hard hit by the tightened measures. They called on the Administration to review whether there was room to suitably relax the directions and specifications under the Prevention and Control of Disease (Requirement and Directions) (Business and Premises) Regulation (Cap. 599F) in order to avoid a new wave of business closure.

15. Members subsequently noted that two new measures had been added to operations of catering business and some scheduled premises under Cap. 599F, namely the requirement that customers had to scan the "LeaveHomeSafe" QR code or had the specified information of their visits registered before they were allowed to enter the premises; and to arrange all staff involved in the operation of the premises to undergo a COVID-19 test once regularly starting from 11 February 2021. On 12 April 2021, the Chief Executive ("CE") announced the new direction in fighting the pandemic. Under the new direction, the Government had adjusted social distancing measures with "vaccine bubble" as the basis. According to the Administration, successful implementation on the measures hinged on co-operation of the patrons or participants of the relevant activities or group gatherings in the form of compliance with the relevant entry or participation requirements in relation to vaccination, use of "LeaveHomeSafe" mobile application and other requirements to cater for exceptional circumstances.

Risk communication

16. Members in general welcomed the launch of the "LeaveHomeSafe" mobile application in November 2020, which could facilitate the public to keep a more precise record of their whereabouts, thereby enhancing the public's awareness to keep vigilance against the epidemic. Given the existence of unknown transmission chains in the community, some members urged the Administration to consider mandating the use of the mobile application by the public to facilitate epidemic surveillance and contact tracing. Taking note of the suggestion, the Administration advised that it would step up publicity efforts to promote comprehensive use of "LeaveHomeSafe" among members of the public and address their concern on personal data privacy.

Arrangements for dealing with possible outbreak in school setting

17. Following the continuous suspension of face-to-face classes and school activities for all kindergartens, primary and secondary schools in Hong Kong before the CNY holidays, the Administration announced on 3 February 2021 that all kindergartens, primary and secondary schools (including special schools and

schools offering non-local curriculum) as well as schools offering non-formal curriculum (i.e. "tutorial schools") would be allowed to arrange more students to return to campuses on a half-day basis after the schools' CNY holidays, with the number of students capped at one-third of the total number of students.¹ Some members enquired about the reasons for maintaining a cap on the number of students allowed in the campuses and whether advice had been sought from health experts when deciding the cap.

18. The Administration advised that there were high aspirations among parents and schools for resuming face-to-face classes as early as practicable for the benefits of all students. In this regard, the Education Bureau ("EDB") had been discussing with schools the relevant arrangements, taking into account the views of health experts as well as the latest epidemic situation and preparedness of the schools. As the epidemic situation was still prevalent, EDB would monitor the situation closely and maintain close dialogues with schools, health experts and other stakeholders and suitably adjust relevant arrangements at appropriate times. On 11 May 2021, EDB announced whole-school resumption of half-day face-to-face class arrangements for all kindergartens as well as primary and secondary schools with effect from 24 May 2021. On 2 August 2021, EDB announced the face-to-face arrangements for schools in Hong Kong in the 2021/22 school year, which were updated on 16 September 2021. In brief, when individual schools had achieved the specified vaccination rate, EDB would, taking into consideration the actual circumstances of the schools, allow the students of such schools to resume normal school life, including whole-day face-to-face classes, luncheons, as well as extra-curricular activities.

Procurement and administration of vaccines

19. Members noted that as at 9 February 2021, the Government had reached agreement with three vaccine developers to procure vaccines developed from different technology platforms. The names of the three vaccines were Sinovac vaccine, BioNTech vaccine and AstraZeneca vaccine. Given the reported cases of adverse side effects associated with AstraZeneca vaccine overseas and some countries had stopped administering that vaccine, members asked whether the Administration would suspend the use of AstraZeneca vaccine. Some members asked whether the Administration would arrange members of the public who had received two doses of vaccine to receive their third dose for better protection. There was a suggestion that the Administration should explore with the developer of Sinovac vaccine on lowering the age for receiving the vaccine to provide a choice for teenagers in relation to receiving vaccination.

¹ The number of students was capped at two-thirds of the schools' total number of students after the schools' Easter holidays.

20. The Administration advised that it had not yet authorized AstraZeneca vaccine for emergency use in Hong Kong. Given that the Sinovac vaccine and BioNTech vaccine procured and authorised for emergency use by the Government were already sufficient for vaccination by the entire population of Hong Kong, there was no need for the AstraZeneca vaccine procured earlier to be supplied to Hong Kong in 2021. Regarding the feasibility of administration of a third dose of vaccine and administration of Sinovac vaccine to teenagers, the Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on Emerging and Zoonotic Diseases ("Joint Scientific Committee") was collecting data in this regard and would discuss the relevant matters.

Adverse events following immunization with coronavirus disease 2019 vaccines

21. Members noted that under the vaccination programme led by the Government, members of the public could get vaccinated on a voluntary basis and free of charge. Members were concerned that with reported cases of suspected adverse side effects associated with vaccination, a majority of the public might not have motivation to take vaccination. Some Members suggested that the Administration should issue guidelines on the groups of people who should not be given the COVID-19 vaccines and set up a hotline for consultation by the public. Besides, some members considered that the Administration should explain clearly to the public about serious adverse events following immunization with vaccines to allay the public's worries. There was also a concern about whether the people concerned would be eligible for claiming the Indemnity Fund for Adverse Events Following Immunization with COVID-19 Vaccines ("AEFI Fund") if the Expert Committee on Clinical Events Assessment following COVID-19 Immunization ("Expert Committee") had considered that the unexpected serious adverse events and the vaccination did not have direct causal association, in particular when those people had underlying diseases (e.g. 3-Highs (i.e. high blood glucose, high blood pressure and high cholesterol)).

22. The Administration advised that when entering into purchase agreements with vaccine developers, the Administration would make reference to relevant scientific evidence and clinical data and consult the views of relevant committees under the Department of Health ("DH") and expert groups to ensure safety, efficacy and quality of the vaccines. On safety concerns, the Administration advised that they would continue to require vaccine developers to provide updated information including latest clinical data and safety update report on the vaccines, and would closely monitor the situation worldwide. In addition, it had developed and promulgated the "Interim Guidance Notes On Common Medical Diseases and COVID-19 Vaccination In Primary Care

Settings".² The guidance notes provided general principles on what conditions healthcare professionals should watch out for, especially for patients with chronic diseases. The Administration further advised that DH also invited family doctors to participate in informative programmes to assess whether different cases were suitable for receiving vaccines. Furthermore, Hospital Authority ("HA")'s general out-patient clinics were offering pre-vaccination consultation for patients. Regarding the concern about eligibility for claiming the AEFI fund, the Expert Committee would conduct causality assessments on all important adverse events based on guidelines issued by the World Health Organization ("WHO"). One of the conditions of claiming the AEFI Fund was that the evaluation outcome of the Expert Committee could not rule out that the event was not associated with the administration of a vaccine under the Government's COVID-19 Vaccination Programme.

Vaccination rate

23. To boost the vaccination rate, some members considered that the Administration should provide incentives to encourage people to get vaccinated, including relaxing quarantine restrictions for travellers and social distancing measures, and providing financial incentives. Some members considered that the Administration should require civil servants, teaching staff and healthcare personnel to get vaccination. Members generally appreciated the Administration's initiative to arrange one-off health check services free of charge for taxi and public light bus drivers to help them understand their health conditions and decide whether they were suitable for vaccination. They hoped that the measure could be extended to other trades and the elderly. Members also raised concern about whether the closure of some Community Vaccination Centres ("CVCs") in November 2021 would affect the vaccination rate.

24. The Administration advised that with more than 60% of the eligible population who had been vaccinated as at September 2021, it believed that after the closure of five CVCs in November 2021, the 21 CVCs (the operation of which would be extended to the end of 2021), together with the vaccination services of the Sinovac vaccine provided by private doctor clinics, could meet the demand of the public. The Administration further advised that it would focus on increasing the vaccination uptake of the elderly through facilitating measures.³

² www.covidvaccine.gov.hk/pdf/Guidance_Notes.pdf

³ Starting from 22 September 2021, 21 CVCs under the COVID-19 Vaccination Programme distribute same-day tickets to all eligible persons who want to receive a COVID-19 vaccination so that they can get vaccinated in a CVC at a designated time slot on the day of distribution. Starting from 29 September 2021, three COVID-19 Vaccination Stations are set up in Queen Mary Hospital, Queen Elizabeth Hospital and Tuen Mun Hospital to enable patients visiting the hospital for follow-up appointments and visitors, in particular patients of specialist out-patient clinics, to receive the BioNTech vaccination without prior booking when they have their follow-up medical consultation.

Unused vaccines

25. There was a view that the Administration might consider donating unused vaccines or those which were nearing expiry to other countries in need. The Administration replied that it would liaise with WHO to see whether there was a donation mechanism in place.

Prevention, control and treatment of other diseases

Seasonal influenza

26. According to the Administration, vaccination is one of the effective means to prevent seasonal influenza and its complications. The Administration has all along been encouraging the public to receive vaccination as early as possible. It provides free and subsidized seasonal influenza vaccines to eligible groups which are generally at a higher risk through the Government Vaccination Programme and the Vaccination Subsidy Scheme. In this connection, the Panel was briefed on the Administration's measures to ensure the supply of influenza vaccines. Members urged the Administration to ensure adequate supply of seasonal influenza vaccines in the winter influenza season and consider providing population-wide seasonal influenza vaccination. The Administration was also requested to enhance the measures for the prevention and control of the spread of communicable diseases in the school setting, such as maintaining good indoor ventilation and avoiding having large groups of student gathering. Members also called on HA to plan early for enhancing its manpower and the service capacity to meet the demand arising from the winter influenza season.

Cervical cancer, breast cancer and osteoporosis

27. DH has provided free human papillomavirus ("HPV") vaccination to Primary 5 and 6 female students under the Hong Kong Childhood Immunisation Programme since the 2019/20 school year for prevention of cervical cancer. Some members called on the Administration to launch a catch-up programme for young ladies other than Primary five and six students to receive HPV vaccination.

28. Members noted that DH targeted to launch a two-year Breast Cancer Screening Pilot Programme in the second half of 2021 to provide breast cancer screening services to eligible women aged between 44 and 69, based on the revised recommendations of the Cancer Expert Working Group on Cancer Prevention and Screening and personalised breast cancer risk assessment tool.⁴

⁴ A risk assessment tool for local women (e.g. one developed by The University of Hong Kong) was recommended to be used for estimating the risk of developing breast cancer with regard to the personalised risk factors.

Noting that some of the service users would receive mammography screening directly at DH while some would receive the service at outsourced service providers, some members were concerned about the details of the outsourcing plan, including the requirements on the professionals to be recruited and equipment to be deployed. There was also a suggestion that the programme fee for women aged over 60 should be waived. The Administration was also requested to provide outreach breast cancer screening service for women living in the outskirts of town.

29. Some members called on the Administration to provide osteoporosis screening service at all District Health Centres ("DHCs"). The Administration was also requested to enhance school education on the maintenance of bone health, provide subsidy for injectable medication on osteoporosis and set a standardized charge for bone mineral density test for the public's reference. There was also a suggestion that the Administration should widen the coverage and lower the cost of screening services for women-related health problems.

Hospital Authority Drug Formulary and drug subsidy

30. HA has implemented the Hospital Authority Drug Formulary ("HADF") since July 2005 with a view to ensuring equitable access by patients to cost-effective drugs of proven safety and efficacy through standardization of drug policy and drug utilization in all public hospitals and clinics. HA also provides financial assistance through the Samaritan Fund and the Community Care Fund Medical Assistance Programmes (collectively referred to as the "Safety Net") to subsidize the medical expenses of patients who have financial difficulties in purchasing Privately Purchased Medical items ("PPMIs") or specified self-financed Items ("SFIs") listed on the HADF at their own costs. The Administration and HA have rolled out measures to enhance the means test mechanism for the Safety Net since 2019. The Panel was briefed in the current session on the mechanism of HADF, the provision of drug subsidy through the Safety Net as well as the review conducted by the Administration and HA of the enhancement measures and on their recommendations for further refinement.⁵

31. Whilst welcoming the proposed further refinements, some members called for a further relaxation of the definition of "household" to allow patients applying for drug subsidy in the name of an individual. There was also a suggestion to further reduce the maximum patient contribution to less than 10% (or capped at \$500,000) of the patient's household annual disposable financial

⁵ The proposed further refinements included modifying the calculation of the annual disposable financial resources ("ADFR") for recurrent applications, including more allowable deduction items in calculation of the ADFR and adjusting the calculation of income, and extending the validity period of financial assessment of recurrent applicants.

resources ("ADFR"). Members urged the Administration to expedite the inclusion of suitable new drugs in SFIs with safety net coverage in HADF. In this connection, the Administration was requested to review the "secondary review" approach in vetting and approving applications for registration of pharmaceutical products containing new chemicals or biological entities, under which applicants were required to submit documentary proof of registration and certificates of free sale issued by the drug regulatory authorities of two or above of the recognized countries (e.g. whether the requirement of provision of relevant documents issued by the drug regulatory authorities of two or more recognized countries could be relaxed to provision of such documents of only one recognized country). The Administration was also requested to discuss joint procurement of drugs with the Mainland authorities of the Guangdong-Hong Kong-Macao Greater Bay Area with a view to reducing expenses on drugs.

Healthcare manpower

Healthcare manpower projection

32. The Panel was briefed on the results of the latest round of manpower projection exercise, conducted by The University of Hong Kong ("HKU") as commissioned by the Administration, to update the demand and supply projections of the 13 professions that were subject to statutory registration.⁶

33. Some members were dissatisfied with the projection results which, in their view, had seriously underestimated the manpower shortage of the relevant healthcare professions. They considered that the existing measures taken by the Administration in this regard could not address such manpower shortage. They called on the Administration to take concrete and effective measures to address the problem. For instance, the Administration should take feasible measures to attract non-locally trained medical practitioners ("NLTDs") to come to Hong Kong to practise. It should also discuss with the universities concerned increase in the number of training places of doctors and nurses as well as enhancement of their teaching facilities. The Administration was also requested to provide manpower projection for specialist doctors. Members also called on the Administration to address the problem of oversupply of Chinese medicine practitioners as revealed by the projection results.

⁶ The 13 professions are doctors, dentists and dental hygienists, nurses and midwives, Chinese medicine practitioners, pharmacists, occupational therapists, physiotherapists, medical laboratory technologists, optometrists, radiographers and chiropractors.

Proposed legislative proposals to amend the Medical Registration Ordinance (Cap. 161)

34. The Panel was consulted on the Administration's proposed legislative framework for a new pathway to allow qualified NLTDs to practise in Hong Kong's public healthcare sector and on Hon Tommy CHEUNG's proposed bill to amend the Medical Registration Ordinance (Cap. 161) to achieve a similar objective.

35. Considering that the Administration's proposal confined the applicants to Hong Kong permanent residents only, some members opined that the number of eligible applicants would be limited and could not solve the manpower shortage problem. Some other members were of the view that NLTDs, who had registered in their respective places, should not be subject to the requirement of graduation from recognized medical schools. Some members were also concerned that the language requirement (i.e. could speak both English and Cantonese) would limit the admission of NLTDs. There was also a suggestion that the Administration should allow graduates from overseas medical schools to complete internship in Hong Kong, if the number of NLTDs who were Hong Kong permanent residents could not make up for the manpower shortfall in the public healthcare system.

36. Concern was also expressed on the impartiality of the committee which was proposed to be set up under the Administration's proposal to engage in discussions and establish a mechanism for determining a list of recognized medical schools, if it comprised mainly doctors. There was also a suggestion that a longer service period requirement in public healthcare institutions (e.g. five years) should be imposed on NLTDs admitted without sitting the Licensing Examination, while a shorter period (e.g. two years) on doctors admitted after passing such examination.

37. Hon Tommy CHEUNG's proposal was supported by a majority of members present at the meeting. The Administration undertook to take over his proposal with suitable amendments.⁷

Voluntary scheme on advanced and specialised nursing practice

38. The Panel generally welcomed the launch of the voluntary scheme on advanced and specialised nursing practice, which aimed at advancing the

⁷ The Administration introduced a Bill, entitled "Medical Registration (Amendment) Bill 2021", to LegCo in June 2021. The Bill with amendments proposed by the Administration and by two Members is to be considered at the Council meeting of 13 October 2021.

professional competence of nurses in Hong Kong and paving the way for setting up a statutory regime of advanced/specialised nursing practice in the long run. There were concerns about the manpower situation of nurses particularly those working in public hospitals. It was hoped that the scheme could provide better prospects for HA nurses and help retain them in the public healthcare system.

Proposal for injection into the Health and Medical Research Fund

39. The Health and Medical Research Fund ("HMRF") aims to build research capacity and to encourage, facilitate and support health and medical research to inform health policies, improve population health, strengthen the health system, enhance healthcare practices, advance standard and quality of care, and promote clinical excellence, through generation and application of evidence-based scientific knowledge derived from local research in health and medicine. It also provides funding support to evidence-based health promotion projects that help people adopt healthier lifestyles by enhancing awareness, changing adverse health behaviours or creating a conducive environment that supports good health practices. The Panel was consulted on the Administration's proposed increase in the approved commitment for HMRF by \$1,308 million (from \$2,915 million to \$4,223 million) to sustain its operation.

40. Taking the view that the proposed increase was huge (over 40% of the original amount of the Fund) and there was a lack of research results that were directly beneficial to the general public, a member had reservation on the proposal. A majority of members, however, raised no objection to submission of the relevant funding proposal to the Finance Committee. There was a suggestion that the Administration should explore ways to make use of the findings of HRMF projects that had public or commercial interest.

Voluntary Health Insurance Scheme

41. Members were updated on the implementation of the Voluntary Health Insurance Scheme ("VHIS") which was rolled out on 1 April 2019. Some members expressed concerns on the market performance of VHIS which was below the original estimation. They were also concerned that many retired persons, who needed VHIS the most, were not confident with VHIS and doubted if they could take out VHIS policies given their health conditions such as high blood pressure, high blood sugar and high cholesterol. The Administration was therefore requested to step up efforts in improving VHIS. Some members also called on the Administration to raise the tax deduction ceiling of \$8,000 for qualifying premiums paid for VHIS, expanding coverage of VHIS by including chiropractic treatment and Chinese medicine services such as acupuncture and bone-setting.

Implementation of the Hong Kong Genome Project

42. CE announced the launch of the Hong Kong Genome Project ("HKGP"), a large-scale genome⁸ sequencing project, in her 2018 Policy Address. Members were updated in the current session on the implementation of HKGP. As the ultimate goal of HKGP was to promote clinical use of genome sequencing and enhance the financial accessibility of the service, there were concerns about when these objectives would be achieved. Concern was also raised about regulation of genomic medicine which used genome data to support clinical treatment. The Administration was also requested to explore room for collaboration between Hong Kong and the Mainland, especially the Greater Bay Area, in genome researches and studies. Considering that HKGP could bring significant contribution to Hong Kong's biotechnological development, some members urged the Administration to discuss with Mainland authorities facilitations for biotechnology companies in Hong Kong, so that DNA samples could be allowed to be transferred from the Mainland to Hong Kong for diagnosis purpose and these companies could register in the Mainland or enter the Mainland market.

Infrastructure and facilities for public healthcare and healthcare teaching

43. The first 10-year Hospital Development Plan ("HDP"), for which \$200 billion has been earmarked for the implementation of a total of 16 projects to meet the service needs up to 2026, is in its sixth year since its commencement in early 2016. In this session, the Panel examined in detail three projects under the Plan. They were main works for the construction of New Acute Hospital at Kai Tak Development Area ("NAH"), site formation and construction works for the expansion of North District Hospital ("NDH") as well as site formation and construction works for the expansion of Lai King Building in Prince Margaret Hospital. Members were supportive of these projects. Noting that more than 6 000 additional bed spaces as well as other additional facilities and services would be provided upon completion of all the projects under the First 10-year HDP, members were gravely concerned about whether there would be sufficient healthcare personnel to meet the healthcare manpower needs arising therefrom. Some members were also concerned about the usage of the \$200 billion for HDP, particularly the actual cost of the works for NAH and the expansion of NDH. Concern was also raised on how the services provided by NAH would be complementary to those of the adjacent Hong Kong Children's Hospital.

44. The Panel was also consulted on the Administration's proposals to develop the Chinese Medicine Hospital and establish Government Chinese

⁸ A genome is the complete set of DNA found within a cell.

Medicines Testing Institute ("GCMTI") in Tseung Kwan O, develop a DHC at Caroline Hill Road site, a health centre and social welfare facilities⁹ building in Siu Sai Wan. Members raised no objection to the submission of the funding proposals on the Chinese Medicine Hospital and GCMTI to the Public Works Subcommittee ("PWSC"). Some members expressed reservation on GCMTI as they cast doubts on how GCMTI could assist the future development of Chinese medicine and criticized the Administration for not taking the lead in purchasing Chinese medicine which received accreditation in Hong Kong. Regarding the other two proposals, members were supportive of them and requested the Administration to provide more services on preventive care and health maintenance by DHC.

45. In addition, the Panel held a joint meeting with the Panel on Education to discuss enhancement of healthcare teaching facilities of University Grants Committee-funded universities, which included funding proposals for the remaining renovation works in Choh-Ming Li Basic Medical Sciences Building of the Chinese University of Hong Kong and consultancy study for construction of additional academic building and ancillary facilities for Faculty of Medicine of HKU (Phase 2). Members raised no objection to the submission of the proposals to PWSC. Some members raised concerns about the actions to be taken by the two universities to enhance the ethical standards, professional conduct and integrity of medical students.

Meetings held

46. During the period between October 2020 and September 2021, the Panel held a total of 15 meetings. It will hold another meeting on 8 October 2021 to receive a briefing by the Secretary for Food and Health on the Chief Executive's 2021 Policy Address and discuss measures for the prevention and control of COVID-19 in Hong Kong.

Council Business Division 4
Legislative Council Secretariat
13 October 2021

⁹ The healthcare facilities in that building included a District Health Centre, a reprovisioned elderly health centre, a child assessment centre and a reprovisioned Child Assessment Service head office.

Legislative Council

Panel on Health Services

Terms of Reference

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

Panel on Health Services

Membership list for the 2020-2021 session*

Chairman	Hon Elizabeth QUAT, BBS, JP
Deputy Chairman	Hon Abraham SHEK Lai-him, GBS, JP
Members	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 (Total : 17 members)
Clerk	Ms Maisie LAM (up to 17 January 2021) Mr Colin CHUI (since 18 January 2021)
Legal adviser	Ms Wendy KAN

* Changes in membership are set out in **Annex to Appendix II**

Panel on Health Services

Changes in membership

Member	Relevant date
Hon HUI Chi-fung	Up to 18 October 2020
Hon IP Kin-yuen	Up to 20 October 2020
Hon SHIU Ka-chun	Up to 21 October 2020
Hon LAM Cheuk-ting	Up to 22 October 2020
Hon James TO Kun-sun	Up to 26 October 2020
Hon Claudia MO	Up to 1 November 2020
Prof Hon Joseph LEE Kok-long, SBS, JP	Up to 10 November 2020
Hon Charles Peter MOK, JP	Up to 10 November 2020
Hon Jeremy TAM Man-ho	Up to 11 November 2020
Hon Andrew WAN Siu-kin	Up to 12 November 2020
Hon KWONG Chun-yu	Up to 12 November 2020
Hon WU Chi-wai, MH	Up to 12 November 2020
Dr Hon Helena WONG Pik-wan	Up to 12 November 2020
Dr Hon CHENG Chung-tai	Since 13 November 2020
Dr Hon Fernando CHEUNG Chiu-hung	Up to 18 November 2020
Hon YUNG Hoi-yan, JP	Up to 1 December 2020
Hon Kenneth LAU Ip-keung, BBS, MH, JP	Up to 1 December 2020
Hon Paul TSE Wai-chun, JP	Up to 1 December 2020
Hon Jeffrey LAM Kin-fung, GBS, JP	Up to 3 December 2020
Hon MA Fung-kwok, GBS, JP	Up to 3 December 2020
Hon KWOK Wai-keung, JP	Up to 3 December 2020
Hon LAU Kwok-fan, MH, JP	Up to 3 December 2020
Hon Steven HO Chun-yin, BBS, JP	Up to 8 December 2020
Hon Wilson OR Chong-shing, MH	Up to 5 January 2021
Hon CHAN Hak-kan, SBS, JP	Up to 6 January 2021
Dr Hon CHENG Chung-tai	Up to 25 August 2021

For **changes in LegCo Membership**, please refer to the link below:

(<https://www.legco.gov.hk/general/english/members/yr16-20/notes.htm>)