

OFFICIAL RECORD OF PROCEEDINGS

Wednesday, 26 January 2022

The Council met at Eleven o'clock

MEMBERS PRESENT:

THE PRESIDENT

THE HONOURABLE ANDREW LEUNG KWAN-YUEN, G.B.M., G.B.S., J.P.

THE HONOURABLE TOMMY CHEUNG YU-YAN, G.B.S., J.P.

THE HONOURABLE JEFFREY LAM KIN-FUNG, G.B.S., J.P.

THE HONOURABLE STARRY LEE WAI-KING, S.B.S., J.P.

THE HONOURABLE CHAN HAK-KAN, S.B.S., J.P.

THE HONOURABLE CHAN KIN-POR, G.B.S., J.P.

DR THE HONOURABLE PRISCILLA LEUNG MEI-FUN, S.B.S., J.P.

THE HONOURABLE MRS REGINA IP LAU SUK-YEE, G.B.M., G.B.S., J.P.

THE HONOURABLE PAUL TSE WAI-CHUN, J.P.

THE HONOURABLE MICHAEL TIEN PUK-SUN, B.B.S., J.P.

THE HONOURABLE STEVEN HO CHUN-YIN, B.B.S., J.P.

THE HONOURABLE MA FUNG-KWOK, G.B.S., J.P.

THE HONOURABLE CHAN HAN-PAN, B.B.S., J.P.

THE HONOURABLE ALICE MAK MEI-KUEN, B.B.S., J.P.

THE HONOURABLE KWOK WAI-KEUNG, J.P.

THE HONOURABLE ELIZABETH QUAT, B.B.S., J.P.

THE HONOURABLE MARTIN LIAO CHEUNG-KONG, G.B.S., J.P.

IR DR THE HONOURABLE LO WAI-KWOK, G.B.S., M.H., J.P.

THE HONOURABLE JIMMY NG WING-KA, B.B.S., J.P.

DR THE HONOURABLE JUNIUS HO KWAN-YIU, J.P.

THE HONOURABLE HOLDEN CHOW HO-DING

THE HONOURABLE SHIU KA-FAI, J.P.

THE HONOURABLE YUNG HOI-YAN, J.P.

THE HONOURABLE CHAN CHUN-YING, J.P.

THE HONOURABLE CHEUNG KWOK-KWAN, J.P.

THE HONOURABLE LUK CHUNG-HUNG, J.P.

THE HONOURABLE LAU KWOK-FAN, M.H., J.P.

THE HONOURABLE KENNETH LAU IP-KEUNG, B.B.S., M.H., J.P.

THE HONOURABLE VINCENT CHENG WING-SHUN, M.H., J.P.

THE HONOURABLE TONY TSE WAI-CHUEN, B.B.S., J.P.

THE HONOURABLE DOREEN KONG YUK-FOON

THE HONOURABLE CHU KWOK-KEUNG

THE HONOURABLE STANLEY LI SAI-WING, M.H.

DR THE HONOURABLE HOEY SIMON LEE, M.H., J.P.

THE HONOURABLE ROBERT LEE WAI-WANG

THE HONOURABLE DOMINIC LEE TSZ-KING

IR THE HONOURABLE LEE CHUN-KEUNG

DR THE HONOURABLE TIK CHI-YUEN, S.B.S., J.P.

THE HONOURABLE STANLEY NG CHAU-PEI, S.B.S.

DR THE HONOURABLE JOHNNY NG KIT-CHONG, M.H.

THE HONOURABLE CHAU SIU-CHUNG

DR THE HONOURABLE CHOW MAN-KONG

DR THE HONOURABLE DAVID LAM TZIT-YUEN

THE HONOURABLE LAM CHUN-SING

THE HONOURABLE LAM SO-WAI

THE HONOURABLE NIXIE LAM LAM

PROF THE HONOURABLE NELSON LAM CHI-YUEN, J.P.

DR THE HONOURABLE DENNIS LAM SHUN-CHIU, J.P.

THE HONOURABLE LAM SAN-KEUNG, J.P.

THE HONOURABLE ANDREW LAM SIU-LO, S.B.S., J.P.

THE HONOURABLE DUNCAN CHIU

THE HONOURABLE YIU PAK-LEUNG, M.H.

DR THE HONOURABLE WENDY HONG WEN

PROF THE HONOURABLE SUN DONG

THE HONOURABLE DENNIS LEUNG TSZ-WING, M.H.

THE HONOURABLE LEUNG MAN-KWONG, M.H.

THE HONOURABLE EDWARD LEUNG HEI

THE HONOURABLE CHAN YUET-MING

THE HONOURABLE ROCK CHEN CHUNG-NIN, S.B.S., J.P.

THE HONOURABLE CHAN PUI-LEUNG

THE HONOURABLE CHAN YUNG, B.B.S., J.P.

THE HONOURABLE SUNNY TAN

THE HONOURABLE JUDY CHAN KAPUI, M.H.

THE HONOURABLE MAGGIE CHAN MAN-KI, M.H., J.P.

IR THE HONOURABLE CHAN SIU-HUNG, J.P.

THE HONOURABLE CHAN HOI-YAN

THE HONOURABLE JOEPHY CHAN WING-YAN

THE HONOURABLE CHAN HOK-FUNG, M.H., J.P.

IR THE HONOURABLE GARY ZHANG XINYU

THE HONOURABLE LILLIAN KWOK LING-LAI

THE HONOURABLE BENSON LUK HON-MAN

DR THE HONOURABLE WONG YUEN-SHAN

THE HONOURABLE KENNEDY WONG YING-HO, B.B.S., J.P.

THE HONOURABLE EDMUND WONG CHUN-SEK

THE HONOURABLE KINGSLEY WONG KWOK, B.B.S., J.P.

THE HONOURABLE YANG WING-KIT

REVD CANON THE HONOURABLE PETER DOUGLAS KOON HO-MING,
B.B.S.

THE HONOURABLE TANG FEI, M.H.

THE HONOURABLE TANG KA-PIU, B.B.S., J.P.

THE HONOURABLE LAI TUNG-KWOK, G.B.S., I.D.S.M., J.P.

PROF THE HONOURABLE LAU CHI-PANG, B.B.S., J.P.

THE HONOURABLE KENNETH FOK KAI-KONG, J.P.

THE HONOURABLE LOUIS LOONG HON-BIU

THE HONOURABLE NGAN MAN-YU

THE HONOURABLE CARMEN KAN WAI-MUN

DR THE HONOURABLE TAN YUEHENG, J.P.

THE HONOURABLE SO CHEUNG-WING, S.B.S., J.P.

THE HONOURABLE YIM KONG

MEMBERS ABSENT:

THE HONOURABLE FRANKIE YICK CHI-MING, S.B.S., J.P.

THE HONOURABLE KENNETH LEUNG YUK-WAI, J.P.

PUBLIC OFFICERS ATTENDING:

DR THE HONOURABLE LAW CHI-KWONG, G.B.S., J.P.
SECRETARY FOR LABOUR AND WELFARE

THE HONOURABLE FRANK CHAN FAN, J.P.
SECRETARY FOR TRANSPORT AND HOUSING

PROF THE HONOURABLE SOPHIA CHAN SIU-CHEE, J.P.
SECRETARY FOR FOOD AND HEALTH

THE HONOURABLE MICHAEL WONG WAI-LUN, J.P.
SECRETARY FOR DEVELOPMENT

THE HONOURABLE ALFRED SIT WING-HANG, J.P.
SECRETARY FOR INNOVATION AND TECHNOLOGY

THE HONOURABLE TANG PING-KEUNG, P.D.S.M., J.P.
SECRETARY FOR SECURITY

MR LIU CHUN-SAN, J.P.
UNDER SECRETARY FOR DEVELOPMENT

DR DAVID CHUNG WAI-KEUNG, J.P.
UNDER SECRETARY FOR INNOVATION AND TECHNOLOGY

DR CHUI TAK-YI, J.P.
UNDER SECRETARY FOR FOOD AND HEALTH

MR HO KAI-MING, J.P.
UNDER SECRETARY FOR LABOUR AND WELFARE

CLERKS IN ATTENDANCE:

MR KENNETH CHEN WEI-ON, S.B.S., SECRETARY GENERAL

MS DORA WAI, DEPUTY SECRETARY GENERAL

MS MIRANDA HON, ASSISTANT SECRETARY GENERAL

LAYING OF PAPERS ON THE TABLE OF THE COUNCIL

The following papers were laid on the table under Rule 21(2) of the Rules of Procedure:

Subsidiary Legislation	<i>Legal Notice No.</i>
Exemption from Profits Tax (Shenzhen Municipal People's Government Debt Instrument) Order	3 of 2022
Dangerous Goods (Amendment) Ordinance 2002 (Commencement) Notice.....	4 of 2022
Dangerous Goods (Application and Exemption) Regulation 2012 (Commencement) Notice	5 of 2022
Dangerous Goods (Shipping) Regulation 2012 (Commencement) Notice.....	6 of 2022
Dangerous Goods (Control) Regulation (Commencement) Notice.....	7 of 2022
Dangerous Goods (Application and Exemption) Regulation 2012 (Amendment) Regulation 2021 (Commencement) Notice.....	8 of 2022
Dangerous Goods (Miscellaneous Amendments) Ordinance 2021 (Commencement) Notice.....	9 of 2022

Other Papers

Legal Aid Services Council
Annual Report 2020-2021

Communications Authority
Annual Report 2020/21

The Police Children's Education Trust and the Police Education and Welfare Trust

Annual Report 2020/2021 (including Financial Statements and Report of the Director of Audit for the year ended 31 March 2021)

Hong Kong Tourism Board

Annual Report 2020/21 (including Independent Auditor's Report and Financial Statements)

ORAL ANSWERS TO QUESTIONS

PRESIDENT (in Cantonese): Questions. First question.

Procedure for adoption of children

1. **MS YUNG HOI-YAN** (in Cantonese): *Some foster parents have relayed that earlier on, when they applied for switching to adopting a child who had been under their foster care for nearly two years, they were told by the Social Welfare Department ("SWD") that they must first relinquish the foster care for that child before they could apply for and be put on the waiting list of adoption, in accordance with the procedure for adoption. The incident has cast doubts that the existing procedure has not taken the child's best interests as the paramount consideration, and is "putting the procedure above a child's best interests". In this connection, will the Government inform this Council:*

- (1) *of the policy and concepts in respect of the existing procedure for switching from foster care to adoption of a child, and whether it has reviewed if the procedure is in line with a child's best interests and actual circumstances;*
- (2) *whether SWD will, by drawing reference from the hearing of two cases on adoption in 2021, grant approval for a foster family to directly switch to adopting a child, after taking into consideration that it is in the best interests of the child to be adopted by the foster family; and*

- (3) *whether it will review the Adoption Ordinance and improve the adoption policy, so as to ensure that the adoption procedure is premised on the best interests of children, such as not requiring a child to be separated from his/her foster family first and then wait for his/her foster family to apply for adoption; if so, of the details; if not, the reasons for that?*

SECRETARY FOR LABOUR AND WELFARE (in Cantonese): President, the Government's adoption policy seeks to provide the most suitable long-term welfare for children in need in their best interests. Apart from adoption service, the Social and Welfare Department ("SWD") arranges residential care services, such as small group homes, foster homes, children's homes, etc. for children who cannot be adequately taken care of by their birth parents or families of relatives for various reasons. Where necessary, the Director of Social Welfare ("DSW") will make the concerned child to become a ward of DSW for safeguarding their welfare by making an application to the court.

My reply to the Member's question is as follows:

- (1) Adoption service is for identifying and securing permanent and stable homes for children whose parents are unable or unwilling to take care of them and provide care and nurture. Once an adoption order is granted by the court, adoptees will enjoy the rights and status legally as if they are biological children of the family; and the adoptive parents will have all rights, duties, obligations and liabilities in relation to the custody, maintenance and education of the adoptees. Adoption is a service for pursuing the long-term welfare of the children. On the other hand, foster care service provides temporary care arrangement for children who have not gone through the adoption procedures, reunited with families or lived independently. It is a temporary residential service for these children to continue enjoying family life. As adoption and foster care services are of a very different nature, the rights and responsibilities borne by the concerned families also differ considerably. Hence, the eligibility, and areas and standards of assessment from SWD (including financial requirements, commitments of life-long care, etc.) to the applicants are different and the two services have their own matching

mechanisms with different criteria. As adoption is a long-term arrangement, families that are eligible for foster care service do not necessarily meet the requirements of adoption service.

If a foster family wishes to adopt a child, they will have to make the adoption application in accordance with the conditions set out in the Adoption Ordinance (Cap. 290) and participate in the matching exercise for adoptive children. DSW is duty bound to strictly follow the procedures laid down in the Adoption Ordinance. Under general circumstances, SWD will cease the foster care service provided by the family with a view to avoiding any chance for the family to influence or hinder the will of the adoptee and undermine the fairness of the matching process. It is also to ensure that the family can be fairly assessed by SWD or the three accredited bodies according to the procedures of adoption with conditions similar to other families who have applied for adoption. The matching will be based on the best interests of the children to ensure that the most suitable long-term care arrangement can be made for the children in need.

SWD or related foster service organizations will clearly inform the foster families that the foster care service is a temporary care arrangement when the service commences. Foster parents are obliged to assist the adoptee to smoothly reunite with their family members or transit to an adoptive family. If the foster family is not willing to cooperate or will affect the best interests of the child, DSW as the legal guardian of the child concerned can take relevant actions, including to arrange other suitable care arrangement for the child concerned.

- (2) The two court cases raised in the question of the Member are related to a local adoption case. The applicant was entrusted by the birth parents to take care of the child concerned before the adoption arrangement was made, and hence the case did not involve a foster family.
- (3) SWD has been fairly performing assessment and matching in accordance with the adoption mechanism as stipulated under the Adoption Ordinance and is committed to finding the most suitable

adoptive family for children awaiting adoption. The Government will listen carefully to the opinions of various sectors, continue to enhance the prevailing mechanism, and continue to properly handle child adoption matters by taking into account the best interests and long-term welfare needs of the children.

Thank you, President.

MS YUNG HOI-YAN (in Cantonese): *President, the Bureau has not clearly stated in its reply whether there is a policy on adoption by the caring or foster families at present, nor has it clearly explained the original intent and fundamental basis of its policy. In addition, there is no provision in any legislation (including the Adoption Ordinance) specifying that this is unfeasible. Having referred to the experiences of foreign countries (including the United Kingdom and the United States), I learnt that there are policies on adoption by foster families. I would like to ask if the Bureau will consider what is in line with a child's best interests. Will the factor of "having provided foster care for a child for two years" be considered as in line with a child's best interests?*

SECRETARY FOR LABOUR AND WELFARE (in Cantonese): First, foster families can apply for adoption, which is not restricted under the law and is permitted under existing policies.

As I mentioned in the main reply, if a child has been staying with a foster family during the adoption process, based on past experiences, there were cases where the foster families obstructed the relevant arrangement and refused to cooperate in the matching process for adoption, or might even have contacted the prospective adoptive parents. Therefore, this arrangement today is not a legal arrangement, and under this arrangement, when a foster family applies for switching from temporary care to adoption of a child, the Government will assist the foster child in moving to another suitable place for a short period of time, pending the completion of the relevant adoption application and arrangement. When considering whether a foster family is a suitable adoptive family, all factors will be taken into account and the paramount consideration will be the best interests of the child concerned in the long run.

MR PAUL TSE (in Cantonese): *President, we have heard that an applicant for a restaurant licence is not allowed to do business while waiting for a licence to be issued, yet some applicants ignore such requirement in order to reduce losses. We also know that illegal structures must be demolished before an application for additions can be made. All these requirements are inhumane but this is your system.*

According to the Secretary's reply, foster children will be sent away and they have to wait patiently afterwards. This is utterly inhumane and it is simply ... while emphasizing so-called "rationality" and "fairness", they do not understand children at all. It is undesirable for a dog to be brought back after being sent away, let alone a person. Should these matters be handled flexibly, weighing at an appropriate time whether being fair or humane is genuinely in line with the interests of children? While saying that the interests of children are most important, they are acting in a completely bureaucratic manner. Like Dr SLUMP, they think that what they are doing is most correct, rational and fair, yet this is totally inhumane. Secretary, this is the case not only with your system, but also with quarantine arrangements, hamster cull and even adoption of children.

PRESIDENT (in Cantonese): Secretary, do you have any reply?

SECRETARY FOR LABOUR AND WELFARE (in Cantonese): President, the paramount consideration in the entire arrangement is being humane. When an adoptive family has taken care of a child for a period of time, it is natural for them to develop feelings of affection; yet it is precisely because of this situation that past examples showed us that an adoptive family may not necessarily be a suitable adoptive family. If the child is not sent away first, the subsequent adoption arrangement will become extremely difficult, and it can even be said that the best interests of the child concerned may be undermined. An adoptive family ... a foster family—sorry, I hope I have not made it wrong—a foster family has to sign to indicate understanding that if they consider becoming an adoptive family, such a temporary arrangement will be made. So, every foster parent is well aware of this arrangement. Of course, as I said when I answered Ms YUNG's supplementary question just now, all factors will be taken into account when we ultimately consider whether the foster parents concerned should be allowed to

become adoptive parents. Precisely because of the emphasis on being humane, an arrangement has been devised to safeguard the best interests of children.

MS JUDY CHAN (in Cantonese): *Thank you, President. A stable living environment is truly very important for the growth of children. I heard the Secretary's response to Ms YUNG Hoi-yan a while ago and he said that the parents of foster families were aware of this temporary arrangement, but the problem precisely lies in the fact that "the parents are aware". In fact, we should not address the issue from the perspective of parents but from the perspective of children.*

I know that the SWD website contains a description of foster care service, i.e. providing residential family care for children under 18 years of age, whose parents cannot adequately take care of them due to special family circumstances, so that they can enjoy family life until they can reunite with their families, join an adoptive family or live independently, etc.

However, what does the word "until" mean to the general public? It means that "until" these children can live independently or join an adoptive family. However, regarding the best interests of these children, we should indeed consider their psychological burden. If the foster family is willing to adopt the child concerned, I do not see the reason for the authorities sending him/her to another family. As Ms YUNG Hoi-yan has just mentioned, why should there be so many complicated procedures? I hope the Government can be more empathetic and address the issue from the perspective of protecting children from psychological harm and safeguarding their best interests, and can streamline these complicated procedures so that children can appropriately be provided a stable living environment. Thank you, President.

SECRETARY FOR LABOUR AND WELFARE (in Cantonese): President, as I said in the main reply just now, a foster parent may not be a suitable adoptive parent. Let me give a very simple example. If a foster parent is very old and not financially sound, we must consider the long-term welfare of the child and determine first whether this parent can become the adoptive parent. If the child concerned continues to live in the family that intends to adopt him/her but it may not be a suitable adoptive family, there will be many obstacles and the best interests of the child cannot be guaranteed; thus, the current arrangement is in place. Of

course, refraining from using a “one size fits all” approach, the specific circumstances of individual cases will be taken into consideration under the arrangement.

MR JIMMY NG (in Cantonese): *Thank you, President. I just heard the Secretary say that the long-term welfare of a child will be taken into consideration when processing applications for adoption of the child. However, I deeply believe that when the Government considers whether a child should be allowed to stay with a foster family, it should have considered whether the family can take care of the child’s welfare. For example, I believe that SWD will not approve application by a family living in a 100-ft or 50-ft subdivided unit/cage home to become a foster family. Under this premise, since the authorities have considered whether the families concerned can take care of the children’s welfare before providing foster care services, even if there may be extreme cases, their adoption should eventually be able to bring happiness to the children in general. I do not quite understand how the two criteria are determined.*

SECRETARY FOR LABOUR AND WELFARE (in Cantonese): President, I have just given some examples. The requirements for a foster parent and an adoptive parent are very different. For adoptive families, the age of the parents is a very important factor because long-term care for the child should be taken into consideration, and the family’s financial situation is another very important factor. For a foster family, as long as they are residing in suitable housing and can provide short-term care to a child, they are already eligible. Therefore, the requirements for a foster parent and an adoptive parent can sometimes be very different, and a foster parent may not necessarily be able to become an adoptive parent. This temporary arrangement is made to ensure that the welfare of the child will not be affected because of the so-called “conflict of interests”.

DR CHOW MAN-KONG (in Cantonese): *President, I just heard Ms YUNG and ...*

PRESIDENT (in Cantonese): Dr CHOW Man-kong, please clip the microphone onto your collar.

DR CHOW MAN-KONG (in Cantonese): *President, after listening to the dialogue between Ms YUNG and the Secretary just now, and after reading the relevant papers, I understand that under the current mechanism, even if foster families and the children concerned have the intention, there are no measures under the existing Adoption Ordinance that can be in line with the interests of both parties (especially children).*

I would like to ask the Secretary whether he will consider providing a professional and independent assessment mechanism so that the outcome of the relevant cases can extensively be in line with the interests of the children. Children need family warmth the most and I do not believe that allowing them to stay in children's homes for a long time can extensively be in line with their interests. Thank you.

SECRETARY FOR LABOUR AND WELFARE (in Cantonese): *President, I find it a little difficult to answer this supplementary question because I do not quite understand the question raised by the Member.*

First, the long-term interests of children are essential. Foster care is a short-term arrangement while adoption is a long-term one, and all judgments are made in a professional manner. The current arrangement comprising all the procedures is not made by the Government but between the Government and the service providers, and the experiences of these service providers in child care can help us decide what kind of arrangement should be made to achieve the paramount objective of the policy, i.e. safeguarding the long-term welfare of children in their best interests.

REVD CANON PETER DOUGLAS KOON (in Cantonese): *President, I understand the Secretary's reply just now but one of the key points today is whether foster care for a child must first be relinquished. I would like to tell the Secretary that I understand his reply just now and I know that some families may not be suitable adoptive families, but it cannot be denied that some families may be suitable; thus, a "one size fits all" approach cannot be adopted. For example, I wonder if a foster family may be allowed to adopt the child in question lest every foster family has to relinquish. If foster care for a child is relinquished, both the foster family and the child may be harmed. Thank you.*

SECRETARY FOR LABOUR AND WELFARE (in Cantonese): President, the main reply has touched upon the general situation. In some cases, we are even more than happy to allow foster families to adopt the children concerned. I know that some foster families are very loving and the children concerned have difficulty finding adoptive parents. When these foster families are very much willing to adopt the children, we will make arrangement readily; hence, it is not a “one size fits all” approach. We will definitely consider various factors, including family factors, the children and other arrangements. Thank you.

MS MAGGIE CHAN (in Cantonese): *Thank you, President. I just heard the Secretary say that foster care must be suspended for the sake of fairness. If foster families intend to adopt the children, their foster care services must be suspended.*

In my opinion, the best interests of children cannot be measured by fairness. If the foster families concerned have to suspend caring of the children, in the short term, the children will be treated like “human balls” being tossed and thrown here and there, which is definitely harmful to them. In the long run, in order to ensure the suitability of adoption, I believe that the Government or social workers will definitely conduct an assessment to check whether the families who intend to adopt the children are suitable. In view of this, I consider that the current “one size fits all” approach of the Government is simply treating children like “human balls” completely undermining their interests. Thank you.

SECRETARY FOR LABOUR AND WELFARE (in Cantonese): Thank you, President. I can only answer very briefly. First, it is not a “one size fits all” approach, and I have answered many times that it is not so; second, it will be in line with the best interests of children and they will never be treated like “human balls”. Thank you, President.

MR SHIU KA-FAI (in Cantonese): *Thank you, President. Actually, I agree with what the Secretary just said that the requirements for foster families and adoptive families are not the same. However, the main issue raised by Ms YUNG Hoi-yan is that when a foster family wants to adopt the child concerned and submits an application, the authorities can still process the application. If the authorities consider that the family does not meet the requirements, they may as well reject the application. But if the family meets the requirements, why does it require in the*

procedures that the child who has been in foster care for two years to be taken away and sent to an unknown family for foster care, making the child very unhappy during the period? This is the core issue. Why do the authorities have to require a foster family to hand over the child during the application process for adoption? Does it really matter? How are the two related? I do not understand the logic of the authorities.

SECRETARY FOR LABOUR AND WELFARE (in Cantonese): President, in fact, I can provide some examples. At present, the primary approach is that when a foster family expresses to the service organization their intention to adopt the child concerned, the relevant arrangement will commence. As foster families know that this will happen, some families never apply for adoption and refuse to return the children concerned to the service organization. This will have adverse effects on the children. When foster parents are concerned that they may be ineligible when they apply for adoption and the child will be taken away, there will be special circumstances that prevent the commencement of the adoption process. Given that there were many such examples in the past, we designed this approach and made it clear to the foster families in advance, hoping to reduce the negative effects on children when emotional bonds had been established but the foster parents might not be suitable adoptive parents. This is the most important point.

PRESIDENT (in Cantonese): Mr SHIU Ka-fai, which part of your supplementary question has not been answered?

MR SHIU KA-FAI (in Cantonese): *I told the Secretary just now that if a foster family is not eligible, the authorities could simply reject its adoption application. It does not matter, right? I suggest that the Secretary should convene a meeting to discuss with Ms YUNG Hoi-yan and those of us interested in discussing this issue.*

PRESIDENT (in Cantonese): Mr SHIU Ka-fai, please stop speaking. The Secretary has answered your supplementary question.

Second question.

Espionage activities conducted by foreign governments in Hong Kong

2. **IR LEE CHUN-KEUNG** (in Cantonese): *President, it is reported that given Hong Kong's special political and geographical environment, a large number of foreign spies are doing their work in the territory. Furthermore, the Central Intelligence Agency of the United States has earlier announced the establishment of a "China Mission Center" to conduct intelligence work targeted at China and geopolitics. In this connection, will the Government inform this Council:*

- (1) *whether the Government has communicated with the Office for Safeguarding National Security of the Central People's Government in the Hong Kong Special Administrative Region and the Hong Kong Police Force's National Security Department with regard to strengthening anti-espionage and intelligence gathering efforts; if so, of the details (including the number of cases detected); if not, the reasons for that, and whether the relevant efforts will be stepped up;*
- (2) *given that the local legislation for combating espionage offences was enacted many years ago, what means are currently used by the Government to combat the espionage activities conducted in Hong Kong by foreign governments; whether the relevant legislation will be amended to step up efforts in combating espionage offences, thereby safeguarding the security of the Country and Hong Kong; and*
- (3) *whether it will target espionage offences committed by foreign governments in Hong Kong by way of enacting legislation on Article 23 of the Basic Law; if so, of the details; if not, the reasons for that?*

SECRETARY FOR SECURITY (in Cantonese): *President, our country has been undergoing rapid development since its reform and opening up. As China's economy and national strength continue to grow, western countries led by the United States seek to maintain their hegemony based on a zero-sum mentality, and openly treat China as a target to fight against in various areas. The underlying cause is that the United States and western countries do not have the positive mindset to understand the concepts of peaceful coexistence such as a community with a share future for mankind, peaceful development and prospering together as advocated by our country. Conversely, the politicians in the United States and*

western countries have deliberately ganged up under the guise of the “China Threat Theory” in an attempt to bring the world back to a Cold War-style standoff. To achieve the goal of suppressing the development of China, the Central Intelligence Agency (“CIA”) of the United States has even set up a “China Mission Center” last year to “address the global challenge posed by the People’s Republic of China” as it so claimed. It has also alleged that with China being the most important geopolitical threat faced by the United States, CIA has to consolidate various resources and capability it possesses in its work against China, and especially recruit and train up Mandarin-speaking agents. Furthermore, the Chief of the Secret Intelligence Service (also commonly known as MI6) of the United Kingdom has publicly mentioned that MI6 recruits clandestine agents (i.e. “spies” from the eyes of the public) from countries and organizations all over the world; is deepening its understanding of China (i.e. “infiltration” from the eyes of the public); and makes things happen that would otherwise be impossible to achieve by operating in secrecy everywhere within the worldwide surveillance web.

It can thus be seen that spies constitute an important part in the covert operation of these organizations. Spies, as we know it, achieve the goal of gaining for their countries’ benefits or influence in geopolitics usually through means such as infiltrating important state authorities, probing intelligence and state secrets, inciting disaffection of public servants, paying and grooming agents, with a view to stirring up troubles, intensifying social conflicts, advocating anti-government beliefs or even overthrowing state powers through violence and other means. As a matter of fact, the SNOWDEN incident which occurred earlier revealed that the United States had conducted worldwide surveillance through the Prism programme. A Hong Kong journalist reported that SNOWDEN had shown her documents which disclosed that the United States had been hacking hundreds of computers on the Mainland and in Hong Kong. These acts of espionage present a significant threat to our national security.

As a special administrative region of the People’s Republic of China, Hong Kong has been implementing the principles of “one country, two systems”, “Hong Kong people administering Hong Kong” and “a high degree of autonomy”. Therefore, it differs from the Mainland in areas such as immigration policy, regulation of economic activities and socio-cultural environment. Making use of the unique environment of Hong Kong, certain countries have been attempting to engage in activities endangering our national security, or even to foment a “colour revolution” in Hong Kong. The “black-clad violence” since June 2019 is a vivid example of this. In fact, an organization named Open Technology Fund, which

receives grants from the U.S. Agency for Global Media as part of the United States Government, openly admitted in a Congress hearing in September 2020 that it had funded the development of secure communication technologies used by activists in Hong Kong. As reported by the *Time* magazine of the United States, rioters in Hong Kong used relevant technologies in encrypting their communication content. The Open Technology Fund also made several payouts to groups in Hong Kong since June 2019. Separately, there were members of organizations outside Hong Kong (including a council member of the “New Power Party” which is a “pro-independence” party in Taiwan) openly raising funds for the rioters or donating to them supplies and equipment, including helmets, gas masks and filter cartridges, etc. during the “black-clad violence”.

What makes Hong Kong people discern the truth is that in a court case concerning offences endangering national security which hearing had commenced, a person committed to trial revealed that a former overseas intelligence agent and Jimmy LAI Chee-ying, former chairman of the Board of Next Media, were the masterminds as well as the financial backers behind an anti-China group “Stand with Hong Kong Fight for Freedom”. The group had been continuously urging foreign countries to impose sanctions on Hong Kong and Mainland officials.

The above incidents represent only the tip of the iceberg. The Ministry of Foreign Affairs earlier published the “Fact Sheet: U.S. Interference in Hong Kong Affairs and Support for Anti-China, Destabilizing Forces”, listing 102 examples which clearly reflect the malicious acts of the United States over the years in colluding with anti-China, destabilizing forces to seriously endanger national security. In view of this, the SAR Government must handle acts and offences of an espionage nature in a targeted manner to prevent incidents endangering national security from occurring in HKSAR again.

My consolidated reply to Ir LEE’s question is as follows:

Part II of the existing Official Secrets Ordinance provides for the regulation of “espionage”, which covers the prohibition of, among others, acts to approach, inspect, pass over, enter or be in the neighbourhood of a prohibited place; compile information that is useful to an enemy; and obtain, collect, record or publish official secrets that are useful to an enemy. Part III of the Official Secrets Ordinance also prohibits the unlawful disclosure of protected information.

In addition, Article 29 of the National Security Law also stipulates that a person who steals, spies, obtains with payment, or unlawfully provides State secrets or intelligence concerning national security for a foreign country or an institution, organization or individual outside the Mainland, Hong Kong, and Macao of the People's Republic of China shall be guilty of an offence.

The long-standing position of the SAR Government is to combat espionage activities endangering national security in Hong Kong in accordance with the law. Specifically, given that these spies and their agents are all backed by rivals of a national level, actions must be taken to minimize the risks which they may bring about. To avoid impacting investigation work and necessary enforcement actions to be taken in future, we should not disclose further details of our actions. Yet, I can assure Members that the Police have all along been and will keep on collecting and analysing intelligence concerning threats to national security in a proactive manner, as well as investigating cases endangering national security rigorously in collaboration with other relevant law enforcement agencies, including conducting intelligence-led operations. Besides, the SAR Government will continue to enhance information sharing and operations coordination with the Office for Safeguarding National Security of the Central People's Government in the Hong Kong Special Administrative Region ("OSNS") pursuant to the mechanism established under Article 53 of the National Security Law.

Although the law enforcement agencies of SAR are committed to combating acts and offences of an espionage nature, as pointed out by Ir LEE in his question, the relevant local legislation was enacted many years ago and cannot fully address the criminal acts of espionage and theft of state secrets at present.

In this regard, we are now actively studying with the Department of Justice on enhancing the Official Secrets Ordinance in the context of legislation on Article 23 of the Basic Law, so as to better prevent acts of espionage and theft of state secrets.

We seek to commence consultation before the end of the current term of the Government, and to introduce the Bill to the Legislative Council for scrutiny in the second half of this year. I hope that Members will support our legislative proposals, including those related to "espionage offences" then, so as to better safeguard national security.

Thank you, President.

IR LEE CHUN-KEUNG (in Cantonese): *President, as the Secretary said just now, spies and their agents are all backed by rivals of a national level, and they are completely different from criminals in ordinary cases we are handling in terms of nature and comprehensiveness in planning. In order to deal with them, apart from resorting to legal means, we must also be engaged in an intellectual battle with them, so I think that both law enforcement actions and strategies are very important. In view of the seriousness of these incidents, can the Secretary explain what strategies and responses the authorities have in place to combat the many espionage activities currently faced by Hong Kong, so as to give Hong Kong people peace of mind? Thank you, President.*

SECRETARY FOR SECURITY (in Cantonese): Thank you, President. We have a series of strategies to combat these acts of espionage. Firstly, the foremost among them is intelligence collection and analysis. Of course, work on anti-espionage intelligence is one of our priorities. Secondly, we have to strengthen the exchange of intelligence and do some operations coordination as necessary with different intelligence bodies in our country or with some institutions stationed in Hong Kong for combating acts of endangering national security, such as OSNS. Thirdly, we will definitely take strict law enforcement actions. We will surely take strict law enforcement actions against any acts of espionage that endanger national security should they take place.

Besides, we will enact legislation, say on Article 23 of the Basic Law in the future, to enhance the Official Secrets Ordinance in respect of espionage offences to provide for more effective legislation.

In addition, in the combat against acts of espionage, apart from our law enforcement departments, all other government departments actually have a part to play, such as the work on how to keep secrets properly or detect suspected acts of espionage. Of course, explaining clearly to the public the risks of espionage currently faced by Hong Kong, as well as doing a good job in publicity and public education is also one of our work priorities. Thank you, President.

MR CHAN HAK-KAN (in Cantonese): *Thank you, President. President, basically, we can only rely on the Official Secrets Ordinance to deal with espionage offences at present, but this Ordinance was actually enacted many years ago, rendering it unable to address some of the existing acts of espionage and theft of*

state secrets. The Secretary has said on many occasions that offences against espionage will be introduced in the context of legislation on Article 23 of the Basic Law to prevent foreign countries from using Hong Kong as the base to endanger national security. Can the Secretary tell this Council in detail how he plans to plug the loopholes in the existing Official Secrets Ordinance through the enactment of legislation on Article 23 of the Basic Law, so as to address the inadequacies of the Ordinance in preventing offences of espionage and theft of state secrets? Thank you, President.

SECRETARY FOR SECURITY (in Cantonese): Thank you, President. The definitions of the espionage activities as prohibited under the existing Official Secrets Ordinance are in fact rather narrow, mainly covering, for example, persons who approach a prohibited place, compile information that is useful to an enemy or some official information that is useful to an enemy, etc. We believe that these definitions are not adequate to address various complex acts of espionage and the related risks today. Therefore, when we legislate on Article 23 of the Basic Law, we will strengthen legislation on the areas of espionage that are not adequately covered by the Official Secrets Ordinance, so that we can deal with what we have seen happening from 2019 onwards, and assess the risks that may arise in the future. We will certainly take follow-up actions in this regard. Thank you, President.

DR PRISCILLA LEUNG (in Cantonese): *President, the Secretary mentioned again the Official Secrets Ordinance in his response. What we are discussing is that after the return of sovereignty, in fact ...*

PRESIDENT (in Cantonese): Dr Priscilla LEUNG, please clip the microphone onto your collar.

DR PRISCILLA LEUNG (in Cantonese): *Yes. Has consideration been given to amending the title of the Official Secrets Ordinance? It is because what we have to keep secret is state secrets. The most important aspect of espionage offences is to steal such information and support an enemy with it. On the level of state secrets, should Hong Kong be on par with the country in this regard by adopting the country's standard on secrets? For example, secrets are classified into*

various levels under the Law of the People's Republic of China on Guarding State Secrets, namely, confidential, secret and top secret. As the Secretary mentioned in the last part of his response just now, he must also give a clear explanation when conducting public education. Will we simply take the opportunity of this legislative amendment exercise to get on par with the country in this regard, so as to make it clear to the public that our current anti-espionage offences are based on anti-espionage at a national level?

SECRETARY FOR SECURITY (in Cantonese): Thank you, President. I also thank Dr LEUNG for her views. I think when we legislate on Article 23 of the Basic Law, we will reflect it in the legislation. As we are mainly saying that the espionage offences under the Official Secrets Ordinance fail to highlight the importance of espionage offences, we will reflect the importance of espionage offences in the relevant legislation. In the meantime, we will also consider the views put forward by Dr LEUNG just now. Thank you, President.

MR KENNEDY WONG (in Cantonese): *President, the Secretary mentioned the SNOWDEN incident in his reply just now, and I have only found out all the related circumstances of this incident after watching the documentary on SNOWDEN. I think many members of the public in Hong Kong may not be clear about what is meant by espionage activities because it is very difficult to use a particular yardstick to measure them. My supplementary question is: Will the Government systematically collect cases of foreign forces plotting, for example, "black-clad violence" and inciting "Hong Kong independence" through their agents and spies, and produce national security education videos using these cases? In addition, will consideration be given to compiling these materials into standard teaching materials for enhancing publicity and promotion in this regard at schools?*

SECRETARY FOR SECURITY (in Cantonese): Thank you, President. In the light of what happened in Hong Kong in the past, we will remind Hong Kong people of the security risks we face, including the fact that what we faced in the past was actually a "colour revolution" rather than an ordinary social security incident. I believe we should do that. As for the overall national security education and publicity, how will we carry it out? I think we will carefully consider, among other things, what methods should be adopted in promoting it at

schools, what methods should be adopted in promoting it to the public, or what methods should be adopted in promoting it to professional bodies. I think all these require our careful consideration, and the views put forward by Mr WONG just now will also be taken into account.

DR JOHNNY NG (in Cantonese): *Thank you, President. The Secretary has mentioned earlier that they will launch a consultation on Article 23 of the Basic Law in the first half of the year in the hope of enacting legislation on it in the second half of the year. Next, regarding the new items of offences in the legislation on Article 23 of the Basic Law, including espionage offences, which are very new to the public and even to law enforcement officers, may I ask the Secretary whether he has considered enhancing the training of our law enforcement officers and even purchasing some additional equipment to detect these crimes in future? Thank you, President.*

SECRETARY FOR SECURITY (in Cantonese): *Thank you, President. Of course, regarding the enactment of legislation to implement Article 23 of the Basic Law, our most basic task is to include in it the seven items of offences under Article 23 of the Basic Law, but two of which are already covered by the National Security Law, so we will focus primarily on several other offences, including treason, sedition, theft of state secrets, prohibition of foreign political organizations or bodies from conducting political activities in HKSAR, and prohibition of political organizations or bodies of HKSAR from establishing ties with foreign political organizations or bodies. We will, of course, legislate in these directions. As for the question raised by the Member just now on whether we should enhance the training of our colleagues, it is absolutely necessary because we may need to enhance training in respect of new practices arising from this new legislation to ensure that no mistakes will be made. Training will also be stepped up in areas such as evidence gathering and obtaining evidence for prosecution. Of course, we also need to purchase different kinds of equipment to see how to achieve the purpose of obtaining intelligence. These are what we will do. Thank you, President.*

MR HOLDEN CHOW (in Cantonese): *President, I would like to thank the Secretary for exposing the various evil acts of espionage committed by Western forces in the main reply today. While those committed by the United States are*

undoubtedly innumerable, I would also like to add a few words on MI6 of the United Kingdom mentioned by the Secretary in the main reply. In fact, they made a public speech on 30 November 2021, pointing out that China was the main target of their attack. They also openly and brazenly admitted that MI6 had conducted overseas agent and espionage operations to engage in covert activities. Since they have openly admitted that there are espionage rivals of a national level, may I ask the Secretary whether the enactment of legislation on Article 23 of the Basic Law will be more focused, so as to prevent those anti-China, destabilizing forces that have fled overseas from remotely manipulating their hidden agents in Hong Kong to continue to carry out activities that endanger national security? Thank you, President.

SECRETARY FOR SECURITY (in Cantonese): Thank you, President. The legal provisions relating to national security already cover some extraterritorial effects. In other words, even if some people have fled to foreign countries, as in the case of some wanted persons who fled to foreign countries before the Legislative Council election and called on Hong Kong people to violate some election-related legislation from foreign countries, we will certainly collect evidence and do our best to arrest them since the Hong Kong legislation they have violated has extraterritorial effects. Thank you, President.

MR MA FUNG-KWOK (in Cantonese): *Thank you, President. Apart from the issue of espionage, another national security risk or threat to Hong Kong is local terrorism. Last year, there were some lone-wolf terrorist attacks. What is more, some organizations even attempted to make bombs and detonate them in public facilities such as courts. The Secretary has pointed out in his response just now that one of the means that spies may use is plotting against, overthrowing or subverting a regime through violence. The acts committed by these spies against national security seem to be very similar to those of some local terrorism in terms of means and objectives. May I ask the Secretary whether the Government knows if there is any interrelation or connection between these espionage activities outside Hong Kong and local terrorist activities? Thank you, President.*

SECRETARY FOR SECURITY (in Cantonese): Thank you, President. There must be a causal relationship between espionage and local terrorism, as I also mentioned just now, because one of the ultimate goals of these spies is to incite

hatred and division in society, or even incite others to use violence in the hope of seizing political power, and breeding local terrorism is one of the means to achieve this end. The common approach adopted by these spies is to provide local terrorists with resources and skills, such as teaching them how to make bombs and obtain the materials so required. Besides, these spies also cover the people concerned by telling them not to be afraid even if something happens, because these spies will give them protection and may even offer them opportunities to further studies as long as they go abroad. Therefore, one of the tasks we have to do in combating local terrorism is to properly control incitement activities by these spies. Thank you, President.

PRESIDENT (in Cantonese): Third question.

Taking forward infrastructure projects

3. **IR DR LO WAI-KWOK** (in Cantonese): *President, the Chief Executive's latest Policy Address has put forth a series of new ideas. Apart from developing a Northern Metropolis in the New Territories, they also include increasing the supply of land and housing, promoting innovation and technology, improving rail and transport networks, promoting cross-boundary infrastructural connectivity, and redeveloping public rental housing estates. In this connection, will the Government inform this Council:*

- (1) *whether it will make a clear pledge that it will endeavour to remove red tape, break undesirable bureaucratic habits, reasonably streamline procedures, compress work flow and make use of innovative technologies to enhance productivity, thereby expediting the resolution of the serious social conflicts arising from the inadequate supply of land and housing; if so, of the details; if not, the reasons for that;*
- (2) *whether it has given holistic consideration and made detailed planning as early as possible in respect of the manpower resources required for taking forward the aforesaid projects; if so, of the details; if not, the reasons for that; and*

- (3) *in the course of taking forward the aforesaid works, how it will avoid the situation of the engineering and construction industries “dying of starvation at one time and dying of overwork at another time”, and whether measures are in place to solve the problem of labour shortage in the construction industry; if so, of the details; if not, the reasons for that?*

SECRETARY FOR DEVELOPMENT (in Cantonese): President, the Chief Executive has announced a series of long-term development plans in her 2021 Policy Address. In view of the tight supply of land and housing, the increasing pressure on the transport network and the ageing population, the Government will roll out relevant capital works projects in a timely and orderly manner to meet the needs of social development and respond to people’s demands.

As the construction volume continues to grow, the construction industry’s capacity will be put to the test. We will encounter many challenges, such as the ageing workforce, high construction cost and site safety issues. In response to these challenges, the Development Bureau (“DEVB”) has implemented “Construction 2.0” since 2018, and in concerted effort with the construction industry, to lead the industry to reform by advocating “innovation”, “professionalization” and “revitalization”, so as to enhance the productivity, capacity and sustainability of the industry and prepare for the expected increase in workload.

My reply to the three parts of the question raised by Ir Dr LO Wai-kwok is as follows:

- (1) In the Policy Address delivered in October 2017, the Chief Executive announced that a steering group would be set up under DEVB to examine how best to align and rationalize the standards and definitions involved in the development approval processes involving the departments under DEVB’s portfolio (i.e. the Buildings Department, the Lands Department and the Planning Department). The Steering Group commenced work at the beginning of 2018. So far, we have rolled out various streamlining measures relating to 11 control parameters.

The 2020 Policy Address further set out the directive to expand the remit of the Steering Group by including vetting departments other than those under the Planning and Lands Branch, with a view to reviewing more comprehensively the development approval processes. Apart from expediting administrative procedures, we are also studying how the various statutory processes in seeking planning applications, road gazetting, land resumption, etc., can be streamlined or expedited. The major review directions include streamlining and shortening these procedures, avoiding repetitive procedures of a similar nature, facilitating processing procedures that can be processed in parallel, and rationalizing outdated or ambiguous arrangements. We plan to consult the Legislative Council (“LegCo”) on our specific recommendations in the first quarter of this year, i.e. very soon, and seek to introduce legislative amendments to LegCo within this year.

On the application of innovative technologies, the Government has been actively promoting digitalization of public works, applied research and development and the adoption of new materials and innovative construction technologies in recent years. For example, we have been actively promoting the adoption of Modular Integrated Construction (“MiC”) since 2017. There are more than 70 MiC projects in the pipeline, and a number of them have been completed. With more projects adopting this method in the future, we expect the productivity of the industry can be further uplifted and the progress of housing supply can be accelerated.

- (2) The Chief Executive recently convened a cross-bureau meeting to specifically examine Hong Kong’s manpower resources, and found that there appeared to be challenges in terms of both talents and labour. Various Policy Bureaux are exploring relevant policies and specific measures for future discussion with LegCo and stakeholders in the community as appropriate. The Chief Executive also put forward a proposal earlier this month to reorganize the government structure, including consolidating the policy portfolios on manpower development and transferring them to the Labour and Welfare Bureau (“LWB”). The proposed consolidation will enable the Government to take a holistic view on Hong Kong’s manpower or labour resources, and formulate policies for implementation by the relevant

departments. The Government will be more active and proactive on the policy front after the consolidation, with a view to broadening and enriching the talent and manpower pool for Hong Kong to meet the needs of economic development, etc.

In respect of construction manpower, DEVB collaborates with the Construction Industry Council (“CIC”) to implement a host of multi-pronged measures, including conducting regular manpower forecasts for construction professionals, technicians and workers, enhancing training and introducing new technologies to uplift productivity.

For training, the Hong Kong Institute of Construction under CIC provides training to about 4 000 full-time trainees and 58 000 part-time trainees on average each year for meeting the market demand and enhancing the skill level of the construction industry. In the past 10 years, the Government has allocated a total of \$620 million funding to CIC, subsidizing the training of some 30 000 skilled workers.

Moreover, we have launched the \$1 billion Construction Innovation and Technology Fund (“CITF”) to promote wider adoption of innovative technologies in the industry and enhance productivity. As at the end of 2021, CITF has approved more than \$570 million, benefiting more than 830 enterprises in the adoption of advanced construction technologies, and subsidizing about 11 000 training places.

We will continue to work with CIC to train new entrants specifically for trades in keen demand, and at the same time, provide training for upskilling in-service semi-skilled workers to skilled workers so that the industry can attract and retain talents through career advancement and further enhance productivity.

Regarding professionals and skilled talents, DEVB will continue to convey the views of the construction industry on manpower needs to the Education Bureau so as to ensure that tertiary institutions can train sufficient talents to meet the needs of the industry.

- (3) The Government has been actively implementing capital works projects to improve people's living environment, promote economic growth and enhance Hong Kong's long-term competitiveness. With appropriate planning, the relevant projects will be implemented in a timely and orderly manner. The annual capital works expenditure has been maintained at a level of \$70 billion to \$80 billion in the past few years, and is expected to grow continuously to exceed \$100 billion in coming years. Together with the private sector, the annual total construction output is expected to increase to the level of \$300 billion.

In order to help the industry to get prepared and allocate resources in advance to cope with future large-scale development projects, the Government and CIC will continue to disseminate relevant information to the industry and the public regularly, and maintain close contact with the industry and stakeholders, so as to closely monitor the supply and demand of manpower in the construction industry. At the same time, we will actively adopt advanced technology and innovative construction techniques to enhance the productivity and capacity of the construction industry. Thank you, President.

IR DR LO WAI-KWOK (in Cantonese): *President, according to the latest data recently published by the Hong Kong Examinations and Assessment Authority, only 50 000 students have entered for the Hong Kong Diploma of Secondary Education Examination in 2022, representing a drop of 3.5% compared with last year and hitting a new low again. This reflects that there are potential problems with Hong Kong's manpower resources. Not only the engineering industry or certain sectors will be affected, all sectors are basically facing potential manpower shortages. I would like to ask whether DEVB maintains and regularly publishes specific statistics on the estimated construction manpower shortage in various trades, including professionals.*

SECRETARY FOR DEVELOPMENT (in Cantonese): Thank you, President. I thank Ir Dr LO Wai-kwok for the supplementary question. As I have just mentioned in the main reply, CIC is in fact conducting a manpower projection exercise, the results of which are expected to be available by the third quarter of

this year. President, CIC's previous studies mainly focused on frontline workers and certain types of skilled workers, but as Ir Dr LO has just highlighted, the current exercise also covers professionals, i.e. those working at professional levels. The exercise will look into the manpower demand for the next 5 to 10 years, that is to say, not only this year, and the relevant information will be made public in due course.

MR KENNETH LAU (in Cantonese): *President, Heung Yee Kuk is delighted to see that the Government is developing the Northern Metropolis under the “urban-rural integration” and “transport infrastructure-led” concepts. The New Territories people will definitely work with the Government to promote the development of the metropolis in the New Territories North, which will serve as a new engine for Hong Kong’s economic development. However, it is envisaged that the new population of the metropolis will further increase in the future, aggravating the burden on existing railways. Apart from expeditiously implementing the five railway projects proposed under the Northern Metropolis Development Strategy, will the Government consider Heung Yee Kuk’s suggestion of constructing an expressway between the New Territories Southeast and the New Territories Northeast, connecting Tseung Kwan O directly with Heung Yuen Wai Boundary Control Point via Ho Chung in Sai Kung, West Buffalo Hill, Tai Shui Hang, the Tolo Highway northern section and Lung Shan Tunnel? This will divert the traffic flow and relieve the traffic burden in the New Territories East and enhance the cross-boundary transport network, thereby facilitating development integration between Hong Kong and Shenzhen and seizing the opportunities brought by the Greater Bay Area.*

SECRETARY FOR DEVELOPMENT (in Cantonese): President, I thank Mr Kenneth LAU for the supplementary question. As a matter of fact, the planning of transport infrastructure falls within the purview of the Transport and Housing Bureau (“THB”). With some knowledge in this regard, let me make my best endeavours to reply.

Regarding the future transport connection between the Northern Metropolis and the traditional urban areas in the south, the development situation of the western New Territories is clearer. For road transport, Route 11 will be constructed. For railways, we are studying a cross-boundary railway project to connect Hung Shui Kiu and Qianhai under the Northern Metropolis Development

Strategy. Furthermore, the project to construct artificial islands around Kau Yi Chau in the Central Waters will, in fact, also include the provision of various roads and rail links to connect the artificial islands with Tuen Mun and Hung Shui Kiu and further up. This is the situation of the western New Territories.

If I did not hear it wrong, Mr Kenneth LAU was talking about the situation of the eastern New Territories just now. In fact, THB is conducting a study on this region. I am grateful to LegCo for approving the funding application earlier. The study is now underway, which examines the needs for major roads and railway systems in Hong Kong beyond 2030, that is, in the future. As for the suggestion put forward by Mr LAU earlier, now that I have a better understanding of the situation, and I will refer the suggestion to THB to see whether due consideration can be given under the study.

MR KWOK WAI-KEUNG (in Cantonese): *Thank you, President. An infrastructure project takes at least a few years from planning and funding approval to design and other vetting and approval processes before construction. There is sufficient time for talent training and planning. The Secretary has mentioned in his reply that both LWB and CIC have made efforts on manpower projection and training, but why is there an insufficient supply of certain types of skilled workers for, say, the Kai Tak Sports Park project? Are there any loopholes and problems with the manpower projection and training work mentioned in the reply, resulting in manpower shortage in certain trades? If the problems are identified, how can we prevent the recurrence of such problems in the upcoming development of the Northern Metropolis? Thank you, President.*

PRESIDENT (in Cantonese): Which public officer will give a reply? Secretary for Development, please reply.

SECRETARY FOR DEVELOPMENT (in Cantonese): President, I am grateful to Mr KWOK Wai-keung. In my view, manpower projections are never 100% accurate. That is to say, while it is not rocket science, there are bound to be some estimation. I strongly agree with Mr KWOK that manpower training takes time. Therefore, concerning a particular scheme—which in fact has been an established policy in Hong Kong—I believe what Mr KWOK has referred to is the Supplementary Labour Scheme (“SLS”), which has actually been implemented for

some 20 years. One of the principles under which SLS operates is that job opportunities should be prioritized for local workers, which I believe Mr KWOK knows very well. Employers are required to advertise the vacancies for four weeks and confirm that local manpower is unavailable before their applications can be considered. I understand that the case mentioned by Mr KWOK is being processed.

From a broader perspective, on meeting the future manpower needs, in fact, I have touched upon this issue in the main reply. President, this is a broad topic, yet I will make it brief. Firstly, grooming local workers and professionals as well as introducing policies to retain those who have already joined the industries (such as the construction industry). Secondly, enhancing productivity. If the productivity is enhanced with the same manpower, in fact, more can be achieved.

Therefore, we have been promoting the adoption of MiC actively at a very quick pace in recent years, and we will then promote the adoption of the Building Information Modelling technology at an equally quick pace in the next few years because these initiatives can help enhance the productivity of the construction industry. Of course, if Hong Kong's manpower supply remains insufficient despite the adoption of such initiatives, in fact, there are policies in place to make good use of talents outside Hong Kong, subject to appropriate restrictions, of course.

DR WONG YUEN-SHAN (in Cantonese): *The Secretary has mentioned MiC. Although the Government has provided a 6% gross floor area concession as an incentive since 2019, the response of the relevant sectors and consumers appears to be lukewarm. I would like to ask the Secretary: Are there any other policy initiatives in place to promote a wider use of MiC, such as reviewing the current concession rate or requiring the Government to adopt a wider use of MiC in public housing developments—on top of the 20 000 MiC units being planned—with a view to taking a lead and creating a new trend of adopting MiC?*

SECRETARY FOR DEVELOPMENT (in Cantonese): Concerning MiC projects, as I have mentioned in the main reply just now, actually there was not even one such project four to five years ago, that is, in 2016 or 2017. As Members may have noted, it is stated in the draft reply that there are 60 MiC projects. We

did another count this morning and found 70, a few of which have even been completed. Recently, we have heard the good news from the Secretary for Transport and Housing Frank CHAN. That is, MiC is being developed on such a large scale that at least 20 000 public housing units will be constructed using this technology in the future. This is very good news because we hope that with such quantity of supply, the cost of MiC units may be further brought down.

Dr WONG Yuen-shan has mentioned from the outset the current provision of a 6% gross floor area concession. In fact, Dr WONG has also told us that the relevant sectors consider the rate inadequate because the adoption of this technology may reduce the floor area by more than 6% sometimes. We have heard this view clearly. In fact, we are now studying this matter to see if there is further room for adjustment. However, please pardon me for not disclosing the findings until the policy initiative is ready.

IR CHAN SIU-HUNG (in Cantonese): *Thank you, President. I strongly agree with what Ir Dr LO Wai-kwok has stated in the oral question, especially the application of innovative technologies. I opine that in order to achieve the various objectives in the Policy Address, the Government must remove red tape, streamline and compress onerous procedures, and make good use of innovative technologies to speed up infrastructure projects and the process of identifying sites for housing construction. As I have noted from the Secretary's reply, the Government has actively applied innovative technologies in public works in recent years, including promoting the adoption of MiC. In this connection, I would like to ask the Administration whether the application of a range of innovative technologies such as Building Information Modelling, the geographic information system and Design for Manufacture and Assembly will be taken into account in the tender evaluation criteria for infrastructure and housing development projects, and considered as a basic requirement or at least a bonus, thereby encouraging and facilitating efforts to enhance construction efficiency, expedite construction works and improve construction site safety. Thank you, President.*

SECRETARY FOR DEVELOPMENT (in Cantonese): Thank you, President. I am grateful to Ir CHAN Siu-hung's views. In fact, this is what we are doing now. However, of course, during the project tender process, we have to ensure a fair and just process that complies with the Government's procurement

requirements. When we now evaluate project tenders, both price and technical aspects are our considerations on many occasions.

Regarding technical aspects, if technologies are applied to enhance productivity or improve construction site safety as appropriate in a project ... Ir CHAN knows very well that, from the Government's perspective, one of the major advantages of adopting MiC is that this can not only enhance productivity, but also improve construction site safety because MiC substantially reduces the need for working at height. We will take into account all relevant considerations.

DR WENDY HONG (in Cantonese): *Thank you, President. Secretary, I would like to ask a question about the land development mechanism. In fact, there is no shortage of land in Hong Kong, but rather we lack a mechanism for expeditiously identifying land for housing or infrastructure facilities. Therefore, in fact, expediting land development is not simply about removing red tape or streamlining procedures. There are various impediments to land development, including tremendous difficulties in acquiring land and unifying land titles, extremely difficult and lengthy process of making town planning applications, lack of attractiveness of the land premium mechanism to the market, inadequate planning or even the lack thereof, and procrastination on the part of government officials for fear of allegations of collusion between the Government and the business sector. I would like to ask the Secretary: While reasonably streamlining procedures, will the Government conduct a comprehensive analysis of the various impediments to land development, and show its determination to give holistic consideration and tackle them one by one? Thank you.*

SECRETARY FOR DEVELOPMENT (in Cantonese): Thank you, President. I am grateful to Dr Wendy HONG for giving us some reminders just now. To make it brief, the answer is yes. I believe the main issue in today's question is the manpower situation of the construction industry, which has led us to this discussion. Dr HONG has just brought up various issues. In fact, as Members may be aware, the Government has recently indicated that efforts have been made on these fronts. For example, we will amend a number of legislation in the future. We will explore all options to remove repetitive procedures and shorten the lead time, and also expedite the process and reduce the conflicts in handling land applications.

However, of course, on one hand, we have to protect the public purse because the Government has to play two roles at all times. We wish to assume the role of facilitator as well as the role of regulator and protector. Dr HONG ... I will wrap it up quickly ... Speaking of the collusion between the Government and the business sector, the Government will make good use of the market force, and we are not afraid of some empty criticism. Let me give an example. The land sharing scheme is an example of the Government's efforts to make good use of the market force.

PRESIDENT (in Cantonese): Fourth question.

Using smart technologies for land identification and housing production

4. **MS ELIZABETH QUAT** (in Cantonese): *Thank you, President. Quite a number of members of the public have relayed that there is a long-standing serious imbalance in housing supply and demand in Hong Kong, with housing production targets unmet. As a result, people live in more and more expensive while smaller and smaller units. They urge the Government to use smart technologies as far as possible in planning new development areas ("NDAs") and implementing redevelopment projects for old districts, so as to shorten the time needed for planning, land identification and housing production. In this connection, will the Government inform this Council:*

- (1) *as the Government launched the Geospatial Lab ("GeoLab") last year, and it is learnt that the related Common Spatial Data Infrastructure ("CSDI") will soon be in full operation, how the Government makes use of the GeoLab and CSDI to speed up the search for idle land, as well as to develop and make proper planning for land in NDAs;*
- (2) *as it is learnt that the use of smart technologies such as Building Information Modelling, the geographic information system, Internet of Things, big data, Design for Manufacture and Assembly, Modular Integrated Construction as well as Multi-trade Integrated Mechanical, Electrical and Plumbing for housing production can expedite the completion of building construction and improve*

worksite safety, how the Government makes good use of these technologies to enhance the efficiency in building construction and management, increase energy efficiency and improve air quality, so as to provide residents with a quality and safe living environment; and

- (3) *as the use of smart technologies for land identification and housing production requires cooperation among government departments, but it is learnt that the relevant policy bureaux currently have no command over one another and barriers exist among departments, thus slowing down the development progress, how the Government integrates the databases among relevant departments and breaks down its compartmentalized structure within which different bureaux and departments work in their own silos, so as to speed up the progress of digitalization?*

SECRETARY FOR DEVELOPMENT (in Cantonese): President, the Government has been encouraging Policy Bureaux and departments to introduce innovation and technology to enhance the quality of public services and support policy-making.

After consulting the Innovation and Technology Bureau (“ITB”), I reply to Ms Elizabeth QUAT’s question as follows:

- (1) Government departments and public organizations have been producing, collecting and using various data, many of which contain spatial components, such as road network, slopes, population statistics, etc. These “spatial data”, used in combination with the geographic information system (“GIS”) technology, facilitates various tasks of the Government, including urban planning, land management, construction works and urban renewal.

For example, the Lands Department makes use of the GIS technology to manage land administration-related data and provides spatial data, such as topographic map, land boundary, aerial photo, etc., to different departments through different platforms to support their work.

Another example is the Planning Department (“PlanD”). PlanD also uses GIS to integrate and analyse planning and development related information from different departments, such as planning information, terrain, population projections, heritage, etc. for formulating development parameters and layout, and conducting a variety of urban design analyses such as visual line, ridgeline, sunlight and landscape analysis.

The Urban Renewal Information System, developed by the Urban Renewal Authority in 2019, strengthens its ability in processing and analysing spatial data, enhancing its efficiency in planning, rehousing, finance and technological research work, thereby expediting the formulation of urban renewal plans.

The Development Bureau (“DEVB”), with support from ITB, is spearheading the development of the Common Spatial Data Infrastructure (“CSDI”) and its portal, providing a one-stop data platform to open up and share spatial data, minimizing the possible duplication of efforts among departments in maintaining and processing data, thereby supporting decision-making and enhancing the efficiency of work. CSDI portal is targeted to be made available by phases for government and public use free of charge by the end of this year, by then over 500 spatial datasets from different departments, covering different aspects such as planning, lands, buildings, works, population and transport will be released. The Hong Kong GeoData Store, the alpha version of CSDI portal, has been launched and released over 200 spatial datasets for initial exploration by users.

The development of CSDI will further expand the possibilities of the use of spatial data. For instance, PlanD is developing an application for “Government, Institution and Community Facilities and Open Space Analysis”, which will make use of spatial data of CSDI portal, to facilitate the analysis of future demands for these facilities based on population projection. The application is expected to be made available for use by relevant departments by the end of this year.

As for the Geospatial Lab (“GeoLab”) established by DEVB in mid-2021—thanks to Ms QUAT for attending the opening ceremony—its aim is to provide a platform to encourage the younger generation, startups and creative minds to explore and exchange ideas, develop new applications, thereby promoting business opportunities and improving quality of life. DEVB will continuously review the operation of GeoLab, with a view to promoting CSDI and its applications.

- (2) Government departments and public organizations have been encouraging industries to use technologies to enhance works efficiency and improve living environment. For example, the Government has been vigorously promoting the digitization of public works. We have specified in new capital works contracts with value exceeding \$300 million the requirement to adopt a Digital Works Supervision System (“DWSS”) to strengthen project supervision. So far, over 100 active public works contracts have adopted DWSS. We are also exploring the use of remote monitoring, wireless sensors technology, Internet of Things and other technologies to further enhance site safety, workmanship and the efficiency in contract management.

Starting from 2018, the Building Information Modelling (“BIM”) technology has been adopted in major government capital works projects. The Government has also been collaborating with the Construction Industry Council to support and promote the adoption of BIM technology and innovative construction technologies.

The Buildings Department is also pushing ahead with the development of an Electronic Submission Hub (“ESH”), allowing the industry to submit building plans and applications required under the Buildings Ordinance electronically and allowing departments to process through ESH. ESH can streamline the approval process and encourage wider and greater use of the BIM technology by the industry.

The Government encourages the use of innovative technologies in various aspects, including smart, remote and information technology, architectural design, promoting sustainable development, green

buildings, energy conservation, waste reduction, and indoor environment and air quality, to achieve a better quality of life for our society.

In addition, the Government will continue to promote innovative construction methodologies, including the Multi-trade Integrated Mechanical, Electrical and Plumbing and the Modular Integrated Construction (“MiC”). At present, MiC has been adopted in the construction works of over 70 projects.

- (3) The Government is developing CSDI portal in order to facilitate the integration, exchange and sharing of spatial data. We require all departments to submit on a yearly basis annual spatial data plans to set out the datasets they plan to release in the coming three years. The first set of annual spatial data plans was published on government websites at the end of last year. All datasets to be released must comply with certain standards. DEVB will provide assistance during the data standardization process.

In addition, the Government is committed to integrating and opening up different categories of data to promote data sharing among departments. This helps the Government and the industry to develop more digital applications that bring convenience to the public and promote smart city development. Currently, over 4 800 datasets are available on the Public Sector Information Portal for free public access.

President, we will review the above measures continuously to facilitate the opening up of data by departments in a timely manner and enhance data integration, with a view to supporting the Government’s work and meeting the needs of society.

Thank you, President.

MS ELIZABETH QUAT (in Cantonese): *Secretary, in fact, the public also hope that more buildings can be constructed as soon as possible, so that they can live in bigger and better flats with a better environment. In the main reply today, the*

Secretary has undertaken to make good use of technology to enhance works efficiency and improve the living environment of the public. The authorities must keep their promises, but how can the public see that they have done so? Thus, it is very important for them to communicate with the public.

The Government launched the Interactive Map Dashboard (“IMD”) on 3 February 2020 to publish the latest information on the epidemic, which is very popular among the public. I have checked that as of 14 January this year, the number of views of IMD has reached 62 million, which proves that the public likes to obtain government information and communicate with the Government in this way. Thus, will DEVB consider providing for the public an IMD on housing and land to disseminate information on land in relation to the planning of NDAs, and at the same time, allow the public to monitor the progress of land development and building production, so as to speed up its communication and interaction with the public?

SECRETARY FOR DEVELOPMENT (in Cantonese): Thank you, President. I also thank Ms Elizabeth QUAT for her suggestions. We will proceed in this direction, but we must also consider carefully which data are more suitable for the specific purposes. At present, we all know that in different districts, some land can be rented by interested members of the public or non-governmental organizations through short-term tenancies, and the relevant datasets are already available; the question is whether it is appropriate to provide more data.

However, when Ms QUAT raised her supplementary question just now, it immediately occurred to me that if certain planning data are highly specialized and the person who needs to read them must be professionally trained to do so, then it may not be appropriate to provide such data. However, as a direction, we would like to open up more data so that the community as a whole can grasp more information and people can understand the situation of their own district. I very much agree with this direction, and we will strive to examine in the future which datasets can be further opened up for public access.

Here, I have to point out that we have already provided more than 200 datasets and the number will increase to 500 by the end of this year, and what does this mean? Before I came to answer this question, I checked the records and found that when I answered Ms Starry LEE’s question in mid-2020, that is, more than a year ago, I said that we estimated that 240 datasets would be provided by the end

of 2022, but the current progress has already exceeded the target and more than doubled it. This will be the direction along which we will continue to follow in the future.

MR ANDREW LAM (in Cantonese): *Thank you, President. As far as I know, as early as 2004, the Government completed and published a study on integration of planning, lands and public works data, involving 3 Policy Bureaux and 13 departments, and the relevant report even recommended that the work be completed in the first quarter of 2006. Thus, I absolutely believe the Government has foresight and it has taken action on data integration and the construction of a common platform, but the problem is its extremely slow pace of implementation.*

Just now I heard the Secretary say that in terms of the progress of integrating the data platforms of various departments, it is hoped that the departments will gradually open up their spatial data in the next three years. May I ask when the authorities will be able to fully integrate the data of the relevant departments so as to facilitate the future large-scale development in several districts at an extremely fast pace? According to the information released in 2004, the departments involved at that time included PlanD, Buildings Department, Lands Department, Rating and Valuation Department, Land Registry, Architectural Services Department, Civil Engineering Department (now Civil Engineering and Development Department), Drainage Services Department, Electrical and Mechanical Services Department, Highways Department, Transport Department, Water Supplies Department and other core departments; and environmental work was also involved. Thus, I am eager to know how the authorities can expeditiously consolidate a platform to facilitate the development of the Northern Metropolis and the Lantau Tomorrow Vision, as well as other work, no matter it concerns urban renewal or internal management of urban areas. Thank you.

SECRETARY FOR DEVELOPMENT (in Cantonese): President, let us respond at two levels. At the micro level, I will give a brief account of some spatial data related to the work of DEVB. As for the macro level, that is, the smart city development in Hong Kong as a whole, Under Secretary for Innovation and Technology Dr CHUNG will give an explanation.

As I mentioned earlier, the number of datasets to be provided by the end of this year will increase from the current 200-odd to 500, of which 170 are related to DEVB, accounting for more than 30%. One point that I did not have time to mention just now is the standardization of data, because at present, the data of different departments may not be standardized, and although the data can be shared, conversion, i.e. changes in format, is necessary. In this regard, we are confident that the relevant targets can also be achieved by the end of this year.

I would like to tell Mr LAM that when, say, PlanD needs to conduct a study, it will not just rely on data from the data platform or its portal, but will collect some more data on its own and process it with its own analysis tools. Taking PlanD which is often responsible for land identification as an example, it has made rapid progress in this area in recent years. At the end of last year, that is, a month or two ago, PlanD launched a system based on personal digital assistants, which enables the staff who conduct site inspection to instantly check the planning history of the lot in question, the record of violations and the situation of the surrounding areas, obviating the need for them to look at paper plans in the office and memorize the information in advance. This system, which allows on-the-spot access to information, is a recent development of PlanD.

As for the macro level of smart city development, Under Secretary Dr CHUNG will give a brief explanation.

PRESIDENT (in Cantonese): Under Secretary for Innovation and Technology, please reply.

UNDER SECRETARY FOR INNOVATION AND TECHNOLOGY (in Cantonese): Thank you, President. The authorities have published the Hong Kong Smart City Blueprint 2.0, and launched a series of data sharing measures mentioned by the Secretary this year, especially the opening up of datasets on the Public Sector Information Portal. At present, apart from opening up different datasets, the Portal has also included real-time data and the introduction of different applications, with as many as 1 800 APIs (Announcements in the Public Interest) to facilitate the use of different third-party application platforms. The information involved includes public facilities and services about which the Member has expressed interest just now, as well as traffic data.

Furthermore, we have also enhanced the functions of e-government, especially in terms of digitization. More than 400 business licensing services have been brought under the scope of the “Be the Smart Regulator” Programme, and certain enhancements have been made this year to streamline government services, so that almost 80% of the applications for the relevant services can be submitted electronically. We will also update our digital policies from time to time and send staff to brief Members on the overall planning at the ITB Panel. Thank you, President.

MR TONY TSE (in Cantonese): *Thank you, President. Leveraging technology and big data can certainly bring lots of benefits, including speeding up land identification for housing production, optimizing building designs, reducing construction costs, enhancing industrial safety and maintenance, as mentioned just now, which can actually help.*

In the main reply, the Secretary highlighted the Government’s efforts in the use of big data and digitization, and mentioned that the relevant requirements would definitely be included in new projects to facilitate the implementation of its work, but may I ask the Secretary whether he will also review the existing contracts? Such a review should include requirements on quantity surveying, because according to the Government’s current project requirements, the plans and documents have to be kept for more than 10 years; is that a waste of resources and will it be reviewed? Thank you, President.

SECRETARY FOR DEVELOPMENT (in Cantonese): I thank Mr Tony TSE for the supplementary question. As I understand it, there is currently no active review of this issue, why? It is because the rights and obligations have already been set out in the contracts that have been signed. But, if any one of the parties thinks that some of the terms are now useless, as Mr TSE said, can they be rationalized? It is actually possible if consent from both parties is sought, but I am afraid the proposal will have to be put forward by individual stakeholders and we are willing to look into it then. However, regarding an overall review of existing contracts, we are not going to actively pursue it because tremendous human resources will be required and from the Government’s point of view, it may not make any practical sense at all.

DR WONG YUEN-SHAN (in Cantonese): *First, I thank the Bureau for promoting the implementation of the annual spatial data plans, and I would like to follow up the question raised by Ms QUAT. As we all know, the public are very concerned about the current waiting time for public housing and its completion schedule. The Secretary often mentions that 350 hectares of land have been identified for the construction of over 300 000 public housing units in the next 10 years. Will the Bureau release the spatial data so that the public can have a better grasp of the specific geographical information and data of these 350 hectares of public housing sites, so as to enhance transparency and enable us to better monitor the construction process and progress of each public housing site?*

SECRETARY FOR DEVELOPMENT (in Cantonese): Thank you, President, and I also thank Dr WONG Yuen-shan for his suggestion. In fact, take public housing construction in the next five years as an example, the Transport and Housing Bureau (“THB”) has already prepared a detailed list of the relevant information. However, as we all know, it is difficult to process information contained in a list, but if the information can be visualized in a map, it can be shown clearly. Since preparation of such information is basically spearheaded by THB, let me go back and discuss with it further.

I would like to mention in passing that information for the second five-year period, i.e. 6 to 10 years later, may not be very accurate, but it can approximately indicate the locations of the sites. The allocation by year may not be very accurate either because it is farther away in the future. However, it may be possible to give a more general indication to some extent. We will go back and discuss it with THB.

IR CHAN SIU-HUNG (in Cantonese): *Thank you, President. The Government has all along stressed the need to leverage smart technology, and I can see that the Government has responded to the need very positively. However, as an engineer, I well understand that the penetration of smart technology in Hong Kong is very low, especially in the application of innovative technologies such as BIM and GIS to identify land for housing production, and Hong Kong is really lagging far behind other parts of the world and the Mainland.*

In this connection, may I ask the Government whether it has the confidence and ability to catch up with the progress? Does the Government have any specific objectives and a roadmap for implementing the use of smart technologies to identify land for housing production, enhance the efficiency of building construction and management, and improve energy efficiency? I hope that the Government will not just talk about leveraging smart technology and implement it slowly, but also capitalize on smart technology in daily life to improve people's quality of life as soon as possible, so as to enable the public to truly see, experience and apply the use of smart technology. Thank you, President.

SECRETARY FOR DEVELOPMENT (in Cantonese): I thank Ir CHAN Siu-hung's encouragement, and we are committed to making achievement in this respect.

Regarding the Hong Kong Smart City Blueprint, Under Secretary Dr Chung, who is present today, can explain it; but since there is not much time left, let me give a brief account of it instead. Since the implementation of Phase I a few years ago, the Administration has now announced the Phase II initiatives in the Hong Kong Smart City Blueprint 2.0, many of which are accompanied by timetables.

I would also like to point out that if we want to look at DEVB's initiatives in this area at a more micro level, the BIM technology which I mentioned earlier can help in the coming years. Regarding the Electronic Submission Hub developed by the Buildings Department, basically, when the technology of the system is mature, we will require all submissions to be made in electronic form, which will substantially speed up the processing efficiency. For example, the gross floor area can be calculated with a mere press of a button, as long as a common standard is adopted. In this regard, we have in fact set a concrete timetable to implement the first phase of measures by the end of 2022 and will fully implement them in 2025.

PRESIDENT (in Cantonese): Fifth question.

Releasing part of the site of Kwai Tsing Container Terminals for development

5. **MRS REGINA IP** (in Cantonese): *Thank you, President. Some comments have pointed out that there is a serious shortage of land in Hong Kong. Although the Government has announced that it will develop a Northern Metropolis with an area of up to 300 square kilometres to provide more land, the land supply problem cannot really be solved in the short term. On the other hand, it has been reported that while Kwai Tsing Container Terminals (“KTCT”) can handle more than 18 million standard containers per year, its container throughput has decreased continuously in recent years, dropping from 17 million odd standard containers in 2010 to 14 million odd in 2020, representing a decrease of more than 15% in 10 years. In this connection, will the Government inform this Council whether it has studied relocating some of the operations of KTCT to other places in Hong Kong, or even to Mainland cities of the Guangdong-Hong Kong-Macao Greater Bay Area, so as to release part of KTCT’s site for development purposes?*

SECRETARY FOR TRANSPORT AND HOUSING (in Cantonese): President, having consulted the Development Bureau, my reply to the question raised by Mrs Regina IP is as follows:

The Central Government has all along been supporting the development of the maritime and logistics industry, including the consolidation of Hong Kong’s position as an international maritime centre. The Outline of the 14th Five-Year Plan for National Economic and Social Development of the People’s Republic of China and the Long-Range Objectives Through the Year 2035 as endorsed by the 13th National People’s Congress on 11 March 2021 and the Outline Development Plan for the Guangdong-Hong Kong-Macao Greater Bay Area as promulgated in February 2019 also support the development of high value-added maritime services in Hong Kong to better facilitate Hong Kong’s and Macao’s integration into the country’s development course.

As an international maritime centre, the significance of the ports in Hong Kong’s economy is indisputable. The port and maritime industry is an integral part of the trading and logistics industry, which is one of Hong Kong’s four key pillar industries, accounting for about one-fifth of our Gross Domestic Product and

16.8% of total employment. Despite the challenges brought by the rapid development of other ports within the Greater Bay Area in recent years, the Hong Kong Port, with an estimated throughput of close to 18 million twenty-foot equivalent units in 2021, has maintained its position as one of the top ten ports in the world and is renowned for its quality. It is ranked seventh globally in the Container Port Performance Index launched by the World Bank, reflecting its efficient and quality services. The Hong Kong Port has also earned its reputation as a “catch-up port” as it helps vessels make up for delays caused in other ports.

More than 90% of Hong Kong’s freight volume is transported by water, including food, beverages, pharmaceuticals, construction materials and other daily necessities, etc. During the COVID-19 pandemic over the past two years, the incessant operation of Hong Kong’s container terminals has played an instrumental role in securing a stable supply of food and other daily necessities.

In other words, there is a need for Hong Kong to retain its container terminals and maintain their current handling capacity. As regards the location, apart from well-equipped berthing facilities, sufficient yard space and back-up land are required for port operations. The Kwai Tsing Container Terminals (“KTCTs”) handled over 80% of Hong Kong’s total container throughput in 2021. With approximately 270 international container vessel sailings per week connecting to nearly 600 destinations worldwide, KTCTs serves as a major transshipment hub in Asia. With well-established infrastructure and supporting facilities in the peripheral area, including a transport network with extensive connectivity, the operation of KTCTs at the existing site not only is conducive to the interface between various supporting facilities, but also brings synergy to the development of the surrounding back-up land.

The Government understands that Mrs IP is proposing to relocate the container terminals with the expectation of releasing the land concerned for other uses in the short term. However, to identify a piece of land to construct an international container terminal with similar scale and well-established supporting infrastructures, it requires a holistic consideration of a host of factors, including port planning, land requirement, land use compatibility, environmental considerations, water flow, marine channels, road connections and other infrastructure requirements, as well as sustainable development.

We may make reference to the latest example of Singapore's relocation of its container terminals. As early as 2012, the government of Singapore decided to consolidate its container terminals and construct and relocate to the Tuas Port in phases. The whole relocation project is expected to be completed in the 2040s.

It is noteworthy that the Government has been making every effort to increase the land supply, and is spearheading major works including the Northern Metropolis development and the artificial islands in the Central Waters project. We have to consider the fact that Hong Kong's economic status as a trading, logistics and maritime centre hinges on the container terminals which also affect important issues of our employment and livelihood. Moreover, the relocation of terminals will take a considerable period of time (including identifying and levelling such a large area of land, providing the necessary transport and infrastructure facilities to support terminal operations, and constructing relevant terminal facilities before reprovisioning of the terminals). As such, freeing up the land in Kwai Tsing from relocating the existing container terminals may not be materialized in the near to medium term. As compared with other major land supply options, the relocation will not make available land earlier, or give rise to a net increase of land in general. We will consider studying the land development of KTCTs at an appropriate juncture, having regard to the needs of Hong Kong's social and economic development.

President, the Hong Kong Port is operating smoothly. We will continue to enhance its competitiveness by strengthening the existing port facilities. We will continue to monitor the development of the Hong Kong Port, including the changes in cargo throughput, to ensure that necessary port facilities and port-related infrastructures can be provided in a timely manner to support the port development. The Under Secretary for Development is also present today. We will carefully listen and respond to the questions of the Legislative Council Members together. Thank you, President.

MRS REGINA IP (in Cantonese): *President, I am very dissatisfied with the Secretary for Transport and Housing's main reply because it is completely lack of new thinking and long-term planning, nor has it put forward any strategies at all. I would like to tell the Secretary. I wonder if the Secretary and the Under Secretary know that Ir Prof CHOW Che-king, a former Director of Territory*

Development Department who is a senior of theirs, has authored an article recently. What did he say in the article? According to Ir Prof CHOW, topside housing development on these container terminals (“CTs”) are not advisable because poor environment, noise, light pollution and exhaust gas have rendered these places unlivable, but CTs can be converted in phases for the results to be monitored. Given their smaller scale and proximity to the urban areas, CTs 1, 2, 3 and 5 may be relocated first so as to release land for other uses, while the remaining CTs can be retained. Even if container throughput drops further, there is still a need to retain CT8 on Stonecutters Island and CT9 on Tsing Yi Island. With 10 berths available to meet container traffic, the adjacent back-up sites can be reduced in size and rezoned, and some of the brownfield sites used for temporary container storage in the New Territories can be recovered for development. The senior of the Secretary and the Under Secretary has already suggested that the relocation be implemented in phases. Why have they failed to consider this option at all?

SECRETARY FOR TRANSPORT AND HOUSING (in Cantonese): Thank you, President, and I would also like to thank Mrs Regina IP for her views. We have been stressing the need for a seamless transition between the old and new CTs. In fact, we should understand that KTCTs operate round-the-clock. It is necessary for the relocation proposal to ensure a seamless transition in the port relocation process, such that port operations would not be compromised. Even if the relocation of CTs is confirmed as a feasible option, as Mrs Regina IP has just said, we need to relocate CTs in phases so that the arrangements made will minimize the impact on the operation of the Hong Kong Port.

As we understand it, in order to create synergy in port operations as a whole, apart from CTs, the nearby yard space, parking spaces and logistics centres have to be conjoined. In terms of overall operations, we know that the average annual utilization rate of KTCTs in Hong Kong is over 70% during non-peak season and close to 80% to 90% during peak season. Therefore, the separation of facilities will have an impact on the synergy effect, the shared use of parking spaces, the coordinated use of yard space, and the nearby logistics centres. We have heard the views of Mrs Regina IP, and we certainly have the responsibility to explain our relevant considerations in this Council. Thank you, President.

MS ALICE MAK (in Cantonese): *President, in my opinion, the Government must consider the views of Mrs Regina IP, which focus not only on releasing the site concerned. In fact, the Secretary may refer to his own main reply, in which he has precisely mentioned the need for Hong Kong's development of high value-added maritime services to tie in with the 14th Five-Year Plan.*

However, in all fairness, does the Secretary really think that KTCTs, in its present location, is sufficient for Hong Kong to develop maritime services? In the main reply, the Secretary has mentioned the extensive connectivity of the transport network as well as the back-up land in the peripheral area of KTCTs. Secretary, where are the existing back-up sites for KTCTs? Are there any left? All the available back-up sites have been used for construction purposes. In the past, all the available back-up sites have been used for the construction of five so-called high value-added logistics centres. Consequently, there is no back-up site left, resulting in the development of the brownfield sites in Yuen Long and Tuen Mun.

In view of this, if the Secretary really plans to take forward the development of high value-added maritime services as set out in the 14th Five-Year Plan, he really should seriously review the situation and identify a suitable location for reprovisioning CTs. Moreover, the transportation network there is hardly extensively connected. The Secretary may ask the Highways Department. A simple request to build a footbridge to facilitate the commute of employees working at CTs has not been answered over the past few years. At present, there are only two green minibus routes serving the people working there. Can it be described as a transport network with extensive connectivity? People are often seen crossing the roads at the roundabout for vehicles. As such, the transport network is not extensively connected at all.

While an excellent location had been found for KTCTs in the 1970s and 1980s, we need to identify a truly suitable location for CTs to cope with the current development. Will the Secretary consider identifying a more suitable location for CTs so as to facilitate high-value added development of our CTs and ports?

SECRETARY FOR TRANSPORT AND HOUSING (in Cantonese): Thank you, President, and I thank Ms MAK for her views. Basically, regarding land use, we have noticed that KTCTs occupy 279 hectares of land, and 100 hectares of land

in the vicinity are currently under short-term tenancies. We also have to take into account the logistics centres which have been established nearby. In addition, in our planning, a nearby site in Kwai Chung and another site in Tsing Yi will be developed for building multi-storey premium logistics centres. We have already put one of the sites up for sale by tender at the end of 2021, for which the tender will be closed on 11 March; and the other site will be put up for tender in the first half of 2022. Our overall plan is also to prepare Hong Kong's CTs and ports for future use.

As a matter of fact, given the lack of land for the development of the Hong Kong Port, some of the yards are located in the New Territories. In view of this, you may notice that Hung Shui Kiu will be the focus of high-end logistics operations in the development of the Northern Metropolis in the future. Regarding the land use of KTCTs, I may call on the Under Secretary to talk about the planning of supporting infrastructures.

PRESIDENT (in Cantonese): Under Secretary for Development, please reply.

UNDER SECRETARY FOR DEVELOPMENT (in Cantonese): President, the partial conversion of KTCTs actually requires our holistic consideration of a host of factors. In other words, apart from the operations of CTs, we must consider the compatibility if the land is to be rezoned for other uses. Besides, various technical considerations have to be made. In fact, it will take a considerable period of time to get these all done. Alternatively, if we devote all our efforts to take forward the current projects, we may be able to better respond to the need for land supply in the short to medium term. In other words, we can now focus our efforts to implement various land supply projects by adopting a multi-pronged approach. For example, the first phase of reclamation works for the artificial islands in the Central Waters project, one of our relatively large land supply projects, is expected to commence in 2026, and the first resident intake will take place in 2033.

As for the Northern Metropolis, some of the projects, such as the New Development Areas in Kwu Tung North/Fanling North and Hung Shui Kiu/Ha Tsuen, have already entered the "harvest stage". As such, the Northern

Metropolis is not far too remote at all. We envisage that about 40% of the 500 000-odd new residential units proposed in the Metropolis will be completed in the next 10 years.

Meanwhile, the proposed release of part of the KTCT site and conversion option will not make available land earlier than these current projects. Thank you, President.

MR DOMINIC LEE (in Cantonese): *Thank you, President. I was a bit disappointed to hear the Under Secretary's reply just now. His reply has centred around the Northern Metropolis but not KTCTs under our discussion today. Seemingly he would like to tell the public that he is actually not inclined to consider this suggestion.*

In fact, Secretary for Development Mr Michael WONG said in October last year that he would consider Cheung Chau South ("CCS") as an alternative location for future CTs, and would start collecting some preliminary data, such as water depth and water flow, for research purposes. I would like to know the progress of their research. Furthermore, Secretary CHAN has just mentioned that 100 of the 380 hectares of KTCT land are currently used as back-up land, on which some operations are located. Even if we do not intend to relocate CTs immediately, can we actually release these back-up sites for building housing units as soon as possible? He has mentioned the planning issue just now, claiming that the site could not be developed immediately and that it was inconvenient to do so. However, what we are talking about is 100 hectares of land, which is a substantial site in terms of size. Even if not the whole piece of land covering an area of 100 hectares is used for housing construction, can part of it be put to residential use to increase land supply? Thank you, President.

SECRETARY FOR TRANSPORT AND HOUSING (in Cantonese): President, perhaps I should first talk about the port cooperation between the Mainland and Hong Kong, as mentioned by a colleague just now. First, as we may know, the Outline Development Plan for the Guangdong-Hong Kong-Macao Greater Bay Area promulgated in 2019 has clearly stated that port cooperation is aimed to increase the overall capacity of international shipping services of Guangzhou and

Shenzhen, further enhance the service capacity of infrastructural facilities including ports and fairways, form a complementary and mutually beneficial system of port, shipping, logistics and ancillary services with Hong Kong, and strengthen the port cluster's overall international competitiveness; furthermore, the National 14th Five-Year Plan endorsed last year has expressly supported Hong Kong in enhancing its status as an international transportation centre.

We must understand that the three major ports of Guangzhou, Yantian and Hong Kong, with their respective competitive advantages, have basically achieved a reasonable division of labour. The Hong Kong Port, for example, has become a regional transshipment centre due to its high efficiency, strong connectivity and extensive coverage. As for the Guangzhou Port and Shenzhen Port, due to their proximity to production bases and cargo sources, the Guangzhou Port mainly handles import and export cargo from central and western PRD, while the Shenzhen Port mainly handles import and export containers from eastern PRD. Each of the three ports has its own positioning and comparative advantages, and together they provide port services for external trade in the Greater Bay Area. We will continue to strengthen communication with our counterparts in Guangdong and Guangxi on this arrangement to facilitate sincere cooperation.

As regards CCS, I would like to ask Under Secretary LIU to add a few words.

PRESIDENT (in Cantonese): Under Secretary for Development, please reply.

UNDER SECRETARY FOR DEVELOPMENT (in Cantonese): President, I thank Mr LEE for expressing his views just now. So long as the KTCT site is still being used as CTs, there would be no point in discussing the recovery of the land for other developments.

As for the CCS proposal, in fact, we have heard about the suggestion to reclaim land in CCS for the relocation of CTs during our studies in the past. We are therefore aware of this proposal. At present, although our studies on the artificial islands in the Central Waters project mainly focus on the 1 000-hectare Kau Yi Chau Artificial Islands and the related road and railway issues, the studies

will also cover information and basic technical data on the waters around CCS, which can be used as reference for long-term planning in the future. As such, Mr LEE should have no cause for concern. We will at least obtain some basic information in this regard first, so that we can make use of such information early to explore the feasibility of the proposal should the need arise.

In the aforesaid studies, as I said just now, we will conduct further research after collecting the information. We will definitely consider other uses if warranted.

Thank you, President.

MS JOEPHY CHAN (in Cantonese): *Thank you, President.*

I have heard just now the Secretary reiterating “Hong Kong 2030+: Towards a Planning Vision and Strategy Transcending 2030” and the Outline of the 14th Five-Year Plan for National Economic and Social Development and the Long-Range Objectives through the Year 2035, which we are familiar with and have rendered strong support. Nevertheless, the Secretary has also mentioned that the relocation of KTCTs will not make available land earlier than other land supply options, such as the Northern Metropolis development and the artificial islands in the Central Waters project.

However, do we have a concrete way forward and timetable at present? We have drawn reference from the example of Singapore. President, the Secretary cited just now the example of Singapore’s relocation of its CTs, noting that the proposed relocation project actually put forward as early as 2012 is expected to be completed in 2040. In Singapore’s case, an operating state-owned enterprise involved will readily dovetail with the project, obviating the need of making compensation. However, our case in Hong Kong is different. What stage has Hong Kong reached in the study of a specific location? Can it be made public here? Are there any concrete timetable and way forward that can be presented to this Council?

Thank you, President.

SECRETARY FOR TRANSPORT AND HOUSING (in Cantonese): Thank you, President.

Basically, the Government has a very clear direction and focus for the development of the Hong Kong Port. First, the development is essential. Second, what is the purpose for relocating CTs? We have been discussing just now about whether the relocation of CTs would release land for other development uses. If that is the purpose, Under Secretary LIU and I have already explained in detail just now the need of port operation and the future plan for land development. While some people have noted the increase in our throughput of twenty-foot equivalent units in our port operation, we have already indicated that the current average utilization rate of KTCTs is over 70% and reaches 80% to 90% during peak season, and we expect that there is still room for growth. However, as we have said earlier, there is a relatively strong demand for transshipment services from the ports of eastern and western Guangdong and Hong Kong, while Yantian and Guangzhou can basically handle direct shipment. We will therefore keep tabs on the situation and conduct further studies when necessary.

Thank you, President.

PRESIDENT (in Cantonese): Last question seeking an oral reply.

Improving the “LeaveHomeSafe” mobile application

6. **MR LAI TUNG-KWOK** (in Cantonese): *President, quite a number of members of the public have relayed their dissatisfaction that there are time lags in the dissemination of messages such as “notifications of compulsory testing notices” and “exposure notifications” in respect of Coronavirus Disease 2019 by the “LeaveHomeSafe” mobile application (“LeaveHomeSafe”). In addition, users need to, through the small screens of their mobile phones, read the relevant press releases which are up to thousands of words and search through tables of a number of pages before they come to know the dates on which and the numbers of times for which they are required to undergo compulsory testing. In this connection, will the Government inform this Council:*

- (1) *if it has gained an understanding of the time generally taken from the Government's dissemination of the two aforesaid notifications through LeaveHomeSafe to users' receipt of them;*
- (2) *whether it has set up a mechanism to handle the following situation: a LeaveHomeSafe user visited a number of venues and such venues were also visited by confirmed patient(s) at about the same time, resulting in the user receiving a number of the aforesaid notifications, and the dates on which the user is required to undergo compulsory testing overlapping or the user having to undergo testing for several consecutive days; and*
- (3) *whether it has plans to improve the user experience of LeaveHomeSafe, for example, setting out the dates on which and the numbers of times for which users are required to undergo testing in the notifications of compulsory testing notices and, by making reference to the practice of providing real-time parking vacancy information through the "HKeMobility" mobile application, providing real-time visitor flow information of the various community testing centres and mobile specimen collection stations through LeaveHomeSafe, so as to facilitate members of the public to choose locations with fewer visitors for undergoing testing, thereby alleviating their suffering from lining up and waiting for testing?*

SECRETARY FOR INNOVATION AND TECHNOLOGY (in Cantonese):

President, the SAR Government has been committed to using various technology solutions to assist in the anti-epidemic work over the past two years. On the one hand, we have made continuous efforts to enhance the effectiveness of various technological anti-epidemic measures to support the anti-epidemic strategy of guarding against the importation of cases and the spread of domestic infections. On the other hand, we also assisted members of the public to better cope with the pandemic under the new normal as well as to prepare well for the economic recovery.

Apart from large scale testing and vaccination, a rapid and effective contact tracing is also crucial to the prevention of the spread of virus in the community. Having due regard to the anti-epidemic needs and actual situation of the community, the Government launched in November 2020 the “LeaveHomeSafe” mobile application (“LeaveHomeSafe”) to provide members of the public with a convenient digital tool for recording the time of their visits to different venues without the need for real name registration of personal details. Such visit records are encrypted and stored in the app of the users’ mobile phones.

With regard to Mr LAI Tung-kwok’s question, in consultation with the Food and Health Bureau, my replies are as follows:

- (1) Generally speaking, the app will send notifications of exposure risk or compulsory testing notices (“CTNs”) provided by the Centre for Health Protection (“CHP”) to users on an hourly basis. When users connect their mobile phones to the Internet service, LeaveHomeSafe will check the system for updates, automatically download the latest information of visit records of the confirmed or suspected confirmed patients during the communicable period and perform matching with the user’s visit records in their mobile phones to generate notifications to remind concerned users to undergo testing as soon as possible so as to reduce the risk of further spread of the virus. The time that individual users who will actually receive notifications may be affected by various factors such as their network service and phone operation. As all data matching and notification issuing will only be performed in the user’s mobile phone and the results will also be stored in the user’s mobile phone only, we do not have statistics on the actual time it takes for users to receive notifications of exposure risk or CTNs. Therefore, we recommend that users should connect their mobile phones to the Internet regularly to receive notifications of exposure risk or CTNs as early as possible.

LeaveHomeSafe is not designed for tracing purpose, but CHP is empowered by law to require confirmed patients to upload their visit records to a central database of the Department of Health to assist in conducting epidemiological investigations, tracing the paths along

which the virus spreads, and identifying high-risk individuals in order to break the chain of transmission in the community as early as possible. The visit records uploaded by confirmed patients will also assist CHP in sending notifications of exposure risk and CTNs through the app to users who have visited the same venue that a confirmed patient has visited at about the same time, requiring them to undergo compulsory testing as stipulated by the notice.

So far, LeaveHomeSafe has issued notifications of over 10 250 venues to the public about the infection risk. Over 320 000 citizens have undergone testing at the testing centres after receiving the “LeaveHomeSafe” notifications.

- (2) LeaveHomeSafe will send notifications to users, on the advice of CHP, prompting them to check the content of CTNs. Those who fall into the categories specified in CTNs must undergo testing as soon as possible according to the procedures specified in CTNs. CTNs will prescribe different testing requirements in details, including the number of tests and the respective deadlines, depending on the risk of each venue. Should the risk of exposure has increased under the latest epidemic development, new CTNs may be issued for the same venue with updated testing requirements. LeaveHomeSafe will issue notifications for each CTN as soon as practicable to enable respective users to know their risk situation. If a user has visited multiple high-risk places or the relevant place is subject to multiple CTNs, it is possible for the user to receive multiple notifications on CTN, while the user should undergo one test on each of the required testing dates in accordance with the testing requirement specified in the relevant notices.

Recently, to guard against the Omicron variant from spreading in the community, the Government has tightened the compulsory testing arrangement to identify possibly infected persons by increasing the testing frequency for persons who have been to places visited by cases confirmed/suspected to be carrying the Omicron variant at an early

stage, with a view to achieving “early identification, early isolation and early treatment of the infected”. Starting from 31 December 2021, residence, workplaces, and places visited by persons of all cases confirmed/suspected to be carrying the Omicron variant will be included in CTN. Persons who resided, worked and visited the relevant premises will be subject to compulsory testing on specified dates. CTN will specify the required testing dates. Given the high transmissibility of the Omicron variant, members of the public who visited the high-risk places included in CTN should undergo testing on the required testing dates pursuant to the requirement of the relevant notices.

- (3) Since the launch of LeaveHomeSafe, the Government has made continuous efforts to enhance the app for improving user experience with due consideration to the feedback from the public and the industry, including the launch of version 2.0 in June 2021 to enable the public to store their vaccination and testing records in the app for easy display where necessary; and the launch of version 3.0 in December 2021 to support the implementation of the Hong Kong Health Code.

CHP has already enhanced the content of CTN to list out the number of tests and required testing deadlines in a clear manner. Members of the public can utilize the 24-hour online booking system of community testing centres (“CTCs”) which shows the booking status of CTCs for the coming two weeks, including any available quotas or full bookings at individual centres on the day of booking and subsequent days. They can provide simple personal information and select a suitable centre and time slot for testing, and CTCs will accord priority to serve individuals with advance bookings with a view to minimizing their waiting time.

In view of recent suspected transmission chains in certain areas, relevant residents and workers have heeded the Government’s call for voluntary testing, resulting in a large increase in testing demand. The Government has arranged to publicize information on queuing situation in some temporary specified testing service points in busier

areas (e.g. Kwai Chung Estate), and the Home Affairs Department would also arrange staff to remind those in queue to visit service points with shorter queues. We will maintain contact with relevant departments and contractors, closely monitor the usage and demand at service points and adjust testing service arrangements in accordance with circumstances.

We will continue to, having regard to the anti-epidemic needs, explore various technical solutions so as to carry out more precise and effective anti-epidemic work under the “vaccine bubble”, and to improve the user experience.

Thank you, President, and once again thank Mr LAI for the question. The Under Secretary for Food and Health, Dr CHUI Tak-yi, and I stand ready to respond to the follow-up questions raised by the Members. Thank you.

MR LAI TUNG-KWOK (in Cantonese): *President, members of the public complained that notifications of CTNs were only sent out by the authorities two days after positive cases had been confirmed, which was way too late, way too slow. Moreover, they could only reach the page of CTN after clicking on the relevant link in the notification. After reading the 4 300-word notice, they had to click yet again on the itemized table in the annex and search high and low there before finding out when they had to undergo compulsory testing.*

It was mentioned in part (3) of the Secretary’s main reply that the authorities would enhance the content of CTN. If I am not wrong, he was referring to the notice itself. I hope the Secretary will consider making a promise to this Council to include the date(s) of compulsory testing in the main content of the notification swiftly and accurately, so that members of the public will know at a glance when they must go through compulsory testing upon receipt of the notification, and thus achieve the objective of making things easier for the users.

Thank you, President.

SECRETARY FOR INNOVATION AND TECHNOLOGY (in Cantonese): Thank you Mr LAI for the supplementary question. In fact, after being notified of confirmed cases of Coronavirus Disease 2019, colleagues at CHP of the Department of Health will immediately commence epidemiological investigation and contact tracing which also covers places visited by the patients during the incubation period. CHP will also promptly send out CTNs. Then, LeaveHomeSafe, as I said in the main reply, will expeditiously notify members of the public of CTNs within an hour.

But I hope everyone will understand that in the process of contact tracing, colleagues at CHP do need some time to confirm the situation before effective notifications can be sent out. It follows then, no matter how much we compress the time frame required for LeaveHomeSafe to send out the notifications, there is still a chance that members of the public may receive the notifications on a date after a case is confirmed. I hope everyone will appreciate that investigation has to be carried out in the process.

Secondly, Mr LAI asked just now how we could make the information provided by LeaveHomeSafe more succinct, so that members of the public can receive the correct information quickly and go through the testing arrangement. We will definitely work hard on the relevant task. Yet, I hope everyone will understand that at present, especially when the workload of CHP is voluminous, the issue is how the limited manpower can be deployed to the crucial positions. For instance, as Mr LAI said earlier, people will certainly find it helpful if they know when the compulsory testing is scheduled as soon as they receive the notification from LeaveHomeSafe. But this may add to the compilation work of CHP. I undertake that in the future, we will work assiduously with the colleagues at CHP to streamline the procedures as far as possible and present information as clearly as possible.

I also hope Members will understand that if the workflow is to be streamlined as far as possible, the related information will be increasingly minute, and the preparation time may be longer. We will do our best to strike an optimal balance in our work, so that on the one hand, Hong Kong people, especially those at high risk, will receive prompt notifications for them to undergo testing at the earliest possible time, and on the other, information can be summarized to offer a better experience to members of the public.

Thank you, Mr LAI. Thank you, President.

MR NGAN MAN-YU (in Cantonese): *Thank you, President. President, at present, if the Government includes a certain shopping mall in CTN, LeaveHomeSafe will send out notifications for compulsory testing. However, if the QR code scanned by members of the public was not that of the shopping mall, but that of one of the restaurants therein, they will not receive the relevant notification for compulsory testing. I would like to ask the Secretary whether this arrangement will be improved?*

Furthermore, the use of LeaveHomeSafe is not required in many premises or places where crowds gather now, for example, buses, MTR, or even some shopping malls. Will the Government consider making the use of LeaveHomeSafe mandatory in these places?

Thank you, President.

SECRETARY FOR INNOVATION AND TECHNOLOGY (in Cantonese): I thank Mr NGAN for the supplementary question. In response to the first part of it, we understand that members of the public will enter various venues, and urge them to make good use of LeaveHomeSafe when doing so. This will enhance the accuracy of the records on LeaveHomeSafe or the records of their own whereabouts, and thus enhance its effectiveness. On the other hand, we will work diligently on system upgrading in order to give users a better experience.

Yet, I would like to take this opportunity to explain that the key of making good use of LeaveHomeSafe rests on every member of the public, in particular on how well the users of this mobile app utilize this technology. In short, at this critical moment of the fight against the epidemic, whichever premises members of the public visit—currently the LeaveHomeSafe QR code is available in over 100 000 premises—be it shopping malls or other places, where the QR code is available, I hope they will scan it at their visit. If members of the public, after entering a shopping mall, visit a catering premises therein where the QR code is available, they should scan it as the law requires. If members of the public enter a shop with the QR code, they should also scan it even though they are not bound by the law, because this will let them know whether they face the risk of infection as early as possible, and can protect themselves and their families. This practice

can maximize the overall effectiveness of LeaveHomeSafe in giving early notifications about the risk of infection to members of the public.

The second part of Mr NGAN's supplementary question is about the premises where the LeaveHomeSafe QR code is not yet in use. In fact, we welcome the responsible persons of any premises, based on their operational needs, to apply for the QR code with us. It will be our pleasure to make it available to them. We certainly understand that due to the different operational needs of the premises, even if some make the QR code available, it may not be put to the best use in reality. This is where we need to strike a balance.

Thank you, President.

MR DUNCAN CHIU (in Cantonese): *President, the Secretary made a couple of remarks earlier which I would like to quote, "... a rapid and effective contact tracing is crucial to the prevention of the spread of virus in the community." May I ask whether the so-called rapid and effective tracing function of LeaveHomeSafe truly works now? As everyone can see, Omicron is spreading at a speed way faster than the tracing function works. If we only send out notifications and then manually trace the contacts, I do not think the virus will stop spreading while we try to strengthen our manpower.*

In view of this, 15 Members sent a joint letter to the authorities earlier in which we proposed real-name registration of LeaveHomeSafe. Other Members proposed indirect real-name registration such as the function of bundling vaccination record with the mobile app to strengthen its tracing function. However, the authorities have yet to respond. I would like to ask what the Secretary's considerations are in this regard? Will there be any discussions with us?

SECRETARY FOR INNOVATION AND TECHNOLOGY (in Cantonese): Thank you, President. I am also very grateful to Mr CHIU for the supplementary question, especially the suggestions that Mr CHIU, together with 10-odd Members of this Council, gave us, including those on how to utilize technology in various anti-epidemic efforts, for which we are most grateful. Meanwhile, we are making

our tireless effort to enhance contact tracing through various effective measures. But let me emphasize that the objective of LeaveHomeSafe, which serves as a technology solution, is to provide Hong Kong people with a digital tool for recording their whereabouts and give them timely knowledge of their risk of infection through the use of technology. It was not originally designed for tracing purpose.

However, as I said in my main reply, CHP can use this initiative to assist contact tracing while we trace contacts by performing other work or through other means. As CHP and other departments put in effort to arrange for contact tracing at the moment, we will introduce improvements wherever possible.

As for other technologies mentioned by Mr CHIU, certain existing advanced technologies such as the vaccination record, or the Hong Kong Health Code which will facilitate quarantine-free travel in the future, do offer some new aspects in aiding contact tracing which are worthy of consideration. Therefore, we will take appropriate action when the situation warrants in future; having assessed which technology solutions available are the best, we will continue to make suggestions to our anti-epidemic experts and assist them in the implementation. I eagerly hope that by the time when the “vaccine bubble” is launched, we will make good use of the vaccination record as a better tool to fight the epidemic.

Thank you, President.

DR DENNIS LAM (in Cantonese): *Thank you, President. While LeaveHomeSafe has made certain achievements, there is still much room for improvement if Hong Kong is to attain “targeted prevention and dynamic zero infection”. To succeed, so to speak, in “targeted prevention, dynamic zero infection” means obtaining the optimal result at the lowest cost.*

On 25 August 2021, Shanghai had a sudden small outbreak in which 10 local cases were recorded. But the city swiftly achieved “dynamic zero infection” without suspension of work or extensive lockdown. When responding to the epidemic, this colossal city was both alert and calm. As fast and precise action is one of the major keys to “targeted prevention”, identification, tracing, mass

testing, and management and control of close contacts, secondary contacts and other personnel who are at risk must be completed swiftly within the golden window of the first 24 hours.

While we are on our way to upgrade LeaveHomeSafe, can we make reference to the practice on the Mainland? They have achieved great success, and the key is to have a Health Code. I would like to ask the Secretary whether our future development will be in the direction of incorporating a Health Code, as well as modelling on the Mainland's excellent arrangements that can be implemented here, so that we will triumph over the epidemic sooner?

PRESIDENT (in Cantonese): Secretary, please give a brief reply.

SECRETARY FOR INNOVATION AND TECHNOLOGY (in Cantonese): Thank you, President, and thank Dr LAM for the supplementary question. I am grateful to Dr LAM for his reminder. In fact, during the fight against the epidemic in the past two years, different regions, especially the various cities in our country, have tried to make the best use of numerous initiatives, in particular resorting to technology solutions, as a response to the epidemic. We have also noticed the highly successful examples of Shanghai and other Mainland cities which Dr LAM has just quoted. We will be humble as we learn and review the aspects of different regions which we can draw reference from, in order to improve our anti-epidemic effort in Hong Kong.

Yet, as everyone sees, Hong Kong has all along been innovative in our anti-epidemic effort and plenty of new initiatives are launched. Such achievement is attributed to drawing reference from practices in various regions that suit the local situation in Hong Kong.

Thank you, President. Thank you, Dr LAM.

PRESIDENT (in Cantonese): Oral questions end here.

WRITTEN ANSWERS TO QUESTIONS**Tender exercise for Site 3 of the New Central Harbourfront**

7. **MR CHAN HAK-KAN** (in Chinese): *In December 2020, the Government launched an open tender exercise for disposal of Site 3 of the New Central Harbourfront. It has been reported that one of the six bidding consortia is a partnership formed between the MTR Corporation Limited (“MTRCL”) and two real estate developers. The fact that the Government is the majority shareholder of MTRCL has once aroused concern of the community about how the Government ensures the fair conduct of the tender exercise. In this connection, will the Government inform this Council:*

- (1) *whether the four government officials who are members of the Board of MTRCL have participated in the Board’s discussion and voting on matters relating to the submission of the bid; if so, how the Government allays the community’s concern over any conflict of interest;*
- (2) *as the tender document specifies that the successful bidder will be required to build an underground connection from the site to MTR Central Station, whether the Government approached MTRCL in this regard in the course of preparing the tender document; if so, how the Government ensures that the non-public information involved in any such approach will not let the consortium in which MTRCL has participated gain an advantage in the bidding process; and*
- (3) *whether the Government will comprehensively review this tendering incident and avoid allowing companies in which the Government holds a majority of shares to participate in bidding for contracts awarded by the Government in the future?*

The written reply provided by the **Secretary for Development** on 26 January 2022 is in **Appendix 1**.

Measures to prevent child abuse

8. **MR YANG WING-KIT** (in Chinese): *It has been reported that the Hong Kong Society for the Protection of Children (“HKSPC”), despite suspecting on the 17th of last month that a number of child abuse incidents had occurred in its Children’s Residential Home, had not reported the incidents to the Social Welfare Department and the Police until the 21st of last month. HKSPC subsequently set up an Independent Review Committee early this month to conduct a thorough review on the incidents as well as the management and operation of the organization concerned. Regarding measures to prevent child abuse, will the Government inform this Council:*

- (1) *whether it will establish a mechanism that when investigation is conducted on organizations providing child care services suspected of mismanagement, it will make arrangements for other organizations or persons to temporarily take over the services provided by them, and impose punishments (e.g. revocation of licences) on those organizations the mismanagement of which are found substantiated; if so, of the details; if not, the reasons for that;*
- (2) *whether it knows if the groups or organizations currently providing child care services have put in place (i) a code of conduct for their employees, volunteers and carers, (ii) a mechanism for handling complaints, and (iii) a system for handling suspected child abuse incidents; if they have, of the details; if not, the reasons for that;*
- (3) *whether it will draw up a blacklist of child care workers and prohibit those child care workers with abuse records from working in the relevant industries; if so, of the details; if not, the reasons for that; and*
- (4) *whether it will (i) expeditiously introduce legislation on the mechanism for mandatory reporting of suspected child abuse and neglect cases, and (ii) take on board the Law Reform Commission’s recommendation on introducing an offence of “failure to protect”, so as to protect children from abuse; if so, of the details and timetable; if not, the reasons for that?*

The written reply provided by the **Secretary for Labour and Welfare** on 26 January 2022 is in **Appendix 1**.

Talents in the architectural, surveying, planning and landscape sectors

9. **MR TONY TSE** (in Chinese): *There are comments that with the Government proposing to take forward a number of major development projects such as the Northern Metropolis and the reclamation project of the “Lantau Tomorrow Vision”, it is expected that Hong Kong’s demand for professional architectural, surveying, town planning and landscape (“ASTL”) services will increase significantly in the coming 10 to 20 years. Nevertheless, the number of places offered by local universities to train the relevant professional and skilled talents has not increased for many years, and there is even a downward trend in the number of places for some of the relevant disciplines. In this connection, will the Government inform this Council:*

- (1) *of the number of places for training professional and skilled ASTL talents in each of the past five years and the coming three years, with a breakdown by the tertiary institution providing such training and by discipline;*
- (2) *whether the Government and the relevant authorities (including the University Grants Committee and various tertiary institutions) have assessed Hong Kong’s demand for professional and skilled ASTL talents in the coming 10 to 20 years; if so, of the outcome; if not, whether they will conduct an assessment expeditiously, and how the Government ensures that there is an adequate supply of relevant talents to take forward the aforesaid development projects;*
- (3) *whether it will consult the sectors, including the relevant professional associations, developers and contractors, on matters relating to the supply and demand as well as the training of professional and skilled ASTL talents; and*
- (4) *whether it will, by means of allocating additional funding and setting student number targets, etc. to spur the various tertiary institutions to suitably increase the places for training professional and skilled ASTL talents; if so, of the specific plans and implementation timetables; if not, the reasons for that?*

The written reply provided by the **Secretary for Development** on 26 January 2022 is in **Appendix 1**.

District administration

10. **DR TIK CHI-YUEN** (in Chinese): *In 1982, the British Hong Kong Government implemented the “District Administration Scheme”, aiming to strengthen ties with local communities and enable the Government to better understand real public views. In addition, the then Chief Executive announced in his Policy Address delivered in 2007 that the Government would enhance the roles of District Councils (“DCs”) and the District Officers, with a view to improving work at the district level and further developing district administration. However, following an upsurge of resignation of DC members and oaths of a number of DC members being ruled invalid in 2021, more than 300 of the 479 seats in the current DC term are vacant. With only a few DC members left, many DCs are unable to maintain normal operation. It has been reported that the Government even decided to terminate the “Mutual Aid Committees” (“MACs”) this month. There are comments that the district administration system in Hong Kong is on the verge of existing in name only. In this connection, will the Government inform this Council:*

- (1) *whether it will conduct a review on how to continue to implement district administration effectively; if so, of the details and the timetable;*
- (2) *of the factors taken into consideration in terminating MACs, and whether it conducted any consultation and considered any alternatives before making such a decision;*
- (3) *whether it will consider afresh conducting by-elections for the vacancies in DCs; and*
- (4) *as there are currently a large number of vacancies in DCs, of the differences in the Government’s workflow of conducting district consultation in comparison with that in the past, and how it can ensure that the views obtained through consultation truly reflect public opinions?*

The written reply provided by the **Secretary for Home Affairs** on 26 January 2022 is in **Appendix 1**.

Supporting the hotel industry

11. **MR YIU PAK-LEUNG** (in Chinese): *Due to the impacts of the riots and the Coronavirus Disease 2019 epidemic, the hotel industry has been hard hit as visitor arrivals to Hong Kong have plummeted and the overall hotel occupancy rate as well as room rate have dropped continuously in the past two years. Recently, in view of the spread of the Omicron mutant strain in the community, the Government announced that starting from 8 January, the place-specific flight suspension mechanism would be implemented for eight countries. Some members of the industry participating in the Designated Quarantine Hotel (“DQH”) Scheme have pointed out that Hong Kong residents intending to return to Hong Kong and overseas visitors have cancelled their reservations at quarantine hotels, causing heavy losses to operators participating in the Scheme. In this connection, will the Government inform this Council:*

- (1) *whether it will, in view of the impact of the epidemic, conduct a revaluation of the rateable values of hotel properties for the 2021-2022 financial year, refund all or a major portion of the rates paid for that year, and provide concession on the rates payable for hotel properties for the 2022-2023 financial year; if so, of the details; if not, the reasons for that;*
- (2) *whether it will gain an understanding from the hotel industry of the difficulties it face amid the epidemic, such as the impact of anti-epidemic measures on “gatherings in hotels” (commonly known as “staycation”) and banqueting business, so as to formulate appropriate measures to support the hotel industry; and*
- (3) *given that the some 40 hotels participating in the DQH Scheme have suffered losses due to the implementation of the place-specific flight suspension mechanism by the Government, whether the Government will provide them with appropriate compensation; if so, of the details; if not, the reasons for that?*

The written reply provided by the **Secretary for Commerce and Economic Development** on 26 January 2022 is in **Appendix 1**.

Shortage of parking spaces

12. **MR TANG KA-PIU** (in Chinese): *The problem of shortage of parking spaces in Hong Kong has been plaguing the transport sector. As at the end of May 2021, the number of parking spaces available for use by commercial vehicles (“CVs”) was only around 45 300, while the number of CVs stood at around 71 000. The ratio between the two numbers was only about 0.64. Besides, some members of the sector are dissatisfied that the Government has adjusted the latest operating time of most parking meters from the original 8:00 pm to 12:00 midnight in recent years, thus increasing their financial burden and affecting their rest time. Regarding the shortage of parking spaces, will the Government inform this Council:*

- (1) *whether it will consider reverting the latest operating time of parking meters from 12:00 midnight to 8:00 pm;*
- (2) *given that parking spaces in some government buildings are currently opened up for public use during non-office hours, whether the Government will consider opening up car parks in other government facilities for parking by CVs during night time, or expediting the provision of additional on-street night-time parking spaces for CVs on road sections with less traffic, so as to address the problem of shortage of parking spaces as soon as possible;*
- (3) *of the total number of additional parking spaces that can be provided upon the Government’s implementation of the Automated Parking System (“APS”) in the following projects: (i) a short-term tenancy (“STT”) car park at the junction of Hoi Shing Road and Hoi Kok Street in Tsuen Wan, (ii) an STT car park at Pak Shek Kok in Tai Po, (iii) the Joint-user Complex at Chung Kong Road in Sheung Wan, (iv) the District Open Space, Sports Centre cum Public Vehicle Park project at Sze Mei Street, (v) the Joint-user Government Office Building in Area 67 in Tseung Kwan O, and (vi) the project at the junction of Yen Chow Street and Tung Chau Street in Sham Shui Po; and*

- (4) *whether it has plans to expeditiously develop APSs in collaboration with private developers, so as to promote the popularization of APSs in Hong Kong?*

The written reply provided by the **Secretary for Transport and Housing** on 26 January 2022 is in **Appendix 1**.

Abolition of the “offsetting arrangement” under the Mandatory Provident Fund System

13. **MR LUK CHUNG-HUNG** (in Chinese): *At present, an employer may use the accrued benefits of the contributions he made for an employee to a Mandatory Provident Fund scheme to offset the statutory severance payment or long service payment payable by him to that employee (“the offsetting arrangement”). In this connection, will the Government inform this Council:*

- (1) *whether it knows the annual amounts of claims related to the offsetting arrangement since 2001;*
- (2) *of the progress of the work on the abolition of the offsetting arrangement (including the confirmed date for presenting the relevant bills to this Council) and the expected date for the new provisions to come into operation; and*
- (3) *whether it has plans to explain to various stakeholders in detail the proposals for the abolition of the offsetting arrangement, so as to help them clearly understand the details of the new provisions, thereby reducing disputes and misunderstanding that may arise in the future; if so, of the details; if not, the reasons for that?*

The written reply provided by the **Secretary for Labour and Welfare** on 26 January 2022 is in **Appendix 1**.

Improving the roads and traffic in Yuen Long District

14. **MR HOLDEN CHOW** (in Chinese): *Some residents of the Yuen Long District have relayed that the traffic congestion problem is serious on Fung Cheung Road which serves as the main road for local residents to travel to Tung Yick*

Market and commute between the Yuen Long town centre and other districts, as well as on the adjoining roads such as Kin Lok Street and Fung Yau Street North. In addition, there are also problems with the design of the road junctions concerned, resulting in traffic accidents occurring from time to time. In this connection, will the Government inform this Council:

- (1) regarding the removal of the planters in front of the Transport Plaza on Kin Lok Street for carrying out the widening works at the road junction turning from Kin Lok Street into Fung Cheung Road, of the timetable and progress of the works;*
- (2) given that at present, vehicles travelling to Kin Lok Street can only make a left turn into Fung Cheung Road which will easily cause traffic chaos, whether the Government will consider changing Fung Yau Street North and Fung Kam Street from the current two-lane traffic to single-lane traffic, so as to make the driving routes clearer, thereby minimizing traffic accidents; and*
- (3) whether, apart from the aforesaid works and proposed measures, the Government has other proposals for ameliorating the traffic congestion and chaos at the aforesaid roads?*

The written reply provided by the **Secretary for Transport and Housing** on 26 January 2022 is in **Appendix 1**.

Application of Central Bank Digital Currency in Hong Kong

15. **MR CHAN CHUN-YING** (in Chinese): *In 2017, the Hong Kong Monetary Authority (“HKMA”) began researching on the application of Central Bank Digital Currency (“CBDC”) in Hong Kong under a project named “Project LionRock”. Research findings pointed out that the application of CBDC would have greater potential at the wholesale and cross-border payment level. HKMA subsequently joined forces with various central banks such as the People’s Bank of China to study the application of CBDC to cross-border payments, and the development of the project concerned has eventually led to the formation of the Multiple CBDC Bridge (“mBridge”) platform. The Financial Services Development Council has also started studying how Hong Kong can seize the opportunities from the development of digital Renminbi (“e-CNY”). In this connection, will the Government inform this Council:*

- (1) *of the progress of the studies on the applications of retail and wholesale CBDCs in Hong Kong and to cross-border payments; whether it has plans to conduct trials concerning the applications of these CBDCs; if so, of the details; if not, the reasons for that;*
- (2) *whether it has examined the impacts of the application of CBDC on the banking industry and monetary policy in Hong Kong; if so, of the details; if not, the reasons for that; and*
- (3) *whether it has plans to discuss with the Mainland the use of e-CNY for cross-border settlement by Hong Kong banks via mBridge or some other platforms, so as to expand the application of e-CNY, thereby fortifying Hong Kong's position as the premier offshore Renminbi centre; if so, of the details; if not, the reasons for that?*

The written reply provided by the **Secretary for Financial Services and the Treasury** on 26 January 2022 is in **Appendix 1**.

Coping with the fifth wave of the epidemic

16. **MR KENNEDY WONG** (in Chinese): *Earlier on, some aircrew members brought the Coronavirus Disease 2019 (“COVID-19”) into the community causing community transmission, and recently there are also cases with unknown sources of infection. Some experts have pointed out that the fifth wave of the epidemic has already commenced. In this connection, will the Government inform this Council:*

- (1) *given that the Government will expand the “vaccine bubble” scheme on the 24th of next month to include all catering business and scheduled premises, as well as schools and some government cultural and leisure facilities, whether it has anticipated (i) the extent to which the COVID-19 vaccination rate will be raised as a result, and (ii) the situation of community infection before the implementation of the said measure; whether it will examine recovering the medical costs for providing treatments to those infected persons who are unvaccinated without medical grounds, upon implementation of the measure;*

- (2) *of the anticipated impact that the fifth wave of the epidemic has on the resumption of normal traveller clearance between Hong Kong and the Mainland; whether it will hold meetings again with the Mainland experts group to discuss traveller clearance issues; if so, of the details; if not, the reasons for that; and*
- (3) *as some experts have pointed out that herd immunity will be achieved only when more than 80% of the population has completed the third-dose vaccination, but at present only about 70% of Hong Kong's population has completed two doses of vaccination, while less than 10% has received the third-dose vaccination, whether the Government will consider implementing a mandatory vaccination policy so that Hong Kong may achieve herd immunity as soon as possible; if so, of the details; if not, the reasons for that?*

The written reply provided by the **Secretary for Food and Health** on 26 January 2022 is in **Appendix 1**.

An incident involving suspected abuse at a residential home for infants and young children

17. **MR VINCENT CHENG** (in Chinese): *At the end of last month, the Children's Residential Home ("the organization") under the Hong Kong Society for the Protection of Children was exposed as suspected of being involved in an incident of mass child abuse. After the Police's preliminary investigation, more than 20 young children were found to have been maltreated, and the Police have arrested a number of staff members of the organization. In this connection, will the Government inform this Council:*

- (1) *whether the Social Welfare Department ("SWD") received any complaints/reports about malpractices of the organization, or took the initiative to conduct inspections at the organization, in the past three years; if so, of the details;*
- (2) *given that the organization has earlier on submitted a preliminary investigation report on the incident to SWD, of the follow-up work conducted by SWD in respect of the report and the progress made;*

- (3) *whether the Labour and Welfare Bureau or SWD has initiated an investigation into the management and work procedures of the organization; if so, of the outcome, and whether the incident involves dereliction of duty on the part of the management of the organization or is caused by the loopholes in SWD's regulatory regime; if so, of the follow-up actions;*
- (4) *given that the organization is required to submit a review report on the incident to SWD by the 25th of this month, whether SWD will make public the content of the report; if so, of the details; if not, the reasons for that;*
- (5) *under the circumstances that the aforesaid child abuse incident is found, after investigation, to be substantiated and to have been caused by the mismanagement of the organization, whether SWD will consider revoking the licence of the organization and pursuing the liabilities of the management of the organization; if so, of the details; if not, the reasons for that; and*
- (6) *whether it will consider advancing the introduction to this Council for scrutiny in this year of a bill on the mechanism for mandatory reporting of suspected child abuse and neglect cases; if so, of the details; if not, the reasons for that?*

The written reply provided by the **Secretary for Labour and Welfare** on 26 January 2022 is in **Appendix 1**.

Support for small and medium enterprises amid the epidemic

18. **MS NIXIE LAM** (in Chinese): *Given the fluctuating situation of the Coronavirus Disease 2019 epidemic, the anti-epidemic measures announced by the Government are often implemented within a short period of time, affecting the conduct of quite a number of physical commercial activities. Some operators of small and medium enterprises (“SMEs”) have relayed to me their hope that the Government will enhance its support for them amid the epidemic. In this connection, will the Government inform this Council:*

- (1) *of the measures in place to assist SMEs in expediting the sale of products by the e-commerce model; whether it will provide SMEs with tax concessions, technical support and loan schemes dedicated for assisting them in digital transformation, so as to increase the incentives for them to adopt the e-commerce model; and*
- (2) *as some members of the industries have pointed out that the level of subsidy to be disbursed by the Government under the fifth round of the Anti-epidemic Fund to those business operators affected by the tightening of social distancing measures is just a drop in the bucket, whether the Government will increase the relevant subsidy amounts; whether it will provide those operators with convenience or concessions (e.g. according priority to hire government venues and rental concessions) after the epidemic has stabilized, so as to facilitate their resumption of normal business as early as possible?*

The written reply provided by the **Secretary for Commerce and Economic Development** on 26 January 2022 is in **Appendix 1**.

Measures to cope with the decline in student population

19. **MR TANG FEI** (in Chinese): *The Coronavirus Disease 2019 epidemic has persisted for more than two years and normal traveller clearance between the Mainland and Hong Kong has not yet been resumed, seriously affecting cross-boundary students on the Mainland coming to Hong Kong for school. Quite a number of local schools have relayed that due to the dropping out of some cross-boundary students affected by the epidemic, a decrease in the number of students applying for admission to local schools, the persistently low local fertility rate, as well as the ageing population and an insufficient number of school-age children in individual districts, many primary and secondary schools have been facing the crisis of “class reduction and school closure” in recent years. In this connection, will the Government inform this Council:*

- (1) *of the measures the Education Bureau (“EDB”) has put in place to assist the education sector in confronting the crisis of a new round of class reduction and school closure, so as to stabilize the education ecology in Hong Kong and resolve the urgent issues faced by the education sector;*

- (2) *of the learning support currently provided by EDB for Mainland students who are unable to come to Hong Kong for school; EDB's plans to arrange as soon as possible for such students to come to Hong Kong for school and resume normal school life; and*
- (3) *whether EDB will consider opening up the school places of local non-public primary and secondary schools to applicants from the Mainland and other countries, so as to ease the problem of the declining number of local school-age primary and secondary students?*

The written reply provided by the **Secretary for Education** on 26 January 2022 is in **Appendix 1**.

Sick leave and compensation related to work injuries

20. **MR KWOK WAI-KEUNG** (in Chinese): *Regarding the sick leave and compensation related to injuries caused to employees by accidents arising out of and in the course of employment (“work injuries”), will the Government inform this Council:*

- (1) *of the respective numbers of employees who were incapacitated by work injuries for a period of (i) three to seven days, (ii) eight to 14 days, (iii) 15 to 30 days, (iv) 31 days to three months, (v) more than three months to six months, (vi) more than six months to one year, (vii) more than one year to two years, and (viii) more than two years, in each year since 2019;*
- (2) *of the respective numbers of employees injured at work who were assessed, by the Employees' Compensation Assessment Boards in each year since 2019, to have suffered from the following percentages of permanent loss of earning capacity: (i) 5% or below, (ii) 6% to 10%, (iii) 11% to 20%, (iv) 21% to 30%, (v) 31% to 50%, (vi) 51% to 70%, and (vii) 71% or above;*

- (3) *given that employers and employees may, in respect of work injury cases which entail a period of sick leave exceeding seven days, agree on applying to the Labour Department (“LD”) for making settlement by “Paper Medical Clearance”, of the number of work injury cases which were settled in this way in each year since 2019; and*
- (4) *whether LD has, since 2019, enhanced the follow-up procedures for work injury sick leave, so as to further facilitate employers and employees to settle their claims in the aforesaid manner, thereby speeding up the processing of the relevant cases; if LD has, of the details; if not, whether LD will enhance the relevant procedures?*

The written reply provided by the **Secretary for Labour and Welfare** on 26 January 2022 is in **Appendix 1**.

Food Truck Pilot Scheme

21. **MS CHAN HOI-YAN** (in Chinese): *The Government recently announced the decision to end the “Food Truck Pilot Scheme” (“the Scheme”) in June this year, after a comprehensive evaluation of its effectiveness. In this connection, will the Government inform this Council:*

- (1) *of the respective gross revenues earned by the operators of food trucks (“the operators”) in each rotation cycle since the launch of the Scheme;*
- (2) *of the respective gross revenues earned by the operators in “designated operating venues” and “new operating venues”, in each of the past three years;*
- (3) *of the respective highest, lowest and median gross revenues earned by the operators, in each of the past three years;*
- (4) *of the average or median revenue earned by the operators in operating at various “self-identified events”;*

- (5) *whether it has examined the reasons for the poor business performance of the operators; if so, of the outcome; if not, the reasons for that; and*
- (6) *whether it will consider allowing the operators to choose whether or not to continue the operation of their food trucks; if so, of the details; if not, the reasons for that?*

The written reply provided by the **Secretary for Commerce and Economic Development** on 26 January 2022 is in **Appendix 1**.

The proposed Culture, Sports and Tourism Bureau

22. **MR KENNETH FOK** (in Chinese): *The Chief Executive announced on the 12th of this month the proposal of reorganizing the government structure, under which a new Culture, Sports and Tourism Bureau (“CSTB”) is proposed to be set up by the next-term Government. Given that the Outline of the 14th Five-Year Plan for National Economic and Social Development of the People’s Republic of China and the Long Range Objectives Through the Year 2035 has expressed clear support for the development of Hong Kong as an East-meets-West centre for international cultural exchange, the establishment of CSTB will be conducive to promoting the development of the relevant industries and realizing the relevant ways forward. In this connection, will the Government inform this Council:*

- (1) *of the proposed structure and staffing establishment of CSTB; whether the Government will consider inviting industry players to take up key positions; if so, of the details, and how the Government will ensure that they have sufficient industry knowledge, professional qualifications and experience to take up such key positions; if not, the reasons for that;*
- (2) *whether CSTB will (i) proactively approach the cultural, sports and tourism sectors to conduct a comprehensive survey of the industries concerned with a view to formulating long-term cultural and sports policies for Hong Kong, and (ii) conduct annual surveys on these sectors and provide them with channels to voice their concerns, so as*

to understand the difficulties and worries of the sectors for the formulation of appropriate policies; if so, of the details; if not, the reasons for that;

- (3) how CSTB will promote cooperation and mutual recognition of professional qualifications in related industries between Hong Kong and the various Mainland cities in the Guangdong-Hong Kong-Macao Greater Bay Area (“the GBA”); whether CSTB will consider collaborating with the GBA Mainland cities in developing tourism routes, co-organizing major cultural and sports events, establishing mechanisms for mutual sharing of sports venues, as well as working together in nurturing talents for the sectors, etc.; if so, of the details; if not, the reasons for that;*
- (4) as there are different interactions among the cultural, arts, sports, film, creative industries and tourism affairs under the purview of CSTB, and synergy effects may even be created through combining with other areas such as creative technology and the media (e.g. promoting media digitalization can help increase the coverage of arts and cultural programmes), whether the Government has any plans to foster inter-departmental cooperation after the establishment of CSTB, so as to facilitate the smooth implementation of policies; if so, of the details; if not, the reasons for that;*
- (5) how CSTB will promote the arts and culture of the East and the West; whether the Government will consider, upon drawing reference from the practice of the Korea Creative Content Agency in its external promotion of the Korean culture, setting up a branch office under CSTB to promote Chinese culture through digital technology and assist enterprises in promoting Hong Kong’s cultural industries; if so, of the details; if not, the reasons for that; and*
- (6) whether the Government will, prior to the establishment of CSTB, consider allocating more resources to Hong Kong Economic and Trade Offices overseas to help culture to “go global”; if so, of the details; if not, the reasons for that?*

The written reply provided by the **Secretary for Home Affairs** on 26 January 2022 is in **Appendix 1**.

MEMBER'S MOTION

PRESIDENT (in Cantonese): Member's motion with no legislative effect.

Ms CHAN Hoi-yan will move a motion on “Ten-year plan for primary healthcare”.

Seven Members will move amendments to the motion.

This Council will proceed to a joint debate on the motion and the amendments.

Later, I will first call upon Ms CHAN Hoi-yan to speak and move the motion. Then I will call upon Mr Kingsley WONG, Mr Edward LEUNG, Dr David LAM, Mr Tommy CHEUNG, Mr Duncan CHIU, Ms Judy CHAN and Ms YUNG Hoi-yan to speak, but they may not move the amendments at this stage.

The joint debate now begins. Members who wish to speak please press the “Request to speak” button.

I now call upon Ms CHAN Hoi-yan to speak and move the motion.

MOTION ON “TEN-YEAR PLAN FOR PRIMARY HEALTHCARE”

MS CHAN HOI-YAN (in Cantonese): President, I move that the motion on “Ten-year plan for primary healthcare”, as printed on the Agenda, be passed.

President, I believe many Members and even Hong Kong people agree that our healthcare system is plagued with a myriad of long-standing problems that have not been addressed for a long time. It has always been my belief that primary healthcare is a way forward to resolve the numerous problems currently under our healthcare system. Worse still, with the outbreak of the Coronavirus Disease 2019 (“COVID-19”) in the past two years, some hospitals had to focus on treating COVID-19 patients. As a result, many non-emergency services had to be suspended and patients had to postpone follow-up consultations and treatment, highlighting the importance of developing a “primary healthcare services network” in our community.

In fact, primary healthcare is hardly a new concept. Over the years, however, the local healthcare system has apparently failed to break away from the confines of the treatment-focused framework. Due to a lack of emphasis on prevention, we have all along failed to see the introduction of a comprehensive “primary healthcare services network”. In my opinion, the problems facing us now are mainly attributed to our perennial lack of a comprehensive primary healthcare policy.

President, the development of primary healthcare should never and can in no way be reduced to a slogan. We must accurately understand the core issues of our existing healthcare system. The current situation can only be changed by implementing a “ten-year plan for primary healthcare” to address these core issues squarely.

The first core issue is the pressure on healthcare services. In my view, the pressure on healthcare services is the number one core problem of our healthcare system. Take the waiting time for specialist outpatient services as an example. According to the information of the Hospital Authority (“HA”), the specialties with the longest waiting time of nearly three years are the Ear, Nose and Throat (“ENT”) and Ophthalmology departments of the Kowloon Central Cluster and the Medicine department of the Kowloon East Cluster. Such situation is hardly acceptable. In terms of emergency and medical services in public hospitals, before the epidemic, the daily average number of attendances at the accident and emergency departments during the influenza surge was about 6 000, and could reach as high as 7 000, with the occupancy rates of medical wards reaching 120% despite repeated addition of beds. To a considerable extent, this situation stems from a lack of a primary healthcare network to triage patients in the community, which results in a tendency for patients to seek care in hospitals, thereby putting enormous pressure on public hospitals and jeopardizing service quality.

Another core issue, which has been easily overlooked, is increasing healthcare expenditure. According to government figures, the Administration allocated \$36.8 billion to HA 10 years ago in the 2011-2012 financial year. Ten years on, in the previous 2021-2022 financial year, the funding has increased by a whopping 124% to \$82.4 billion, representing a more than two-fold increase. In fact, new hospitals have been built during the past decade. A consistent increase in funding is certainly justified by the need to improve services and recruit additional manpower. Nevertheless, do we see better service quality after the increase in resource allocation? This is a question which we must pay attention to.

According to Prof YEOH Eng-kiong, Director of the Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong, for every \$1 spent on community care, \$8.4 can be saved in the spending on acute care. As such, the development of primary healthcare has become essential in the face of an increasingly ageing population and rising pressure on healthcare expenditure. In my view, the Government should establish a comprehensive primary healthcare network in the community through the “ten-year plan for primary healthcare”, under which “one approach” should be adopted to devise “one blueprint” and implement “three areas” of work.

First of all, the Government should adopt an approach which is more prevention-focused than treatment-oriented in order to formulate a development blueprint for primary healthcare services expeditiously. The blueprint should include some specific quantitative targets and directions for service development. For example, how many family doctors and community pharmacies should be engaged in 10 years? How many interdisciplinary primary healthcare teams should be provided in the community? How many chronic patients can be taken care of in the community?

With these clear indicators, it is possible to dovetail with healthcare manpower projections to ensure that the development of primary healthcare services does not put a strain on frontline specialty services and hospital services, so that the goals of focusing on treatment and focusing even more on prevention can be truly achieved.

In addition, the ten-year plan should address the following three areas of work:

The first area of work is “triage of patients”. In fact, I believe the Government also fully understands the importance of diverting patients away from frontline hospital services. The current-term Government’s vigorous efforts to set up District Health Centres (“DHCs”) is a case in point. So far, two DHCs and more than 10 DHC Expresses have commenced services.

As a primary healthcare initiative vigorously promoted by the current-term Government, DHCs can certainly serve to divert patients in the long run. However, DHCs are obviously still at a developmental stage. Constrained by their positioning and lack of publicity, DHCs have yet given a full play to their functions.

Although DHC's positioning as a public-private partnership ("PPP") is conducive to delivering services under the market mechanism, in the absence of a primary healthcare network in Hong Kong at present, the introduction of district-based services into the community will easily fall short of expectations.

As a better approach, the basic services of DHCs in the 18 districts should be clearly defined. For example, DHCs should provide basic physical check-ups, community pharmacies, influenza triage clinics, dental services, in addition to other "district-based" value-added services.

In the meantime, the value-added services should take into account the actual situation of the specialist outpatient services in the district concerned. Take the Kowloon Central Cluster as an example. Given the particularly long waiting time for ENT and Ophthalmology specialist services in the Cluster, DHCs in the district should focus on these services and provide different community care services in the community through mobile clinics, including Chinese medicine, dermatology, and even vaccination. Policy-driven initiatives should be made to improve the ability to take care of patients in the community in an all-round manner, so that patient triage can be truly achieved, thereby alleviating the pressure on hospital services.

The second area of work is to optimize the use of manpower. Since 2017, the Government has been releasing a report on healthcare manpower projection every three years. However, the two reports released so far have still used some current services as parameters. In other words, they have projected the demand for healthcare professional manpower in the next decade or so merely based on "treatment-based" services. There have been voices in the community that the projections may not adequately reflect the actual situation.

Therefore, I think it is necessary for the authorities to adjust the current approach of healthcare manpower planning and training in Hong Kong, enhance training for family doctors to take up the role of "gatekeeper", and at the same time make better use of the existing pool of relatively abundant healthcare professionals, such as Chinese medicine practitioners and pharmacists, and arrange interdisciplinary teams to take care of patients in the community by means of DHCs, DHC Expresses and mobile clinics, which will hopefully alleviate the pressure on doctors in public hospitals.

The third area is the promotion of public health, or “health for all”. As I have mentioned in the original motion, it is necessary for the authorities to set clear health indicators. In addition to complementing practical measures, these indicators can also raise the public’s awareness of maintaining their own health. I will further elaborate on this point when I speak in response to the amendments later.

President, I also know that the authorities will conduct public consultation on the Primary Healthcare Development Blueprint. I hope that the authorities will consider the views I mentioned just now, and I also hope that the Government will consider establishing a dedicated department or even creating a post of “Commissioner for Primary Healthcare” in the future to specifically implement the objectives in the future blueprint, coordinate work at the Policy Bureaux level, integrate resources for primary healthcare in the private and public sectors and seriously promote the development of primary healthcare in Hong Kong, so that our treatment-oriented healthcare system can truly become more prevention-focused so as to get the public healthcare system out of current and future difficult situation.

I so submit. Thank you, President.

Ms CHAN Hoi-yan moved the following motion: (Translation)

“That the pressure faced by Hong Kong’s public healthcare system has been at bursting point for a long time, such as the waiting time for specialist outpatient services remaining at a high level, the accident and emergency departments being always full during the influenza surge and the occupancy rates of medical wards persistently exceeding the capacity; in this connection, this Council urges the Government to implement a ‘ten-year plan for primary healthcare’ and plan afresh the allocation of resources and manpower training for healthcare services with an approach which is more prevention-focused than treatment-oriented, including making optimal use of mobile clinics and setting up influenza triage clinics to triage patients properly in the community; enhancing training for family medicine specialists, and making good use of healthcare professions such as Chinese medicine practitioners and pharmacists to reduce the chances of patients being hospitalized due to serious illnesses and ameliorate the problem of inadequate frontline healthcare manpower; reforming public dental

services; and setting health indicators to raise people's awareness of maintaining a healthy lifestyle, thereby reducing the number of patients seeking medical consultation at public hospitals to resolve the existing overload problem in the public healthcare system.”

PRESIDENT (in Cantonese): I now propose the question to you and that is: That the motion moved by Ms CHAN Hoi-yan be passed.

MR KINGSLEY WONG (in Cantonese): President, first, I would like to declare that I am the Chairman of the Board of Directors of the Hong Kong Federation of Trade Unions (“FTU”) Workers’ Medical Clinics.

It is always better to take precautions than to take remedial action after things have gone wrong. This is especially the case with our physical health. In an ideal situation, we can stay healthy and keep away from illnesses and pains at ordinary times; even if we get sick, minor illnesses can be detected and treated as soon as they occur, thereby mitigating our pains as well as alleviating the burden on our healthcare system. A primary healthcare system should be built upon the concept of “curing illnesses while they are still obscure and treating minor illnesses as soon as they occur”, rather than waiting until the illnesses become serious before treatment can be administered.

Regrettably, Hong Kong has all along been putting more emphasis on treatment than prevention of illnesses, and more emphasis on Western medicine than Chinese medicine. Patients are often diagnosed and treated only when they are seriously ill. While patients are suffering, this will put a heavy burden on our healthcare system. We therefore support the motion on “Ten-year plan for primary healthcare” moved by Ms CHAN Hoi-yan.

Given the serious problem of population ageing in Hong Kong and the lack of primary healthcare services, there is a keen demand for specialist services, resulting in long waiting time. For instance, patients of routine cases in Medicine, Ophthalmology, and Orthopaedics and Traumatology departments need to wait as long as 133, 123 and 119 weeks respectively. Despite the long waiting time, the duration of doctor’s consultation has been so short that patients have not been given

the consultation time they are entitled to. Since primary healthcare services have failed to divert patients from hospitals, the public have no choice but to rely on hospital services, resulting in ever-increasing total healthcare costs in Hong Kong.

We therefore call on the Government to expedite the development of primary healthcare and put more emphasis on the importance of prevention and screening programmes. For example, lung cancer, the number one killer of cancer patients in Hong Kong, contributed to 4 033 deaths in 2019, or 27% of cancer-related deaths. In view of this, former and current smokers, and high-risk groups with a family history of smoking are encouraged to join screening programmes, so that lung cancer can be detected and treated at an early stage. Patients will then have better chances of recovery. I have proposed in my amendment a screening programme for breast cancer and a universal physical check-up programme to facilitate detection, diagnosis and treatment at an early stage. This will not only be beneficial to public health, but will also reduce the pressure on healthcare workers and medical expenses.

Chinese medicine has unique strengths in the prevention and treatment of diseases. The concept of “curing the illness while it is still obscure” has been mentioned in *Huangdi Neijing (The Inner Canon of the Yellow Emperor)*: “Treating a patient before he comes down with an illness, and dealing with a disorder before it sets in.” In other words, a good doctor is not one who cures a patient after he gets sick, but one who can prevent the patient from getting sick. Practical uses of Chinese medicine in Mainland China have proved to be remarkably effective in the prevention, treatment and rehabilitation of SARS and COVID-19. Chinese medicine has effective treatment methods for chronic diseases such as diabetes mellitus, recovery from stroke, cancer rehabilitation and various pains. Given the increasingly ageing population and the trend of people suffering from chronic diseases at a younger age in Hong Kong, the “disease prevention effect” of Chinese medicine plays a positive role in primary healthcare by reducing the overall burden on our healthcare system. Over the past few decades, the Chinese medicine profession in Hong Kong has been striving to change the current situation under which Western medicine has been emphasized over Chinese medicine, and putting forward the reasonable demand for Chinese medicine to be widely incorporated into the public healthcare system. The Government should actively respond by giving more play to Chinese medicine in its plan for primary healthcare.

In addition, FTU proposes that the eligibility age for the Elderly Health Care Voucher Scheme be lowered to 60. The vouchers can be used for physical check-ups. As elderly people aged 60 to 64 have relatively few health problems, the Government can use the vouchers as an incentive to encourage them to do physical check-up on an annual basis, given that prevention is far better than cure.

President, primary healthcare services should be mainly prevention-focused. Our public healthcare strategies should include promoting screening programmes, physical check-ups and vaccinations; giving play to the role of Chinese medicine in disease prevention; and training more healthcare workers.

President, I so submit. Thank you.

MR EDWARD LEUNG (in Cantonese): Thank you, President.

President, Hong Kong's public healthcare system has long been under heavy pressure, and the plight of the public has been clearly mentioned at the beginning of the original motion. I express deep sympathy and concern for their plight. To save time, I will go straight to the focal point of the debate without repeating their hardship anymore.

In fact, for the sake of reversing the current situation, I agree with the proposal in the original motion to strengthen primary healthcare services, especially the idea of enhancing the public's ability and effectiveness of disease prevention. We often say that "prevention is better than cure". One of the important reasons is that the cost of preventing illnesses is far lower than that of curing serious diseases.

(THE PRESIDENT'S DEPUTY, MS STARRY LEE, took the Chair)

To resolve the problems before us, it is necessary to implement and promote primary healthcare services in Hong Kong. Apart from the initiatives proposed in the original motion, we need to address several key areas. The first problem is the imbalance between public and private healthcare services. The second

problem is that the effectiveness of Chinese medicine has long been neglected. The third problem lies in the supply of healthcare workers. As numerous as they appear, we believe that these problems can be resolved one by one so long as the Government and Members are determined to work together.

So, let us start with the first problem I mentioned earlier, namely the imbalance between public and private healthcare services. I advocate strengthening PPP in the provision of healthcare services and optimizing the use of healthcare resources in the private sector to enable the public to receive appropriate primary healthcare services as soon as possible.

In fact, we expect that the development of primary healthcare services will result in a drop in hospital admissions and thus release of some healthcare manpower. Patients will therefore receive better healthcare services. However, the problem is, how can primary healthcare services be developed within a short period of time? The first key lies in whether healthcare resources in the private sector have been put to optimal use.

It is evident from our previous PPP healthcare programmes that the private sector can indeed alleviate some pressure on the public healthcare system, and at the same time, enable the public to receive early treatment. For instance, the Cataract Surgeries Programme, which specializes in cataract surgery, has been a great success. As such, PPP plays an indispensable role in the development of primary healthcare services, and it is essential for the Government to incorporate the private healthcare system into the development plan of primary healthcare.

As I have mentioned, the second problem is that the effectiveness of Chinese medicine has long been neglected. We advocate the full incorporation of Chinese medicine services into the public healthcare system and the comprehensive development of integrated Chinese-Western medicine services.

While the Chief Executive has proposed in her 2018 Policy Address to recognize Chinese medicine as part of Hong Kong's healthcare development, we have found after careful observation that in fact the Government has never pledged to fully incorporate Chinese medicine into the public healthcare system. In other words, as members of the public, we still have no access to appropriate Chinese medicine services under the public healthcare system.

Meanwhile, we still face another problem. According to the information of the Department of Health and the Hospital Authority, there are about 10 000 Chinese medicine practitioners (“CMPs”) in Hong Kong, but less than 10% of them are working in the public sector. If we can effectively optimize the use of our local pool of CMPs by incorporating them into the public healthcare system, they will serve as a strong and powerful support which will definitely be able to alleviate the pressure on the current public healthcare system, and at the same time, provide the public with one more option.

Let us talk about the third problem, namely the shortage of healthcare personnel. Without sufficient healthcare workers, how can our primary healthcare services be properly developed? At present, only two local universities offer training programmes for medical practitioners, while four universities have set up a nursing department. Given the considerable pressure on and demand for healthcare personnel at present, the training provided at local institutions is absolutely far from adequate. To break through this bottleneck, we suggest the Government explore the feasibility of establishing a third medical school as soon as possible for training more healthcare personnel to ameliorate the problem of inadequate frontline healthcare manpower.

Lastly, Deputy President and Honourable colleagues, the amendment I have proposed is aimed at promoting the development of primary healthcare services in Hong Kong in a targeted manner. I call on Members to support my amendment.

I so submit. Thank you, Deputy President.

DR DAVID LAM (in Cantonese): Deputy President, I am very grateful to Ms CHAN Hoi-yan for bringing up such an important issue. With an ageing population, more and more people will suffer from diabetes mellitus or high blood pressure in Hong Kong. Some may have the problem of high cholesterol level as early as in their 30s or 40s. We may imagine that an elderly person having diabetes mellitus, high blood pressure, heart disease and excessive cholesterol may have to see a doctor in a public specialist outpatient clinic three times every year for each of these four problems, probably making a total of nine or more visits. Patients suffering from diabetes mellitus even have to receive blood tests in public hospitals prior to consultations—some public hospitals are not accessible except by public transport—thus probably making a total of over 10 visits. Elderly

people, who may not know the directions to the hospital, have to ask their children or children-in-law to take a day off to accompany them for appointments. How many days of annual leave does a wage earner have? He would spend 12 days of annual leave for such purpose.

Are the elderly really eager to receive medical consultations in public hospitals? They are because they think this is their only option. However, as we can see, this motion tells Members precisely that patients in stable condition should actually be triaged to community healthcare. In fact, family doctors are the “general managers” of our health in the community, and our stable health issues are normally taken care of by them. For patients whose medical conditions have become unstable, there should be a mechanism in place for promptly triaging them to public specialist outpatient clinics, thus obviating the need for them to wait an unknown number of years again for appointments. In fact, the elderly are very often afraid of having to wait an unknown number of years for receiving medical consultations in public hospitals again. That is why they are unwilling to switch to a doctor in the community. The Government can certainly make changes to the policy. As a matter of fact, the pilot public-private partnership (“PPP”) programmes on specialist outpatient clinics have now started working in this direction, albeit with slow progress. We hope that such programmes can be implemented more promptly and comprehensively so that specialists and family doctors may take care of patients together under the Co-Care Service Model, with a view to effectively triaging patients to hospitals and the community healthcare system and fostering medical-social collaboration.

Regarding community healthcare, we may consider the case of a stroke patient who has to be hospitalized for a week. After being discharged, he still suffers mobility and speech problems, and needs someone to take care of his daily needs. In fact, nowadays, many such elderly patients cannot be discharged from hospital due to the aforesaid problems, and have to stay for another two or three weeks at hospital, which certainly results in a shortage of public hospital beds. Nevertheless, how come they cannot receive community healthcare services, including pharmacy, rehabilitation and nursing services in the community? How come they cannot receive blood tests in the community and have the test results sent back to public hospitals?

In fact, our community should become a community hospital without walls, so that the elderly can live well and receive proper healthcare services in the community. The community healthcare system should operate in a coordinated

manner. It would be great if District Health Centres could take on the coordination work, but such work must be undertaken by medical personnel or experienced nurses. It would also be great if the Government would be willing to consider setting a dedicated department or organization for coordinating primary healthcare and community healthcare services when launching the Primary Healthcare Development Blueprint.

What are the components of our community healthcare at present? There are many family doctors, who are service providers, but we do not have a system. Is there no system whatsoever? It cannot be said that there is none. The Elderly Health Care Voucher Scheme has been introduced to put the important concept of “money follows patient” into practice. We also have the Electronic Health Record Sharing System in place with the objective of “having one medical record for each patient” in Hong Kong. With “one medical record for each patient” and “money follows patient” in place, a foundation has actually been laid. What we lack is coordination. It is hoped that with such coordination, a seamless interfacing of hospital services and community healthcare services will be achieved, and the living and medical needs of the elderly will then be adequately met in the community.

I also very much agree that Chinese medicine practitioners play a very important role in the community. In fact, as we can see, members of the public often consult Chinese medicine practitioners besides Western medicine doctors. Their actions show that we need integrated Chinese-Western medicine services. I also hope that the Government will make great efforts to encourage studies on the development of PPP and primary healthcare in the future with the objective of drawing up guidelines on the cooperation between Western medicine doctors and Chinese medicine practitioners.

I earnestly hope that the people can really enjoy their retirement, live well and receive proper healthcare services in our community in the future.

I so submit. Thank you.

MR TOMMY CHEUNG (in Cantonese): Deputy President, I support Ms CHAN Hoi-yan’s motion, and I would like to explain my amendment, which mainly seeks to add “expediting the importation of non-locally trained doctors and frontline

healthcare workers” under the “ten-year plan for primary healthcare” to solve the serious manpower shortage problem, in the hope that the healthcare system can comprise both hardware and software.

The Medical Registration (Amendment) Bill 2021 was passed last year with the expedited efforts of the Government and the hard work of Members in the last Legislative Council term to relax the restrictions on the practice of non-locally trained doctors in Hong Kong, especially exempting them from taking the Licensing Examination which I had advocated for years. Yet, I have all along been worried whether water will flow in for sure when the door is opened, that is to say, whether such doctors will really come to Hong Kong. I am afraid that the amendments introduced by the Government will only attract dozens of doctors to come to Hong Kong each year. All thunder and no rain. The Government has earmarked \$500 billion for the construction of hardware facilities, yet I am afraid the facilities will be left idle due to insufficient doctors. That is why the Liberal Party proposed amendments at the Committee stage last year in the hope of attracting enough doctors to Hong Kong after the door is opened, but unfortunately, the amendments were not passed.

Please allow me to elaborate on the Liberal Party’s suggestions again. First of all, the door should be opened to the children and spouses of Hong Kong permanent residents (“HKPRs”). The Liberal Party suggests that a non-HKPR holding a recognized medical qualification who is an overseas-registered doctor as well as a child born of an HKPR or a spouse of an HKPR can receive training and practise in Hong Kong through the special registration scheme. In fact, the occupation of the spouse is always a consideration in a number of talent admission schemes of Hong Kong, with the aim of attracting people to return and settle in Hong Kong and contribute to Hong Kong. Moreover, the scope should be expanded to recognize the working experience gained in the 100 recognized medical schools. The Government is currently drawing up the list of 100 recognized medical schools. The Liberal Party suggests an expansion of the scope under the same framework to the effect that medical practitioners teaching in those 100 recognized medical schools or practising in hospitals affiliated to those schools can also practise in Hong Kong through the special registration scheme. I often give the following example. Graduates from the Stanford University School of Medicine in the United States will be allowed to practise in Hong Kong through the special registration scheme, yet those who have not graduated from the Stanford University but teach in its medical school are not allowed to practise in Hong Kong.

This will give rise to a peculiar situation whereby mentees are eligible while mentors are not. When a doctor has the ability to teach in the Stanford University School of Medicine and practise in its affiliated hospitals, his professional capabilities are already recognized. Therefore, the Liberal Party opines that the Government should consider the past experiences of doctors and allow those with working experience in the 100 recognized medical schools to practise in Hong Kong through the special registration scheme.

As a matter of fact, the door can be closed when too much water flows in. The Government should take full control over the matter and flexibly decide when to stop admitting foreign doctors in the light of the actual situation in Hong Kong. Singapore once had a ratio of just 1.5 doctors per 1 000 population, but since its door was opened, the ratio has now gone up to 2.4 doctors per 1 000 population. The door will then be closed later. Deputy President, as we may see from the data, the Government allocates tens of billions of dollars for healthcare expenditure each year, and it will earmark \$300 billion for hospital expansion or construction in the next decade. This shows that Hong Kong actually has sufficient resources for the provision of healthcare facilities. However, the North Lantau Hospital was found by the Audit Commission to be under-utilized five years upon its commissioning, which was mainly attributable to insufficient doctors. While facilities are readily available, we do not have enough doctors to use them.

According to the Hospital Authority, in the long run, there will be a shortfall of 500 to 600 doctors by 2030. I really never agree with such figures as the shortfall should be 5 000 to 6 000 doctors instead. Hong Kong used to fall back on foreign medical staff. Between 1990 and 1995, around 200 foreign doctors were admitted to Hong Kong annually, accounting for 42% of the annual new supply of doctors. At that time, public hospitals were ... Back then, it was very difficult to operate private hospitals because most people preferred public hospitals due to their excellent quality and affordable fees. However, since the Medical Registration (Amendment) Ordinance 1995 came into effect, Commonwealth doctors were no longer allowed to practise in Hong Kong without taking examination as in the colonial era. As a result, only 457 foreign doctors were allowed to practise in Hong Kong between 1997 and 2018, representing 3% of the stock of overall doctor supply at end 2018. As we can all see, the number of new foreign doctors fell from 200 in 1 year to 200 in 10 years, which is far from sufficient to meet the demand. Some colleagues wonder whether the problem can be solved by a pay rise for public hospital doctors. In fact, private doctors are

now “men of the moon” (a Cantonese pun meaning that their monthly income reaches \$1 million). Even a fivefold increase in salary can hardly retain public hospital doctors.

Therefore, Deputy President, I support my amendment, (*The buzzer sounded*) and hope that colleagues will support it, too.

DEPUTY PRESIDENT (in Cantonese): Mr Tommy CHEUNG, your speaking time is up.

MR DUNCAN CHIU (in Cantonese): Deputy President, before I speak, I have to declare that I am a Board Member of the Hospital Authority (“HA”) as well as the Chairman of its Information Technology Services Committee.

Having engaged in the work of HA, I absolutely concur with Ms CHAN Hoi-yan’s motion on “Ten-year plan for primary healthcare” as well as her suggestions about enhancing preventive healthcare services and raising health awareness among the public. According to a number of surveys we have conducted in recent years, the public healthcare system will indeed face considerable pressure and tremendous challenges in the next 10 to 15 years. The various problems facing us now, such as wastage of healthcare workers, ageing population and early onset of chronic diseases, have significantly increased the likelihood of collapse of our healthcare system. Even though the Government has attempted to increase healthcare manpower by various means, including having the Medical Registration (Amendment) Bill 2021 passed through three readings before the end of the last Legislative Council term to allow qualified non-locally trained doctors to practise in Hong Kong, it is still unable to address the severe shortage of healthcare workers we now envisage.

In order to tackle these problems, besides promoting preventive healthcare, it is essential to make good use of technology. However, when the Government promoted the application of technology in the healthcare system in the past, it sometimes failed to give holistic consideration, and often introduced piecemeal measures to promote the use of innovative technology, rendering its efforts ineffective. Take the Electronic Health Record Sharing System, which has been put in place for years, as an example. In the absence of a policy to encourage private clinics to upload data, the system is blamed for its incomprehensiveness of

data. Telemedicine piloted in recent years is not supported by legislation, rendering it unable to arrange medicine delivery for patients. As a consequence, a number of measures have eventually failed to achieve their intended effects and objectives, which even resulted in technology taking the blame unfairly.

Therefore, I suggest that the Government formulate a long-term and comprehensive e-health policy. For instance, it may draw reference from a series of online healthcare pilot plans and regulations introduced by the National Health Commission of the People's Republic of China in 2018, including the Administrative Regulations on Telemedicine Services (Trial), the Administrative Measures for Digital Hospitals (Trial), the Administrative Measures for Internet Diagnosis and Treatment (Trial), the Tiered Evaluation Standards for Hospital Smart Services (Trial) and the Tiered Evaluation Standards for the Application of Electronic Health Records (Trial). The Commission has also given holistic consideration to legislation, licensing, division of responsibilities between public and private sectors, collaboration among public organizations, computer system architecture and security, development of a big data platform, manpower management, etc. Those trials have been implemented having regard to all relevant considerations, thus meriting consideration and reference by the SAR Government in the future.

For instance, regarding the recently piloted e-consultations or telemedicine, the Mainland authorities have actually set out the applicable types of diseases, the requirement for children under the specified age to be accompanied by an adult, the types of diseases for which such practice can only be adopted after the first in-person consultation, the applicable types of medicines, and the requirement to have designated logistics firms available for medicine delivery. As early as 10-odd years ago, the Mainland authorities started developing a comprehensive e-health programme gradually, and upon implementation, their efforts have been bearing fruit in recent years. For example, the digitalization and enhancement of processes in some hospitals has shortened the waiting time for patients in certain departments by as much as two thirds.

Apart from the Mainland, Singapore has been actively promoting telemedicine services since the mid-2010s, and facilitating coordination on all fronts to encourage medical institutions and patients alike to use such services. In contrast, we seem to be lagging behind quite considerably.

Therefore, Deputy President, I propose the amendment today with the aim of urging the Government to further make good use of technology, formulate long-term and comprehensive e-health technology strategies in future primary healthcare plans, and introduce legislative amendments to support the plans. Only then can technology be put to optimal use, so as to effectively address the problems with our healthcare system and enhance the overall quality of healthcare services. I hope that Members will support my amendment.

Deputy President, I so submit.

MS JUDY CHAN (in Cantonese): Deputy President, with the rapid ageing of the population in Hong Kong, the people's demand for public healthcare services will only continue to increase. In order to improve the operation of the public healthcare system and enhance the overall health of the public, it brooks no delay to strengthen the primary healthcare services through medical-social collaboration. In view of this, it is necessary to make long-term planning for primary healthcare, and I will therefore support Ms Chan Hoi-yan's motion.

Deputy President, the public healthcare system in Hong Kong has long been overloaded, which is mainly attributed to the imbalance between supply and demand, as well as the shortage of both hospital beds and healthcare personnel. Therefore, the proportion of receiving and providing treatment has been unsatisfactory for a long time, and the waiting time for specialist services is unduly long, thus rendering patients often unable to receive the most appropriate treatment at the best time and increasing their risk of being hospitalized due to their worsened conditions. In the meantime, the exhausted healthcare personnel are not only under extremely heavy work pressure, but also affect the quality of healthcare services. This vicious cycle has not been ended.

Deputy President, Hong Kong's primary healthcare has all along been lagging behind. For a long time, the Community Health Centres have been treating the elderly only on a piecemeal basis, failing to provide adequate information on prevention and care for the elderly who lack healthcare knowledge, and failing to follow up the home living habits of the elderly in the community and provide advice on how to improve their health to reduce their risk of getting sick. Indeed, all these problems stem from our inadequate prevention efforts. As a common saying goes, "prevention is better than cure", prevention is the only way to keep people healthy.

Primary curative care is precisely the primary healthcare of the community, which, featuring its prevention-focused and community-based nature, plays an important role in maintaining the health of the public. If the Government can improve primary healthcare in Hong Kong, thereby enhancing the cross-profession development therein, providing health risk assessment and targeted care for the chronically ill in the community, and making good use of community resources to strengthen disease management, the burden on specialist and hospital services at secondary and tertiary levels will definitely be reduced greatly.

The Chief Executive also mentioned in her last Policy Address during her term of office that there is a need to strengthen the roles of other healthcare professionals in Hong Kong's healthcare system, especially in the primary healthcare setting. I also hope that the Government can continue to actively study proposing legislative amendments to allow the public to have direct access to physiotherapy or occupational therapy services without a doctor's referral letter so as to avoid delay in treatment. Let me cite a very simple example, Deputy President. One day, I tear my calf muscle with a sudden snap while walking. Enduring severe pain, I limp to seek treatment from a registered physiotherapist who says that he cannot treat me because I have not got a doctor's referral letter. So, I turn to a public hospital and seek treatment at its orthopaedic department. However, I have to wait for 100 weeks before seeing a doctor; and worse still, after doing so, I have to wait for another 30 weeks for physiotherapy. In this case, what option do I have? First, I may have to go to an unregistered physiotherapist; second, if I want to receive treatment more expeditiously, the accident and emergency department will be my only option. So, it is exactly the kind of vicious cycle that leads to increased burden on our healthcare system.

If there is sound primary healthcare in each community, professional diagnosis will certainly be included during the process, and people in need will be allowed to skip the referral procedures and receive physiotherapy and start their treatment right away. If the Government is concerned about the health of the public and is anxious to meet the urgent needs of the people, it should provide for our primary healthcare the first point of contact for individuals and families in a continuous healthcare process and plan it well, so that the public can receive convenient and comprehensive healthcare support. Only in this way can the saying "prevention is better than cure" be lived up to.

I hope colleagues will support my amendment. I so submit. Thank you, Deputy President.

MS YUNG HOI-YAN (in Cantonese): Deputy President, I am very grateful to Ms CHAN Hoi-yan for proposing the motion on “Ten-year plan for primary healthcare”, which I very much support.

I wish to talk about why we must have a ten-year plan. A plan must have a goal, and the goal is to address the problem at root. Indeed, the unduly long waiting time, both for specialist and general medical consultations in hospitals, is where the root of our problem lies. If we propose a “ten-year plan for primary healthcare” which can shorten the waiting time for specialist or general medical consultations, the public or the grass roots will definitely be benefited greatly.

It is not new that our public healthcare system is on the brink of collapse, with the waiting time for specialist outpatient services possibly being more than 100 weeks. The problem is more serious during the influenza surge, and with the outbreak of COVID-19 in the last two years, the situation is even getting worse. Consequently, various sectors have put forth a number of improvement methods, and I think one of the effective ways is to promote and popularize the use of Chinese medicine. Thus, I have proposed an amendment in the hope that the Government will not only incorporate Chinese medicine into the public healthcare system, but also include it in the scope of services of District Health Centres (“DHCs”) and DHC Expresses, so as to strengthen the development and promotion of Chinese medicines, and alleviate the pressure on the public healthcare system through establishing a model of collaboration of Western and Chinese medicine practitioners. Therefore, I very much agree with what Dr David LAM has said earlier that there should be medical professionals providing services in DHCs. I totally agree with this point. I know that there are currently some DHCs providing Chinese medicine services or collaborative services with Chinese medicine practitioners, but we hope that these services can be expanded further so that more grass-roots people can benefit from them.

At present, Chinese medicine is not part of the public healthcare system, but there are already a certain number of Chinese medicine practitioners in the profession. Therefore, if we can make good use of Chinese medicine by allowing people to consult Chinese medicine practitioners when they are sick, the pressure on public hospitals can be relieved within a short period of time, and results will also be achieved faster than by training and introducing Western medicine practitioners from overseas. Thus, I have mentioned particularly in my

amendment that Chinese medicine services should be provided in DHCs and DHC Expresses, so that there will be such services available to the grass roots in all the 18 districts. I also hope that the Government will strengthen the promotion of Chinese medicines so that the public will become more familiar with and accustomed to using them.

I strongly support the Government's establishment of the first Chinese medicine hospital in Tseung Kwan O in 2025, which is the first of its kind in the history of Hong Kong, with an estimated capacity of 400 hospital beds and 310 000 patient visits. This is also an important step in the development of the Chinese medicine profession, yet they consider that the progress is still slow. Therefore, if the Government takes the lead in promoting Chinese medicine services in DHCs in 2025, it will be of great help to the work on "putting an emphasis on prevention".

Of course, it is not enough to fully promote Chinese medicine services through hospitals and DHCs alone. I think the Government must improve the current qualifications framework for Chinese medicine practitioners and adjust their salaries. At present, the salaries for Chinese medicine practitioners are on the low side. Earlier, it has been reported by media that the starting salary for a Chinese medicine practitioner is only about \$24,000 to \$27,000, compared to the starting salaries of a registered nurse and a doctor of the Hospital Authority ("HA") which are not less than \$30,000 and almost \$64,000 respectively. This shows that there is a huge difference in the remuneration offered to Chinese and Western medicine practitioners. Therefore, I think the Government should adjust the salary and promotion ladder for Chinese medicine practitioners by drawing reference from the grading system of Western medicine practitioners, so as to attract more young people to join the profession in the long run.

In addition, Chinese medicine is now under the management of HA. That is to say, the model of "Western medicine managing Chinese medicine" is adopted, which is also a major problem faced by the Chinese medicine sector. After all, the Chinese medicine system is vastly different from the Western medicine system. We think the model of "Chinese medicine managing Chinese medicine" should be adopted instead, and hope that the Government will give more consideration in this regard.

As for the use of medicines, Chinese medicines have in fact developed quite vigorously in Hong Kong. I hope that with the aid of the existing technologies, the time currently required for tests can be reduced and the procedures can be further streamlined. This will help the development of the sector.

With these remarks, Deputy President, I hope Members will support my amendment. Thank you.

SECRETARY FOR FOOD AND HEALTH (in Cantonese): Deputy President, first of all, I would like to thank Ms CHAN Hoi-yun for proposing the motion on “Ten-year plan for primary healthcare” and thank other Members for proposing the amendments, which have given us the opportunity to discuss the development of primary healthcare services. Promoting the development of primary healthcare has always been my heartfelt concern and is one of the important healthcare policies of the current-term Government. The healthcare system of Hong Kong runs on an effective dual-track basis encompassing both public and private elements. The public healthcare sector serves as the safety net for all under Hong Kong’s healthcare system, ensuring that people are not denied the treatment they need owing to financial reasons. The private healthcare sector, on the other hand, provides more personalized services for those who are willing and can afford to use its services.

With the ageing population and the increasing prevalence of chronic diseases, the sustainability of Hong Kong’s public healthcare system is facing a major challenge. There are currently about 2 million people in Hong Kong suffering from one or more chronic diseases. Most of these patients are followed up and treated in public hospitals, with specialist outpatient services being particularly in great demand. With 7.5 million specialist outpatient attendances per year, and an increasing number of new patients each year, the pressure on specialist outpatient services is imaginable.

In the face of the pressure exerted by the ageing population and the prevalence of chronic diseases, we need to adopt multi-faceted measures to cope with the increasing demand for healthcare and alleviate the pressure on the public healthcare system. An important aspect of this is to shift the emphasis of the

present healthcare system and people's mindset from treatment-oriented to prevention-focused, as many Members have said, and to consolidate and improve the primary healthcare system which serves as the cornerstone of the healthcare system. Primary healthcare is the first point of contact for individuals and families in a continuing healthcare process in the living and working community which entails the provision of accessible, comprehensive, continuing, coordinated and person-centred care. A well-established primary healthcare system will serve as a gatekeeper to support secondary and tertiary healthcare as well as hospital services development in the long run.

Ms CHAN's motion and the amendments proposed by a number of Members have all raised the importance of primary healthcare services, and I fully agree that this is a top priority for the current-term Government. In fact, healthcare reform is a very long-term task. The Food and Health Bureau has proceeded with a comprehensive review on the planning of primary healthcare services and governance framework with a view to formulating a blueprint for the sustainable development of primary healthcare services in Hong Kong. We will elaborate our ideas in the blueprint, and hope Members will understand that our plan is not just a ten-year plan, but a structural reform of the policy of the entire system to meet the challenges in the decades ahead. Of course, by the time when the blueprint is launched, we will have a clearer picture of our timetable and roadmap.

Our vision is to achieve a primary healthcare system that improves the state of health and quality of life of our people, and provides healthcare protection for every member of the community. Through enhancing primary healthcare services, we put greater emphasis on preventive care, reduce the need for hospital care, and improve health of our community, so as to meet the overall healthcare needs and effectively contain the expenditure increase in the long run. Under the guidance of the Steering Committee on Primary Healthcare Development, we have commenced discussion on the primary healthcare services development and healthcare system reform. Through the primary healthcare system reform, we aim to achieve the following goals:

- (1) Prevention on chronic diseases, especially on diabetes mellitus and hypertension.

- (2) Early diagnosis on chronic diseases through the primary healthcare system in the community and provide patients with appropriate treatment.
- (3) For those patients diagnosed with chronic diseases, we hope to detect and manage their complications related to chronic diseases as early as possible, so as to reduce the chance of hospital admission associated with complications.

In the past, primary healthcare services in Hong Kong were mainly provided by the Department of Health (“DH”) and the Hospital Authority (“HA”) in the public sector as well as the private sector.

In order to reverse the current healthcare system and culture of attaching importance to treatment but not to prevention, the current-term Government is determined to inject resources to facilitate the provision of district-based primary healthcare services. The setting up of District Health Centres (“DHCs”) in 18 districts is a crucial step in changing the healthcare system in Hong Kong. Following the opening of the Kwai Tsing and Sham Shui Po DHCs in September 2019 and June 2021, the DHCs in Wong Tai Sin, Tuen Mun, Southern District, Yuen Long and Tsuen Wan are expected to commence operation gradually within this year. To maintain the momentum in promoting primary healthcare, we have set up 11 DHC Expresses in 11 districts where a DHC cannot be set up in the near future. The DHC Expresses have commenced operation progressively starting from end September 2021.

DHCs provide three levels of prevention services in primary healthcare. The primary level is of course to promote health education through various methods and channels, targeting changes in lifestyle and habits, raising public awareness on personal health management, and enhancing disease prevention. The secondary level is to identify high-risk individuals with potential health risks through basic health risk assessment, identify early the target chronic diseases and health risk factors and refer members of the public with risk factors for hypertension and diabetes mellitus to the DHC network doctors—who are usually family doctors—for further examination and medical laboratory tests to determine if the members of the public concerned are suffering from diabetes mellitus or hypertension. The services at the tertiary level are to provide chronic disease

management and rehabilitation programmes for patients with hypertension, diabetes mellitus or musculoskeletal disorder (including osteoarthritic knee pain and low back pain), stroke, hip fracture and acute myocardial infarction. Through proper treatment and monitoring, complications and hospital readmissions could be avoided. The professional team services of the entire scheme include medical consultation, medical laboratory tests, care consultation, Drug Counselling Program services, as well as allied health services (including physiotherapy, occupational therapy, nutrition consultation, speech therapy and podiatry), Chinese medicine services and so on.

Apart from the above public primary healthcare system, in fact, about 70% of the overall primary healthcare services in Hong Kong are provided through the private sector, thus creating a situation of healthcare inequality. Due to the lack of clarity in patients' care pathway, the situation of doctor-shopping is very common in Hong Kong, and only about 20% of the population has a family doctor, making it impossible for family doctors to play a role in integrating, rationalizing and diverting primary healthcare services in the community, and the service quality and transparency of some private providers have been questioned and criticized. The above restrictions have prevented the private sector from fully participating in the improvement of care and health outcomes, and have at the same time intensified the pressure on secondary and tertiary healthcare services in the public sector.

We believe that the Government should fully coordinate all sectors of the primary healthcare system in order to enhance overall public health and reduce avoidable use of hospital services by the public. The Government is determined to step up efforts to promote individual and community involvement, enhance coordination among various medical and social sectors, and strengthen district-level primary healthcare services. Through these measures, it aims to encourage the public to take precautionary measures against diseases, enhance their capability in self-care and home care, and reduce the demand for hospitalization. In this regard, we are taking a series of reform measures to further enhance Hong Kong's primary healthcare services and alleviate the pressure on the public healthcare system, with specific policy directions and priorities including:

Firstly, establishing and restructuring a district-based and prevention-oriented primary healthcare system. With the progressive expansion of DHC services to 18 districts in Hong Kong, we are exploring the development

of a district-based primary healthcare system and service integration. DHCs or DHC Expresses established by the Government in all the 18 districts in Hong Kong have come into operation progressively and the hardware network of the primary healthcare system is gradually taking shape.

We expect DHCs to serve as district primary healthcare hubs to support primary healthcare doctors. Through public-private partnership and medical-social collaboration service models, we expect DHCs to engage and coordinate service partners in the community, including public healthcare service, private healthcare service, community care and support service as well as social service, so as to provide and integrate the primary healthcare services in relation to disease prevention, disease management, community rehabilitation and care support, etc., with a view to enhancing the quality of health of the public. We also expect DHCs to promote district-based primary healthcare services that suit the community's needs in a proactive and flexible manner, and strengthen medical-social collaboration through a bottom-up approach.

Secondly, strengthening public healthcare services and making better use of private healthcare services. Many Members have mentioned public-private partnership. Having regard to the above restructuring of a district-based and prevention-oriented primary healthcare system and the healthcare needs of members of the public, we will suitably adjust the balance of the public and private health sectors and support the development of quality private healthcare services, with a view to supplementing the services provided by public organizations and providing more choices for members of the public.

In the primary healthcare blueprint, we will also explore the positioning of public healthcare services, especially those provided by DH, HA, DHCs and the private healthcare sector, so as to avoid the overlapping of public resources and make the best use of private primary healthcare resources, thereby serving the public in need more efficiently and effectively. In fact, over the past few years, we have launched a series of initiatives as follows:

Firstly, HA's measures to manage the waiting time in the public healthcare system. In response to the increasing demand for its services, HA has implemented a series of measures to manage the waiting time—a challenge that has been raised by a number of Members earlier—and has also launched more public-private partnership programmes and introduced the integrated model of specialist outpatient services. HA will review the effectiveness of these measures

in a timely manner and implement supplementary measures as appropriate to further improve the waiting time for specialist outpatient clinics. HA will also continue to implement its Annual Plan to enhance the service capacity of specialist outpatient clinics in various hospital clusters, covering the majority of major specialties.

As I have mentioned earlier, the spirit of public healthcare services is to provide a safety net for all under Hong Kong's healthcare system to ensure that people in need are not denied access to treatment for financial reasons. We will examine in the blueprint the feasibility of introducing and engaging more private healthcare services in the management of chronic diseases, so as to review afresh public primary healthcare services, especially the positioning of general outpatient clinics in order to centralize and utilize its resources. I believe Members will agree that facing the pressure brought by the ageing population, increasing chronic disease prevalence and growing medical needs, and given that public resources are finite, we must consider pooling our limited public healthcare resources to provide continuous primary healthcare services, including chronic disease management, to the low-income and disadvantaged groups (such as the elderly or the chronically ill). Otherwise, this not only further aggravates the situation of overloaded public healthcare services and unduly long waiting time, but also may hinder people who cannot afford private healthcare services and truly in need of public healthcare services from receiving proper treatment and care.

As for public-private partnership programmes, many Members have mentioned that despite the high cost-effectiveness of the direct services of Hong Kong's public healthcare system, as the services are heavily subsidized with public funds, there has all along been signs of system overload as well as public-private imbalance lacking in sustainability. To ensure that our limited resources are used in the best possible way to serve those in genuine need, as well as to promote public-private partnership and make better use of private healthcare services, HA has been implementing various clinical public-private partnership programmes over the years to provide more choices for patients. Among these programmes, the General Outpatient Clinic Public-Private Partnership Programme provides subsidies for clinically stable patients having hypertension and/or diabetes mellitus who are currently taken care by HA general outpatient clinics to receive private primary care services.

To tie in with the Government’s policy of promoting primary healthcare, HA has introduced at the end of 2021 a Co-Care Service Model to allow HA specialist outpatient clinic patients who are in stable conditions to opt for private services through public-private partnership. The Co-Care Service Model was implemented in the medicine specialist outpatient clinics in the third quarter of 2021 on a pilot basis, and will be extended to the orthopaedics and traumatology specialist outpatient clinics in the fourth quarter.

In terms of supporting chronic disease screening and management, the Chief Executive proposed in the 2020 Policy Address that the Government is launching a Pilot Public-Private Partnership Programme at Sham Shui Po DHC with a view to relieving the pressure on public healthcare system and promoting the concept of family doctors. Under the Programme, DHC members who are diagnosed with diabetes mellitus or hypertension for the first time will be referred to the network doctors for receiving government subsidized medical consultation and allied health services. Through early identification and cross-disciplinary intervention, the Programme aims to change the habits of patients with chronic diseases and encourage their self-management so as to reduce the need of hospitalization in future.

The Government strives to strategically optimize the resources of the private health sector to relieve pressure on the public healthcare system. Indeed, the objective of public-private partnership programmes is not meant to outsource public services to the private sector, but to provide a choice for citizens who can afford the relevant co-payment and foster public-private collaboration, thereby optimizing the use of resources in the healthcare system and enabling better patient care outcomes. In the light of the effectiveness of the above mentioned public-private partnership programmes, we will explore in the blueprint how to further enhance public-private collaboration and optimize the use of private healthcare resources to identify and support chronic patients, in order to release pressure on specialist and hospital services.

As more private healthcare services become available as providers of primary healthcare services, our next step is to consider how to incorporate private healthcare services into the planning for primary healthcare development so that the services of private primary healthcare service providers can be monitored and regulated in a more systematic manner. In this regard, we will explore in the blueprint the enhancement of the functions and powers of the Primary Care Directory (“the Directory”) and the reference frameworks in primary care settings

(“the reference frameworks”). To ensure the quality of service providers in the Directory, the Primary Healthcare Office (“PHO”) will review their participation and publish in the Directory such conditions as requiring them to participate in continuing professional development schemes on an ongoing basis, particularly for training related to primary healthcare services. We will also explore the proposal of requiring all service providers participating in government-subsidized healthcare programmes to register as service providers under the Directory and to comply with the reference frameworks on chronic disease management developed by the Bureau, so as to set standards for the services of private primary healthcare service providers in a more systematic manner and better utilize their role as a gatekeeper for secondary healthcare. It is hoped that under a predefined two-way referral process, the processes in the daily care of the patients in public specialist outpatient clinics can be rationalized, so that patients with genuine urgent needs can be referred to specialist outpatient clinics expeditiously, while patients with stable conditions can be put in the primary healthcare system for continued care, thus achieving a triage effect.

As for Elderly Health Care Vouchers, the Government has implemented the Elderly Health Care Voucher Scheme since 2009. Currently, the Scheme provides an annual voucher amount of \$2,000 to eligible Hong Kong elders aged 65 or above to choose private primary healthcare services that best suit their health needs. The Scheme aims to enhance primary healthcare for the elderly and provide them with an added choice of service, thereby supplementing the existing public healthcare services and making it easier for them to receive healthcare services from their chosen service providers.

In order to better align the Scheme with the development of primary healthcare in Hong Kong, DH started to progressively roll out the various measures starting from 2019 to enhance the operation of the Scheme. The measures included allowing the use of the vouchers at DHCs; strengthening education for elders on the proper use of the vouchers and forward planning; enhancing the checking, auditing and monitoring on voucher claims; and restricting the usage volume to minimize over-concentration of voucher use.

The Elderly Health Care Voucher Scheme will continue to support the Government’s policy objective of promoting primary healthcare, support elders’ health needs, assist to enhance their awareness of disease prevention and self-management of health, as well as complement the development of DHCs. On this premise, we will strive to ensure the optimization of resources invested in the

Scheme. In addition to considering the impact on public finances, we also need to ensure that the Scheme can effectively achieve the objective of promoting primary healthcare. We will continue to review the operation of the Scheme, and depending on the need, make appropriate adjustments and take suitable measures. We do not rule out regulating the use of vouchers under the framework of the Primary Healthcare Development Blueprint, including designating a certain amount of vouchers for designated use related to primary care, such as health risk assessment, chronic disease assessment and management; requiring elders to register the primary healthcare doctors of their choice as their family doctors, and the vouchers used by the relevant family doctors will be considered as for designated use; and introducing the co-payment concept for non-designated uses. The goal is to enable elders to make good use of their vouchers to choose primary healthcare services for disease prevention.

As for manpower, a number of Members have also mentioned that we must also strengthen the planning and training of primary healthcare personnel. In order to develop an efficient primary healthcare system, Hong Kong needs an adequate and continuous supply of primary healthcare personnel. While increasing the manpower supply for primary healthcare services, we also need primary healthcare service providers to have adequate knowledge and understanding in providing primary healthcare services in the community through a multi-disciplinary team approach to ensure quality primary healthcare services. To this end, with the ageing population, we must strengthen primary healthcare manpower training and enhance the functions of primary healthcare staff to ensure a continuous and quality supply of primary healthcare manpower.

On future healthcare manpower planning, to ensure that there are qualified healthcare professionals to support the sustainable development of Hong Kong's healthcare system, the Government released the Report of Strategic Review on Healthcare Manpower Planning and Professional Development in June 2017—which was also mentioned by some Members earlier—and proposed 10 recommendations to lay the foundation for future healthcare manpower planning and set out the direction for professional development and regulation of healthcare professionals in Hong Kong. To update the demand and supply projections of healthcare professionals, the Government has conducted a new round of manpower projections in step with the triennial planning cycle of the University Grants Committee. The new round of projections was completed and the results were released at the end of March 2021. The Government will continue to explore with the relevant boards/councils on measures to further attract non-locally trained healthcare professionals to Hong Kong.

As for Chinese medicine, a number of Members believe that it is a very important profession and hope that it will become part of Hong Kong's healthcare system. In fact, the Government has affirmed that Chinese medicine is an integral part of the healthcare system in Hong Kong. Chinese medicine also plays an important role in primary healthcare, working together with other healthcare professions to protect the health of the public. In fact, the Government is committed to promoting the development of Chinese medicine in Hong Kong and has confirmed the positioning of Chinese medicine in Hong Kong's healthcare development in the 2018 Policy Address. Specifically, through subsidizing defined Chinese medicine services by the Government, Chinese medicine will be incorporated into the healthcare system in Hong Kong. These services include, among others, three components: first, a combination of government-subsidized inpatient and outpatient services offered by the future Chinese medicine hospital; second, government-subsidized outpatient services offered by the 18 Chinese Medicine Clinics cum Training and Research Centres at the district level; and third, specific public hospitals of HA providing government-subsidized inpatient services with Integrated Chinese-Western Medicine treatment. The aforementioned three components are complementary in terms of service areas, which will provide a comprehensive network for the delivery of government-subsidized Chinese medicine services.

Regarding the current DHC services, the DHC Operator will procure services from non-government entities in the community and form the DHC network, including Chinese medicine practitioners. Chinese medicine practitioners provide acupuncture and acupressure treatment to patients with stroke, low back pain and knee joint degeneration pain. In addition, Chinese medicine practitioners will also organize classes/group activities on disease prevention, health preservation and health education (including diet tips). Earlier, DHCs have partnered with Chinese Medicine Clinics to provide Tianjiu service at the centres.

On the other hand, PHO is in the process of establishing the subdirectory of occupational therapists and physiotherapists under the Directory. In the long run, we will progressively develop subdirectories for other appropriate primary healthcare professions to facilitate the coordination among different primary healthcare service providers in a multi-disciplinary team. We will also explore strategies to increase the primary healthcare workforce in the long term, develop and leverage the roles of allied health and Chinese medicine, and enhance primary healthcare service training for various medical professions in the development of the blueprint.

Deputy President, as I have said earlier, the Government will publish a blueprint for the sustainable development of primary healthcare services in Hong Kong within its current term so as to establish a primary healthcare system that improves the health of all and enhances the quality of living of the people. The blueprint will explore the future development of the above areas and focus on the discussion on five major aspects, including integration of services, strengthening regulation, improving resource utilization, increasing manpower planning and training, and enhancing disease data surveillance and health record sharing. After listening to Members' speeches, I will respond further to the other issues mentioned in the motion and amendments.

Deputy President, I so submit.

IR DR LO WAI-KWOK (in Cantonese): Deputy President, first of all, I thank Ms CHAN Hoi-yan for moving the original motion and seven other Member colleagues for proposing their amendments. The objective of this motion is to urge the SAR Government to implement a “ten-year plan for primary healthcare” with an approach which is more prevention-focused than treatment-oriented. My BPA colleagues and I are in support of it.

Deputy President, I have all along been very concerned about the healthcare problems in Hong Kong. Having served as a Board Member of the Hospital Authority (“HA”) for six years until 2021, I am well aware of the immense pressure that the public healthcare system has been facing for a long time, including the unduly long waiting time for specialist outpatient services and the frequent shortage of beds in medical wards. Despite the continuous injection of resources in this area in recent years, the public healthcare system still fails to fully meet the needs of the community.

Deputy President, obviously, an overhaul to the above situation is required. However, I am afraid there is no single-faceted solution; rather, we should adopt a multi-pronged approach and take short-, medium- and long-term measures to cope with it.

In the short run, the authorities should optimize the existing resource allocation and healthcare management process and make good use of technology to digitalize the healthcare process, so that patients can receive faster and better

healthcare services. Meanwhile, the authorities can further encourage medical public-private partnership, including promoting collaboration in providing specialist outpatient services, so as to triage patients in a reasonable way and reduce the pressure on the public healthcare system. As regards the shortage of healthcare professionals which is of public concern, this Council passed the Medical Registration (Amendment) Bill 2021 on 21 October last year to enable qualified non-locally trained doctors to be registered to practise in Hong Kong provided that they meet certain criteria. Now that the relevant legislation has been amended, the authorities should expedite the importation of non-locally trained doctors so as to alleviate the pressure on frontline healthcare workers.

Deputy President, as Hong Kong's population is gradually ageing, the service demand under the public healthcare system will only continue to grow. Therefore, in the medium term, we must make every endeavour to upgrade the relevant hardware and software facilities. Currently, HA has invested \$200 billion to implement the first 10-year Hospital Development Plan and is preparing to invest another \$270 billion to launch the second 10-year Hospital Development Plan. However, I opine that the authorities should, as complementary measures, expeditiously make a projection on the future healthcare manpower demand, upgrade medical teaching and training facilities, and consider the establishment of a third medical school.

Deputy President, as the saying goes, "prevention is better than cure". In order to effectively reduce the pressure on the public healthcare system which has all along been overloaded, we should tackle the problem in a comprehensive manner by curing both its symptoms and root causes. In the long run, the authorities should formulate the Primary Healthcare Development Blueprint and set health indicators, so as to promote the pursuit of maintaining a healthy lifestyle among the general public. In my opinion, the "Healthy China 2030" Planning Outline released by the country on 25 October 2016 is worthy of our reference. The Outline, with an emphasis on "co-building, sharing and health for all", advocates taking people's health as the core and the grass roots as the focus, adopting reform and innovation as the driving force, according priority to prevention, attaching importance to both Chinese medicine and Western medicine, integrating health into all policies and promoting a healthy lifestyle. The Outline also sets a number of key indicators, including average life expectancy, people's health awareness, number of medical practitioners per thousand population and ratio of personal health expenditure. At the same time, it enhances the application

system of big data in healthcare services, promotes “Internet plus Healthcare” services, develops smart healthcare and promotes national health information services covering the entire life cycle that integrate prevention, treatment, rehabilitation and individual health management.

Deputy President, in order to promote primary healthcare in Hong Kong with immediate effect, it is necessary to plan afresh the allocation of resources for healthcare services as soon as possible, including stepping up the allocation of resources, improving the community healthcare network, extending District Health Centres to all the 18 districts, and enhancing promotion on community Chinese medicine services and Chinese medicine so as to give full play to the traditional advantages of Chinese medicine in preventive treatment of diseases. (*The buzzer sounded*)

With these remarks, Deputy President, I support the motion.

DEPUTY PRESIDENT (in Cantonese): Ir Dr LO Wai-kwok, your speaking time is up.

MS NIXIE LAM (in Cantonese): Deputy President, I speak in support of the motion on “Ten-year plan for primary healthcare”.

Hong Kong SAR has led the world in life expectancy for seven consecutive years, with an average of 84.65 years old for men and 89.6 years old for women. Our average life expectancy is longer as compared with other 21 high-income countries or regions, yet our healthcare system as a whole has apparently failed to catch up with the needs.

Take the most common knee replacement surgery in Hong Kong, which ranks top in both waiting time and demand, as an example. The waiting time can be as long as five years or even up to seven years. Due to this reason, many elders have no alternative but to cut back on their social life, and their activities have even been limited as a result. With knee pain, they dare not go out or simply isolate themselves from their friends and family. Some elders even told me that they found themselves useless and would rather die earlier. I think this is totally unacceptable.

As a matter of fact, quite a number of members of the public are reluctant to seek medical consultation simply because of the unduly long waiting time every time. Eventually, their minor ailments have turned into serious illnesses, thus increasing pressure on the healthcare system in Hong Kong. In fact, measures such as promoting integrated Chinese-Western medicine services to reduce serious illnesses and strengthening the use of mobile clinics in the community to triage patients are relatively easy to implement, which also allow flexibility in addressing the problems. If coupled with enhanced long-term and well-planned primary healthcare services in the community, a new healthcare model can be achieved under which people can seek medical consultation as soon as they go downstairs and be hospitalized only when they are seriously ill. I believe no one wants to see elders in Hong Kong need to wait for three, five or even seven years for follow-up consultation, and no one wants to see our wage earners dare not ask for a whole-day sick leave to seek medical consultation even if they get sick. The official has mentioned just now that all measures work well. Such remark is meaningless as the fact is right in front of us.

In the long run, I think we must strengthen the public-private healthcare partnership to achieve an overall upgrading of healthcare services and patient triage. Only by doing so can we live up to the people who have made efforts and are still working together to build Hong Kong. I so submit. Thank you.

MR CHAN CHUN-YING (in Cantonese): Deputy President, as Ms Nixie LAM has mentioned just now, we all know that Hong Kong's life expectancy has been ranked top in the world. Different experts have different interpretations of the contributing factors for this, but it is generally believed that what Hong Kong relies on is neither a good environment with great mountains, clean water and fresh air, nor a particularly healthy Mediterranean lifestyle and diet for longevity. Indeed, it is our excellent public healthcare system with tremendous resources injected by the Government every year, which is indeed the envy of many other regions.

However, with the gradual ageing of Hong Kong's population, the prevalence of chronic diseases in the community and the trend of private healthcare becoming aristocratic, the demand for public healthcare services continues to grow. Coupled with the long-term shortage of healthcare workers and the reduction of hospital beds, problems such as the accident and emergency departments and

medical wards being extremely full have occurred from time to time in recent years, resulting that the pressure faced by public hospitals has been at bursting point as described in the motion. In the foreseeable future, this challenge will only become increasingly intractable, thus leading to an ever heavier financial burden.

I would like to thank Ms CHAN Hoi-yan for moving a motion on primary healthcare and seven Members for proposing their amendments today. They have pointed out the problems faced by Hong Kong's public healthcare system and put forth policy measures to address the current overloading problem for the Government to follow up. I support the motion and all the contents proposed in the amendments.

Regarding primary healthcare, there are comments that the Government should simultaneously consider how to open up the market to enable healthcare personnel in different professions to give full play to their functions; how to improve the existing mechanism to effectively integrate community health centres ("CHCs") with general practitioners in the community; how to coordinate the division of responsibilities between public and private medical institutions; and how to enhance public understanding of and trust in primary healthcare organizations such as CHCs. To be frank, all the above are issues that need to be studied and addressed without delay.

Meanwhile, the outbreak of COVID-19 in the past two years has fully exposed the inadequacy of global healthcare resources in the event of an epidemic. In addition to continuously investing in the traditional healthcare system, the Government should immediately explore more modern technological solutions to the dilemmas facing us.

I remember that during a duty visit to Hangzhou in 2019 in the last Legislative Council, we visited a group which provides a one-stop smart medical platform, the first web-based hospital in the country. The group provides various services, including online medical consultation, electronic prescription and online pharmacy; with its vigorous development of "Internet plus Traditional Chinese Medicine" in recent years, the group further introduces some new services, such as electronic medical records, physical examination and aided prescription. What is the conclusion of the delegation in its report? It concludes that in view of the growing demand for healthcare services arising from Hong Kong's ageing

population, the Government should explore all possible measures to strengthen healthcare services and alleviate the workload of healthcare workers, including making optimal use of medical information technology.

As a matter of fact, web-based hospitals can be considered as an integral part of the new medical infrastructure. By transferring medical information from offline to online big data management, the information provided by medical institutions can be consolidated; through online electronic medical record management, medical examination management, convalescent and rehabilitation management and medical workstation management, the service coverage of medical institutions can be broadened and the efficiency of diagnosis, treatment and follow-up rehabilitation and convalescence, as well as health management can be enhanced as a whole.

It is believed that with the major breakthrough in the application of artificial intelligence technology in the medical field, the work pressure on healthcare personnel can be relieved, and the shortage of doctors may possibly be alleviated. In the long run, smart healthcare is definitely the future blueprint of the industry.

To promote healthcare development through innovation and technology, financial investment is indispensable. Regarding the construction of healthcare infrastructure for social services which involves higher investment risk, the Government should explore how to pool together public and private funds to achieve “risk-sharing and win-win cooperation”. For example, the Government provides the land, and the enterprise takes charge of the construction and operation. This model is a better choice for kicking start and integrating new healthcare infrastructure developments.

According to the definition provided by the Government, primary healthcare entails the provision of accessible, comprehensive, continuing, coordinated and person-centred care for members of the public in the community where they live and work, which contributes to health promotion among them. I hope the Government will no longer adopt the mindset and policy of making patchwork remedies. Rather, it must formulate an overall and forward-looking plan and set well-planned, long-term and comprehensive targets for monitoring and prevention, so that the original intent of primary healthcare services can be truly achieved.

I so submit. Thank you, Deputy President.

MR KWOK WAI-KEUNG (in Cantonese): Thank you, Deputy President. Seeking early treatment when ill, prevention is better than cure, and curing the illness while it is still obscure; these are timeless golden rules. But treatment for minor illnesses, cure for ailments, and better health when one is not feeling unwell; these are not equally available to everyone. Working day and night to make ends meet, the grass roots can only bemoan the fact that beggars cannot be choosers. With a meagre income, people can hardly afford the treatment in private healthcare. So, they can only queue up for medical appointments at public hospitals where the waiting time for a new case booking at specialist outpatient clinics is measured in terms of years. A minor illness may at any time progress to a major one.

In 2020-2021, the average waiting time for a new case booking for specialist services at the Department of Medicine was 68 weeks while that at the Department of Ear, Nose and Throat was 60 weeks. The waiting time for specialist services at the Department of Surgery and the Department of Gynaecology were 41 weeks and 35 weeks respectively. When the waiting time can commonly be as long as several months or even up to a year, how can early treatment be achieved? Is “the illness while it is still obscure” probably turning out to be pie in the sky in Hong Kong?

The Hong Kong Federation of Trade Unions has been advocating the strengthening of primary healthcare services. The waiting time should be shortened, and specific strategies for the prevention and treatment of common diseases should be formulated, so as to enable patients to receive suitable treatment, as well as shorten the time required for and increase the chance of their recovery.

Deputy President, I hereby declare that I am the vice president of Hong Kong HEP B Free Foundation, and would like to take Hepatitis B as an example. The number of carriers of Hepatitis B virus in Hong Kong—this is just an estimation—is 560 000, of which 540 000 are infected with Hepatitis B. On average, one in every four carriers of Hepatitis B virus might develop liver cancer or cirrhosis, and even liver failure. Moreover, liver cancer is among the top three deadliest cancers. The Department of Health set up the Viral Hepatitis Control Office in 2018 and formulated the Hong Kong Viral Hepatitis Action Plan in end 2020 to monitor the achievement of the goal of eliminating the threat posed by viral hepatitis by 2030 set by the World Health Organization (“WHO”), serving as a good start and laying a solid foundation; yet, such efforts only marked the beginning of

the way forward. Achieving this goal will not be easy as there are numerous difficulties along the way, including diagnosing 90% of those infected, which means people should know they are infected.

An earlier survey conducted by the University of Hong Kong showed that only half of those infected knew about their infection while the other half did not. Another goal is to provide treatment to 80% of the patients, while the third goal is to reduce the new cases of Hepatitis B and Hepatitis C by 90% and the number of deaths by 65%. Why are these goals so hard to achieve? It is because they come with many challenges. As I have just said, many people do not even know they are carrying the virus. Moreover, the uninfected have not been vaccinated as universal neonatal vaccination for all local newborns was only introduced in 1988; in other words, those born before 1988 either have no idea whether they carry the virus or not, or have yet to be vaccinated. The third point is mother-to-child transmission being a major route of transmission. Nevertheless, even if a mother is a carrier, as long as she receives treatment, her child can still be healthy and virus-free. The fourth point is regular check-ups; as liver diseases can occur at any time, regular monitoring is called for. The fifth point is that, while patients' hesitation to seek treatment cannot be ruled out, some may choose to avoid treatment due to the social discrimination against this disease which arises from a lack of understanding.

I would like to make some suggestions here. I hope universal testing will be implemented expeditiously as testing for Hepatitis B requires neither lockdown nor restriction of movements. Secondly, the uninfected should be encouraged to receive vaccination. Thirdly, public awareness should be enhanced through education and publicity. Fourthly, patients should be subsidized for regular check-ups, including ultrasound scan of the liver, to monitor their illness as all these tests cost them money. Thus, I hereby urge the related departments to address the problems with appropriate measures and kick start the relevant work at the earliest time, in the hope that Hong Kong will be among those having met WTO's goal of eliminating the threat posed by viral hepatitis by 2030. Thank you.

MR CHAN KIN-POR (in Cantonese): Thank you, Deputy President. The healthcare system in Hong Kong has always been renowned for its quality service and low cost. However, the ever-increasing demand, coupled with society's over-reliance on the public healthcare system, has riddled the system with problems

over time, which include overly long waiting time of specialty cases, constant overcrowding of accident and emergency departments as well as insufficient healthcare staff. Worse still, the ageing population has led to multiplied demand; if the healthcare system is not reformed, it will definitely burst. In fact, the Government is assiduous in putting forward reforms, such as legislating for the admission of overseas-trained doctors, rolling out the Voluntary Health Insurance Scheme (“VHIS”), implementing the Hospital Development Plan and substantially increasing healthcare expenditure on a yearly basis. But these reforms treat only the symptoms rather than the root cause, and can hardly mitigate the impact brought about by the ageing population in the long run. Therefore, we are very grateful to Ms CHAN Hoi-yan for moving this motion today.

I think the solution must target at the root of the problem. In other words, the demand for healthcare services by members of the public should be reduced, i.e. lowering their chance of falling ill, so that resources can be deployed to the prevention of diseases. Therefore, I absolutely support the approach proposed in the original motion today, which is “more prevention-focused than treatment-oriented”. While Hong Kong people live a long life, they are often afflicted with multiple illnesses when they reach their 50s or 60s. It is mainly attributed to the unhealthy lifestyle of Hong Kong people, including the reluctance to exercise, constant consumption of junk food and staying up late at night. Only a long and healthy life can enable Hong Kong people to live life to the full, and society will in turn be a happier one. Therefore, the Government should implement health policies in this regard.

Last year, I put forth some suggestions to the Government on promoting public health policy, such as advocating public awareness of personal health and hygiene, educating members of the public on knowledge of disease prevention, encouraging them to do more exercises and engage in healthy activities, as well as having body checks more often. In fact, a number of studies show that devoting resources to the promotion of healthy activities will not only reduce people’s chances of falling ill, improve their health and give them a fuller and happier life, but will also directly lower healthcare expenditure. This can truly kill two birds with one stone.

How can these health policies be promoted? I think the first step should be education. At present, schools encourage students to do more exercises but do not attach much importance to educating them on healthy diet. I think schools

should enhance students' knowledge of healthy diet by telling them, for example, the harm of high-sugar beverages and high-fat food on their health, so as to enable them to understand that a lot of snacks are junk food, and that their diets should be nutritionally balanced. These may be cliché but will definitely have an impact on one's health. If students receive such correct knowledge at a tender age, they will stand to benefit for their whole life. Students indeed are eating too much junk food these days; many of them are already overweight when they are young, and are therefore troubled by numerous illnesses in their middle age. That is why imparting knowledge to students on nutrition and staying healthy is absolutely necessary.

Furthermore, I agree that health indicators should be set to raise people's awareness of maintaining a healthy lifestyle, as proposed in the original motion. As members of the public wear masks, wash their hands more often and pay attention to public hygiene during the epidemic, cases of influenza and its complications have plunged. This is supported by data, which has proven that influenza is closely related to personal hygiene, and that as long as we maintain a healthy lifestyle, we can keep many diseases away.

I also agree that more resources should be allocated to the enhancement of the training for family medicine specialists as family doctors play a significant role in the prevention of diseases. The Government can, for instance, by offering subsidies, encourage members of the public to go to the family doctors in their local communities for some regular basic body checks and further monitoring. This will not only enable early identification of diseases, but will also help family doctors better understand the lifestyle of members of the public, so that they can give more advice on health for disease prevention.

It is proposed in some amendments to the original motion that public-private healthcare partnership should be enhanced to share the pressure of the public healthcare system. I strongly support this point. The Government rolled out VHIS in 2019 with the intention of promoting the sharing of work between public and private healthcare systems. Unfortunately, the Government drastically slashed the amount of subsidy in the end, and removed the proposal of high risk pool ("HRP"), thus shrank the scope of VHIS considerably. Nevertheless, VHIS, with tax deduction, has attracted many from the middle class to join, and can be said to be pretty successful. I believe the Government should now study the expansion of the scope of VHIS by introducing HRP and raising the level of tax

deduction for example, so that more members of the public, especially the frequent users of public healthcare services who are financially comfortable, will switch to the private healthcare system. The needy can then use the resources in the public healthcare system. This can further incentivize members of the public who are financially comfortable to join VHIS, thus genuinely achieving the sharing of work between public and private healthcare systems.

Thank you, Deputy President.

IR CHAN SIU-HUNG (in Cantonese): Thank you, Deputy President. Deputy President, first, I would like to thank Ms CHAN Hoi-yan for moving the original motion and the seven Members for proposing their amendments, so that we have an opportunity to discuss how primary healthcare can be improved today.

I support the original motion moved by Ms CHAN Hoi-yan, especially the point of making good use of the profession of Chinese medicine practitioners to provide healthcare services other than those by doctors of Western medicine and Western medication. In particular, I support the amendments of incorporating Chinese medicine services fully into the public healthcare system and developing comprehensive integration of Chinese-Western medicine services as moved by Mr Edward LEUNG, Ms Judy CHAN and Ms YUNG Hoi-yan. The strength of Chinese medicine is its focus on “curing the illness when it is still obscure”, which greatly enhances health preservation, treatment of chronic illnesses as well as preventive healthcare before and after illness. In view of this, the Government should further promote the popularization of Chinese medicine by, for instance, providing Chinese medicine services and treatment at all Western medicine outpatient clinics in all the 18 districts in Hong Kong, thus giving an alternative for members of the public to choose from. The Government’s current budget for Chinese medicine in primary healthcare is extremely low, and members of the public mostly have to pay out of their own pocket when seeking Chinese medicine services. Thus, the Government should subsidize primary healthcare and provide Chinese medicine services and treatment to drive its application in mainstream medicine.

Also, I strongly agree that Hong Kong has been managing Chinese medicine with the approach of Western medicine, as Ms YUNG Hoi-yan mentioned in her speech. To avoid the situation of “outsiders managing insiders”, professionals in

the Chinese medicine should take up the management, such as collaborating with professionals from the Mainland as well as interfacing structures and systems of each other.

Furthermore, as members of the public have a huge demand for dental service, public dental service has to be reformed so that the public will receive appropriate services in dental care and the diagnosis of dental and oral issues.

Moreover, I strongly concur with Mr Duncan CHIU's amendment which proposes that the Government should expeditiously formulate comprehensive planning and strategies on digital healthcare and make good use of technology to support healthcare services. The application of big data is of paramount importance to the promotion of the development of technological healthcare, smart healthcare, etc. To the general public, especially the elderly, the use of data and related services are causing them distress now. Take my mobile phone as an example, where software applications such as eHealth, TouchMed, HA Go (the Hospital Authority mobile application) and iAM Smart are installed. Yet, what members of the public want is one-stop service where the relevant services are on a single platform in one device at their fingertips.

Deputy President, nothing is trivial in livelihood, especially regarding the health and welfare of the general public. The grass roots should not receive delayed treatment because of financial constraints or the excessively long waiting time for public services. The authorities should at least give a response to the demands of the public by promoting plans to strengthen primary healthcare, recognizing the importance of both treatment and prevention, ensuring good allocation of resources, providing appropriate and convenient community healthcare services and implementing effective partnership between the public and private healthcare systems.

I so submit. Thank you, Deputy President.

MS MAGGIE CHAN (in Cantonese): Deputy President, I have noticed that Mr Kingsley WONG's amendment mentions the introduction of women healthcare vouchers and more screening programmes for major cancers such as lung cancer and breast cancer. These two proposals, especially the latter, represent the voices of many women. We in the women's sector have been demanding the Government to provide screening for "two cancers", namely breast cancer and

cervical cancer. I hope that today's motion will help to promote the implementation of a women healthcare voucher system and free screening for breast cancer and cervical cancer.

Deputy President, the treatment of women in various aspects, which represents their rights and interests, is an important indicator of the progress of a society. Due to their different physiological structure, women need more medical resources than men; and because of the special physiological conditions of women, especially those who have given birth, they need the attention and care of society.

According to newspaper reports, most women do not have regular gynaecological check-ups at present. This may be due to the perception that there is no special need for the check-ups, or the lack of any special gynaecological programme provided by the authorities. Thus, people may be reluctant to pay extra fees for the check-ups.

In fact, if women are given some government medical support for gynaecological screening in the healthcare system, it reflects and promotes gender equality. I speak to demand for a gynaecological healthcare voucher system and free screening for "two cancers", namely breast cancer and cervical cancer.

In fact, women in different age groups have different needs. Women in their 20s and 30s need more prenatal check-ups, while women in their 40s will, sooner or later, enter a new physiological cycle when gynaecological screening becomes necessary and important, and they also need to obtain early diagnosis regarding any minor changes in their bodies so as to prevent the occurrence of the illnesses concerned.

In this regard, if the Government can introduce gynaecological healthcare vouchers and provide a special subsidy of not less than \$1,000 to \$2,000 per year for different age groups, it will be sufficient for us women to receive simple and useful gynaecological check-ups. I also suggest that the provision of gynaecological vouchers should be based on the principle of giving equal importance to Chinese and Western medicine, and that the systemic direction should be incorporating Chinese medicine into public healthcare services. I also suggest that the Government consider encouraging private hospitals and doctors to provide relatively inexpensive gynaecological check-up packages through

public-private partnership, so that we women can receive more comprehensive and personalized gynaecological check-ups with gynaecological vouchers.

Besides, I would like to reiterate that screening for “two cancers” means screening for breast cancer and cervical cancer. This is essential and should be made a free screening item. In fact, I have looked up some information and found that in 2018, there were 16 000-plus newly diagnosed cancer cases in women in Hong Kong, of which 4 618 and 582 were newly diagnosed cases of breast cancer and cervical cancer respectively. But what was the situation in 2019? Breast cancer and cervical cancer were the ninth ... the third and eighth leading cause of cancer deaths among women, causing 1 014 deaths. This is very worrying indeed.

The Department of Health has been actively promoting a healthy lifestyle, the first level of which is a cancer prevention strategy. The second level contains some preventive measures with screening, so that we the public, and we women, can detect gynaecological illnesses, pre-cancerous lesions and receive medical treatment. This will increase the chance of prevention ... and recovery.

Deputy President, I speak to urge the Government to introduce a gynaecological healthcare voucher system, and to extend and regularize the programmes of free screening for breast cancer and cervical cancer for women, so that we women can receive (*The buzzer sounded*) ... more comprehensive gynaecological check-ups. Thank you.

DEPUTY PRESIDENT (in Cantonese): Ms Maggie CHAN, your speaking time is up.

DR WONG YUEN-SHAN (in Cantonese): Deputy President, I support Ms CHAN’s original motion and I also agree with many of the contents of the amendments proposed by Members.

Primary healthcare has been included in the Government’s policy studies as early as 30 years ago, but its development has been relatively slow. Why is it so difficult to develop primary healthcare? Thus, I would like to discuss with Members three issues regarding the development of primary healthcare. First, why is it so difficult? Secondly, how to do it? Third, who will do it?

Let us first discuss why it is so difficult. The difficulty in developing primary healthcare is that we cannot discuss solely on primary healthcare, meaning that we cannot discuss primary healthcare out of the context of the entire healthcare system. Primary healthcare is part of an integrated care system, and its development requires overall planning, coordination and integration between different components.

How is the system integrated? There are at least four areas of integration in an integrated healthcare system. First, integration of primary healthcare and hospital (secondary and tertiary healthcare) services. Second, integration of hospital/institution and community services. Third, integration of medical and health and social welfare services. Fourth, integration between public and private services.

The various components of an integrated healthcare system are interlinked, thus, in developing primary healthcare, even the slightest change affects everything. We should not consider primary healthcare on its own, more importantly, we should consider how primary healthcare can interface with other parts of the system and how different service providers can complement each other. But unfortunately, as we all know, under the existing bureaucratic system, it is most difficult to achieve integration, especially when it comes to cooperation across departments, Policy Bureaux and different sectors; and it is even more difficult to achieve comprehensive integration in the entire healthcare system.

So, what can be done to integrate the four areas of integration mentioned earlier? I think the Government can consider making more use of strategic purchasing as a policy tool to integrate various components. Strategic purchasing is a healthcare financing policy initiative endorsed by the World Health Organization. The first step is to assess the healthcare needs of the public in a systematic manner. After obtaining the information, the Government and the relevant governing bodies can formulate policy objectives and visions, know what services Hong Kong needs, and then review the resources available in the current healthcare system.

Take primary healthcare in Hong Kong as an example, as I said earlier, private services account for the majority of the services, so we need to consider how to do a good job of public-private partnership. For example, we can adopt Our Hong Kong Foundation's proposal of using enhanced healthcare vouchers to screen middle-aged people for the "three highs" of hypertension, hyperlipidaemia

and hyperglycaemia, and then provide healthcare services for the chronic diseases. This will not only promote more proactive management of health, but also facilitate integration in public-private partnership.

Lastly, who will be responsible for developing an integrated healthcare system including primary healthcare services? This involves the design of the governance structure at the top level. I think in designing the governance structure, two principles must be considered. First, a “people-oriented” but not “bureaucracy-based” approach should be adopted. We must construct a comprehensive care pathway from prevention to treatment, rehabilitation and palliative care, striving to achieve seamless interfacing as far as possible.

Second, in order to formulate goals and visions for the development of primary healthcare or even an integrated healthcare system as mentioned above, frankly speaking, what we should consider is not only prevention, but also the interface between prevention and treatment; and not only the community, but also the linkage between the hospitals and the community. For example, under what circumstances can various primary healthcare providers refer patients to specialist services? In addition, how can patients receive primary healthcare resources and continuity of care after being discharged from the hospital?

Finally, I suggest that if reorganization of the executive branch is being considered, the synergy between the authorities for medical and health and those for social welfare can be explored. Meanwhile, the Government can consider setting up a Primary Care Authority, which will cooperate and coordinate more with the existing Hospital Authority under the leadership of a government bureau. The government bureau should also be more proactive in promoting public-private partnership in primary healthcare, so as to achieve comprehensive integration and promote the development of primary healthcare while building an integrated healthcare system.

I so submit.

IR LEE CHUN-KEUNG (in Cantonese): Thank you, Deputy President. As the common saying goes, “it is better to seek early treatment when one’s illness is minor”, healthcare problems of Hong Kong have always been a concern to all sectors. I am grateful to Ms CHAN Hoi-yan for proposing the motion on “Ten-year plan for primary healthcare”, so that other Members and I can express our views.

At present, the Government is gradually setting up District Health Centres (“DHCs”) in all the 18 districts in Hong Kong to provide primary healthcare services to the public. I believe DHCs are an integral part of the primary healthcare system. They are funded by the Government and operated by non-governmental organizations, in the hope of changing the practice and culture of “emphasizing treatment over prevention” in the current healthcare system, so that the general public can receive appropriate care in the community, which will help alleviate the pressure on the public healthcare system in the long run.

Regarding the services provided by DHCs, I suggest that apart from providing Western medicine services, Chinese medicine services should also be included. Chinese medicine has always focused on the principle of “prevention is better than cure”. If Chinese medicine services can be included, the public can come to know their own health conditions in their tender age, so that the concept of prevention will since then be rooted in their minds.

In addition, many elderly people suffer from various chronic illnesses and diseases that are common among city-dwellers such as the “three highs”, but they often attend follow-up appointments with their doctors only as a formality and are given the same medication every time to take at home. To facilitate the elderly and save them the trouble of making frequent trips, I suggest that the Hospital Authority should set up a centralized medication dispensing system to provide delivery service for chronic patients by means of smart logistics, and deliver the medications to smart lockers near their homes, thus greatly saving their waiting time and truly providing people-oriented services.

Furthermore, there is room for improvement in the existing mobile applications in the healthcare system, such as eHealth and HA Go. These applications can provide health management, make follow-up appointments, show vaccine records and medication records; and eHealth can even inform the public of the medication to be taken by the elderly and children at home and provide information on their follow-up consultations. However, at present, eHealth is mostly used in private clinics by the general public to facilitate doctors or family doctors to understand their conditions, or to check scheduled outpatient appointments. In fact, the Government should explore the mutual accessibility of HA Go and eHealth, so that the public can have one single application at their fingertips.

Deputy President, I would like to mention in passing that the public can now use HA Go to check their medication records, but if the Government really implements a centralized medication dispensing system, it will be easier for them to use the application to check the medication dispensed and the instructions for taking it.

In the long run, the eHealth system should be extended to the Guangdong-Hong Kong-Macao Greater Bay Area (“the Greater Bay Area”) to allow Hong Kong medical practitioners in the Greater Bay Area to access eHealth on a pilot basis so as to remove the geographical restrictions. In particular, during the epidemic when quarantine-free travel between the Mainland and Hong Kong has yet been resumed, many Hong Kong people on the Mainland cannot return to Hong Kong for follow-up consultations; and they once faced shortage of medication. Some voluntary organizations have sent medicines to Hong Kong people on the Mainland before, but it is not a regular plan after all. If a centralized medication dispensing system is set up for Hong Kong people living on the Mainland to remove the geographical restrictions, I believe this problem can be solved in the long run.

Deputy President, speaking of how Chinese medicine practitioners (“CMPs”) operate in Hong Kong, they actually do not have access to the eHealth system at present. If CMPs want to know a patient’s medical history, they have to ask the patient. I think the Government should expeditiously remove the restrictions of the eHealth system so that CMPs can have access to it, thus giving an alternative for the public to choose from when seeking medical treatment.

In addition, practising CMPs are facing various difficulties, including not being able to refer patients to receive specialist treatment or examination, including physical check-ups, gynaecological check-ups and cancer screening. Worse still, there are no such specialties as orthopaedics, oncology, medicine and gynaecology in Chinese medicine, thus rendering CMPs unable to provide patients with more in-depth consultation services in a more professional manner.

Deputy President, no matter how comprehensive the medical hardware in Hong Kong is, it still requires the support of software, that is, manpower. The biggest problem at present is the chronic shortage of medical manpower in Hong Kong. Thus, I absolutely agree that importation of non-locally trained doctors

and frontline healthcare workers should be expedited to alleviate the shortage of medical manpower. Therefore, I will support Ms CHAN Hoi-yan's original motion and Mr Tommy CHEUNG's amendment. Thank you, Deputy President.

DR TIK CHI-YUEN (in Cantonese): Deputy President, likewise, I am very grateful to Ms CHAN Hoi-yan for proposing this motion today, giving us the opportunity to discuss primary healthcare in the Legislative Council ("LegCo") again. In fact, this issue has been discussed for decades and I also believe that it was raised in many past meetings of LegCo. To be honest, the Government has made some efforts, but there are certainly shortcomings. Therefore, I hope the Secretary or the Government will listen carefully to the views of Members because we have seriously looked into the issue and made suggestions. I do not want to see the Government keep on sticking to its practices though we have expressed our views.

The views that all of us have heard all along are down-to-earth and practical. Deputy President, health is the most precious wealth of Hong Kong people, and it is also a condition for safeguarding our quality of life. However, Hong Kong people often do not know how or are even unable to cherish health. There are some figures for reference. A UBS report in 2016 showed that Hong Kong has the longest working hours in the world. Hong Kong people spend an average of 50.11 hours at their workplace each week while the global average is 36.23 hours. As for Beijing in our country, the average is 37.42 hours. When we are working long hours, can the Secretary tell us whether there are any preferential conditions for us to talk about health? Another figure is the Gini coefficient; as we all know, it is an indicator to reflect the gap between the rich and the poor. For many years, the Gini coefficient of Hong Kong has remained high and it can be said to be ranked among the top in the world. This figure shows that there has been severe disparity between the rich and the poor in Hong Kong for a sustained period.

When the Secretary wants to remind poor people living in cubicles or workers who have to work long hours to stay healthy, exercise more, pay attention to their diet or stretch their body and relax more, I actually find such reminder is a luxury for them because they do not have the conditions to discuss the so-called health in a very stable environment at all.

Promoting health is not just about a certain policy, we must incorporate health into all policies, i.e. the so-called “health in all policies”, including labour, environmental protection, community development, education, welfare and other policies. If there are desirable policies in these areas, it will be beneficial to the health of Hong Kong people. Let me give a very simple example. The Committee on Reduction of Salt and Sugar in Food promoted the Salt Reduction Scheme for School Lunches in schools in the past few years and achieved remarkable results with significant sodium reduction in students’ lunches. I would like to tell the Secretary that this is just a minor education initiative and a small-scale exercise, but the food consumed by our students has become a lot healthier. In other words, the so-called health policy is not implemented by a department, an institution or District Health Centres (“DHCs”); rather, it should be regarded as a comprehensive set of policies. Therefore, in implementing a policy, the Government should have the responsibility to consider whether it is beneficial to the health of Hong Kong people.

In recent years, I have noticed that the Secretary has been working hard to promote the District Health Centre project. Having the opportunity to work with her in the past, I noticed that she was very conscientious and often paid attention to each step of the process. This is much appreciated. We have also noticed that DHCs are taking shape; but how should they be positioned, what are their goals, and what are their policies? I think there is still much room for discussion. As far as we know, the Government has commissioned universities to conduct researches on DHCs. I hope the Government can discuss the findings with us some time later and explore if there is a desirable strategy for promoting DHCs with reference to the experiences in the past few years.

DHCs should not be providing merely a mixture of Chinese medicine practitioner, medical practitioner, chiropractor services. I think one of the most important goals of DHCs is to pay attention to the health situation of the local population and promote a healthy lifestyle among the public. This is the result that we would like to eventually achieve; in that case, we need not consult doctors.

Regarding DHCs, I have three suggestions for the Secretary to consider. First, DHCs should have the ability to grasp the health situation of the local population; there is still a lot of information being held by the Hospital Authority, can such information be made available to DHCs for exploring and understanding the situation of the local population? Second, DHCs should have a strong

community network, including non-governmental organizations (“NGOs”) and schools, because DHCs, with only dozens of staff members, have to take care of hundreds of thousands of people, and I believe it is difficult; but if a strong community network is established, the effect will become much more obvious. Third, case management is very important method, which is also the core task of DHCs (*The buzzer sounded*) ... Thank you, Deputy President.

DEPUTY PRESIDENT (in Cantonese): Dr TIK Chi-yuen, your speaking time is up.

MR YANG WING-KIT (in Cantonese): Thank you, Deputy President. Deputy President, I speak in support of the motion on “Ten-year plan for primary healthcare” proposed by Ms CHAN Hoi-yan. I also support the amendments proposed by other Members.

In the face of a rapidly ageing population in Hong Kong, the demand for primary healthcare services for the elderly is ever increasing. We have always emphasized that the elderly in Hong Kong should have access to healthcare services. However, the waiting time for specialist outpatient (“SOP”) services is notably long. According to the latest figures from the Hospital Authority, the top three on the list of the longest waiting time for SOP stable new case booking are respectively specialty of Ear, Nose and Throat in the Kowloon Central cluster (154 weeks); specialty of Medicine in the Kowloon East cluster (152 weeks); and specialty of Ophthalmology in the Kowloon Central cluster (147 weeks). How can the public receive treatment? Many elders have told me that they have poor eyesight and weak teeth. They have poor eyesight because the waiting time for cataract treatment is almost up to two to three years; and they have weak teeth because the current public dental services only provide the basic tooth extraction service. Cataract treatment and dentures can easily cost \$10,000 to \$20,000 in the private healthcare market. I would like to ask the Secretary how grass-roots elders can afford these expenses. So, many elders with poor eyesight have eventually chosen not to go out and those with weak teeth have chosen liquid diet. They have got into such a plight because they are waiting a long time for public healthcare services. I would like to ask the Secretary how grass-roots elders can lead a healthy and happy life.

There is an old man living alone in the district I served with severe cataracts and he can barely see. He has to wait for more than two years for cataract treatment at the eye hospital. He seldom goes out but he went out one day to buy something. He was subsequently almost hit by a car while crossing the road. In fact, these unpleasant incidents are happening day after day in the community. I would like to ask the Secretary if we should consider doing something to help these grass-roots elders.

Therefore, I support the amendments proposed by Mr Kingsley WONG, Mr Edward LEUNG and Dr David LAM, and I agree to reform public dental services, including increasing the service quotas and expanding the scope of services; providing the public with, in addition to pain relief and tooth extraction, dental care, dentures and other dental services for early prevention and treatment of oral health problems; as well as expanding the scope of subsidy under the Community Care Fund Elderly Dental Assistance Programme. I also hope that the Government will introduce a dental care programme for the elderly based on the School Dental Care Service, to provide primary diagnosis and basic treatment for the elderly, and provide additional mobile clinics; in the long run, the Government should build a dental hospital in line with the second 10-year Hospital Development Plan. I agree with Mr Edward LEUNG that it is necessary to study the establishment of a third medical school as soon as possible for training more healthcare personnel, especially specialists in dentistry and ophthalmology, and more dental and ophthalmology specialists should expeditiously be imported to Hong Kong to alleviate the shortage of frontline healthcare personnel.

Lastly, I would also like to revisit the issue of providing additional accident and emergency (“A&E”) services in the Wong Tai Sin district. In answering my oral question last week, the Secretary mentioned that A&E services should not be regarded as the substitute for general primary healthcare services. I do not agree with the Secretary at all because A&E services are basic supporting healthcare facilities and basic healthcare services. It takes more than 20 minutes on average for a resident in the Wong Tai Sin district to be taken by an ambulance to another hospital with A&E services, and it even takes 40 to 50 minutes if there is traffic congestion during peak hours. With such a long journey, how can we save patients who are in emergency or severely injured?

The Secretary keeps saying that the hospitals located within the Wong Tai Sin district do not provide A&E services as they are constrained by the hospital site area and topographical environment. Can the Secretary tell us if we can identify

another site in the Wong Tai Sin district for building a new hospital with an A&E department and transfer the services of Wong Tai Sin Hospital and Our Lady of Maryknoll Hospital there, so as to release these two sites for other uses? I hope the Secretary will consider it seriously and strive for A&E services for the residents of the Wong Tai Sin district.

Deputy President, I so submit.

MR LAM CHUN-SING (in Cantonese): Thank you, Deputy President. First of all, I have to thank Ms CHAN Hoi-yan for proposing the motion. In view of an ever-increasing healthcare demand arising from an ageing population, this discussion becomes particularly important. As Hong Kong is facing an ageing population with increasing chronic diseases, there is mounting pressure on public hospital services. Sticking to an approach that is more treatment-oriented than prevention-focused will only put the public healthcare system on the verge of collapse. The Government should enhance primary healthcare, attach greater importance to health education, disease prevention and management of chronic diseases, and provide comprehensive preventive care in the community. Such efforts will be conducive to alleviating the pressure on public hospitals. The key to success also lies in the collaboration between various parties in the community including public and private medical institutions and community organizations.

To ease the strain on public healthcare resources, I suggest launching a child healthcare voucher scheme by reference to the Elderly Health Care Voucher Scheme and providing each child under the age of 12 with a healthcare voucher worth \$2,000 every year. Children's medical expenses have all along placed a heavy burden on many families. Introducing child healthcare vouchers can not only reduce the financial pressure on families, but also promote public-private healthcare partnership, enabling children with minor medical conditions to be triaged to private clinics and thereby relieving the pressure on public healthcare system.

Moreover, I also suggest that the Government should incorporate Chinese medicine services into the publicly funded primary healthcare system in order to give full play to the advantages of Chinese medicine in promoting well-being and health, preventing diseases and regulating one's health to cure chronic diseases. The exclusion of Chinese medicine services from the public healthcare system in

the past has obviously deprived many patients of the chance to enjoy quality Chinese medicine services. Hong Kong's first Chinese medicine hospital will soon be set up in Tseung Kwan O, which finally serves as a response to the people's long-standing demand for Chinese medicine services. The labour sector has established the Coalition of Civil Servants on Medical and Dental Benefits for Civil Service Eligible Persons, which has successfully pushed for the establishment of Civil Service Chinese Medicine Clinics in recent years. Quite a number of civil servants have indicated that it is hard to make an appointment, which is a testament to a keen demand. The Government should increase the recurrent funding for the 18 Chinese Medicine Centres for Training and Research and incorporate these centres into the public healthcare system, as well as adopt a wider use of Chinese Medicine Mobile Clinics in the community. Besides, it should also allocate more funding to strengthen the training for Chinese medicine talents and establish a pay structure and pay scale for various ranks of Chinese medicine practitioners expeditiously, with a view to attracting more young people to join the industry.

In addition, the Government should also promote tui-na (manipulative therapy), which is a branch of traditional Chinese medicine. The practitioners have often relayed that they can only register under the Massage Establishments Ordinance at present, which has caused many difficulties for them and very likely created the misunderstanding that they are running vice business. Many Chinese medicine hospitals in the Mainland have a specialized department for tui-na treatment. The Government should also set up a department of this kind in the future Chinese medicine hospital in Hong Kong, and comprehensively review the professional development of tui-na therapists, including manpower training, accreditation system and regulatory regime, so as to enable this profession to play a role in primary healthcare.

Deputy President, I so submit.

MR EDMUND WONG (in Cantonese): Deputy President, Secretary, disease prevention is a key principle of primary healthcare. It is hoped that a district-based primary healthcare network will be developed by setting up District Health Centres (“DHCs”) in 18 districts progressively with the consolidated resources of various social sectors and the Government. I consider this approach desirable and strongly support it. However, the Administration may not be able to fully meet various healthcare needs of the people by setting up DHCs in 18 districts alone. Therefore, it may consider collaborating with various

stakeholders in establishing a more robust and extensive primary healthcare network, which should be more prevention-focused, thereby meeting the various demands and needs of the people.

The Administration may consider deepening the collaboration with patient self-help organizations and other non-governmental organizations (“NGOs”). Apart from providing relevant services, these NGOs also have training facilities, personnel and teams. If they are provided with appropriate resources, training and support to offer primary healthcare services, this will undoubtedly become one of the new directions for improving the primary healthcare services in Hong Kong.

According to statistics, there are over 200 such self-help organizations in Hong Kong for patients of almost all common and rare chronic diseases. Such patient self-help organizations are mainly formed by patients, ex-patients and their carers, with specialist consultant doctors or medical personnel in the relevant departments serving as advisers to provide various support services for patients and carers. Currently, the SAR Government considers patient self-help organizations as part of its social welfare policies, providing subsidy for 95 of such organizations through the Social Welfare Department.

Nevertheless, if the Administration can think out of the box and change its perspective to consider the provision of such patient self-help services as a primary healthcare initiative instead of a social welfare policy, I believe our society will benefit even more. First of all, many patients, carers and ex-patients in patient self-help organizations, especially chronic patients and their carers, have gained first-hand knowledge of the diseases, physical and psychological needs of patients and the care for patients through a prolonged battle with the diseases. Their empathy and experience may enable them to render better care for patients than ordinary healthcare workers.

If the Administration provides resources and some professional training for those in such considerably-sized NGOs, they, originally as service users, may take up the role as service providers after training by providing other patients or newly diagnosed patients with relatively basic care and advice, such as simple diet recommendations, basic health information and basic points to note about caring for patients.

On one hand, these professionally trained people have sound knowledge of the diseases, and they can identify with other patients and provide them with more appropriate and tailor-made services. On the other hand, they may fill the shortage of local healthcare workers or provide services which are currently not covered by primary healthcare, thereby ensuring that the services can better meet the needs of the public. Peer support has positive effects on both service users and service providers.

In my view, to provide adequate primary healthcare, the Administration must adopt a more meticulous and in-depth approach to understand the needs of every patient. As the Administration can hardly achieve this by solely relying on the public healthcare system, it should fully utilize community forces. Therefore, I hope that the Administration can utilize the existing resources more effectively to provide adequate primary healthcare.

With these remarks, I support the original motion and Mr Edward LEUNG's amendment. Thank you, Deputy President. Thank you, Secretary.

MR TONY TSE (in Cantonese): Thank you, Deputy President. Deputy President, hospitals and healthcare services in Hong Kong are excellent by international standards, yet the shortage of healthcare manpower and hospital beds has resulted in long waiting time for healthcare services, especially in public hospitals.

With an ageing population in Hong Kong, this problem will become increasingly serious. However, with good primary healthcare services in place, we can effectively prevent mild illnesses from worsening to serious problems. If the public are taught how to keep themselves healthy and prevent diseases and illnesses, the demand for inpatient services will be greatly reduced, and patients with serious medical conditions who really have to undergo operations in hospitals can receive early diagnosis and treatment. This is indeed the development direction of our country's healthcare policy.

As early as several years before the outbreak of the novel coronavirus epidemic, State President XI Jinping put forth the vision of a "Healthy China", stressing that a healthy population is a key mark of a prosperous nation and a strong country. Moderate prosperity in all respects cannot be achieved without a healthy population. The country will improve the national health policy, and ensure the delivery of comprehensive lifecycle health services for the people.

What are comprehensive lifecycle health services? One of the key initiatives is insisting that prevention is the most economical and effective health strategy by advancing the line of defence and preventing mild illnesses from worsening to serious problems. Besides, the authorities make good use of technology and promote healthcare innovation, thereby leveraging the strengths of Chinese medicine in preventive treatment and rehabilitation treatment as well as integrated Chinese-Western medicine. They also prevent diseases and control patients' conditions by promoting exercise and a healthy lifestyle. All these efforts coincide with the contents of Ms CHAN Hoi-yan's motion on "Ten-year plan for primary healthcare" today and the amendments proposed by a number of Members.

As the representative of the architectural, surveying, planning and landscape sector, I would like to focus on the important connection of a healthy and green city and architecture with the people's healthcare needs.

As much as 67% of land in Hong Kong is designated as country parks and greening zones, but there is a serious shortage of land for housing development. The Government has long neglected the quality of the people's living environment, with hundreds of thousands of people residing in cramped subdivided units with terrible conditions. Quite a number of people think that the Government favours quantity over quality in its planning and housing policy, endeavouring to build as many units as possible at the expense of the people's comfort and health. During the novel coronavirus epidemic, we fully understand the serious impact of too little living space and overly dense living conditions on public and individual health.

When I first became a Member in 2012, that is, almost a decade ago, I already suggested the Government formulate a standard for the average living space per person with a view to providing Hong Kong people with a larger, more spacious and better living environment. I also advocated the provision of some green and public spaces near dwellings, a pedestrian-friendly road transport system, and buildings and facilities designed to promote harmony across generations and ageing at home, so that people could lead a healthy life and reduce their chances of getting sick, going to hospital or seeing a doctor. At the beginning, the Government did not follow up my suggestions actively and even dismissed my ideas as detached from reality. This has led to the prevalence of nano flats, and aggravated traffic congestion and heat island effect, compromising the health of the people.

Towards the end of its term, the current Government has eventually agreed to formulate a living space standard and prescribe a minimum size for small units. Taking on board the suggestions put forth by me and my sector, it has also adopted a low carbon development approach, facilitated home-job balance and attached importance to both development and conservation in the planning of the Lantau Tomorrow Vision. Despite having objectives, vision and policies in place, it still lacks a plan to implement them, and especially to do so promptly and effectively. The key is to streamline development approval process and enhance the Government's performance, so as to develop Hong Kong into a healthy, green and liveable city in a more expeditious manner.

Deputy President, I so submit.

MR LEUNG MAN-KWONG (in Cantonese): Thank you, Deputy President. I support the original motion on “Ten-year plan for primary healthcare” proposed by Ms CHAN Hoi-yan today. I am also grateful to Ms CHAN Hoi-yan and other amendment movers for putting forward suggestions on the development of primary healthcare as well as how the Government can manage the health of our population and alleviate the burden on frontline healthcare workers.

The Chief Executive pointed out in 2018 that the development of people-oriented primary healthcare services in Hong Kong had lagged behind for 30 years. As three years has passed, how is the development of primary healthcare in Hong Kong today? In fact, the Government has introduced quite a number of projects and plans to promote primary healthcare, but it has failed to draw up a comprehensive development plan. Today, I would like to illustrate this issue with the example of Elderly Health Care Vouchers (“EHVs”).

(THE PRESIDENT resumed the Chair)

The EHV Scheme aims to implement the “money follows patient” concept by providing financial incentives for the elderly to choose the private primary healthcare services that best suit their health needs. At first, it was expected that the Scheme could help promote the key ingredients of quality primary care, and encourage the elderly to use more preventive healthcare services, with a view to supplementing existing public healthcare services. However, the elderly have

ended up using EHV to buy glasses, health supplements, herbal medicines or even ginseng and dried seafood, taking EHV as a kind of consumption vouchers. Those who do not use EHV for such purchase may use them for medical services when suffering an emergency, which runs counter to the original objective of promoting primary healthcare.

In fact, in order to promote primary healthcare through the EHV Scheme, it is necessary to consider elderly people's habits of using healthcare services. Quite a lot of them may think that they do not have any major health issues, and struggling to make ends meet, it is natural for them to reserve EHV as "life-saving money" and use them for private medical services when suffering an emergency. Some elderly persons prefer using EHV to buy health supplements rather than having health checks or receiving private healthcare services. This is because they do not see the importance of health checks, and only a small quota of health checks is available in Elderly Health Centres ("EHCs"). The elderly have to first wait to become members of EHCs and then wait again for health checks. Furthermore, the difference in fees charged for health checks by public and private institutions is too great. Instead of spending so much on health checks, they would rather see a government doctor and use EHV on tonic food to boost their health. The elderly are accustomed to using EHV in this way not only due to daily needs, but also because there are no significant incentives or restrictions under the EHV Scheme to prompt them to choose private healthcare services. As a result of all these, as well as a lack of promotion and public education on primary healthcare, the Government has spent money but failed to change the public's views on primary healthcare.

The EHV Scheme originally aims to promote primary healthcare, yet most elderly persons end up using EHV to pay for private medical consultations because the Government has failed to consider the operational details of the Scheme. To enhance the EHV Scheme, the Government may consider the following suggestions. Firstly, strengthen the regulation on the fees charged by private medical institutions. Some medical institutions charge EHV users more than non-EHV users, and the Government must step up the regulation in this regard. Secondly, allow a married couple to share EHV, which will give them greater flexibility in using EHV despite their different healthcare needs. Thirdly, provide additional EHV to be used for primary healthcare services, which will enable the elderly to develop the habit of using such services.

President, I believe the Student Health Service and the School Dental Care Service provided for young people and children are among the most successful primary healthcare services in Hong Kong. These services enable them to develop healthy habits from a young age and learn about disease prevention, and allow parents to pay attention to the health of their children and identify their health issues at an early stage. Therefore, the Government should make adequate efforts to promote the message that prevention is better than cure by re-allocating existing resources, enhancing the promotion on District Health Centre services among various age groups, increasing the quota of health checks in EHCs, and providing regular free checks, including ophthalmic and dental checks, for the elderly.

The example of EHV clearly shows that the development of primary healthcare requires the optimal mix of comprehensive planning, frontline manpower, supporting facilities and resources, as well as systematic promotion and education to instil the general public with the notion that prevention is better than cure. It is also necessary for the Government to shift the emphasis of the healthcare system and change people's mindset from treatment-oriented to prevention-focused, and conduct a fundamental review of the direction of the healthcare services in Hong Kong.

President, for the above reasons, I support Ms CHAN Hoi-yan's original motion on "Ten-year plan for primary healthcare", which I hope can prompt the Government to make better use of precious healthcare resources. I so submit. Thank you, President.

MR HOLDEN CHOW (in Cantonese): Thank you, President. First of all, I would like to thank Ms CHAN Hoi-yan for proposing today's motion, and I will also support Ms CHAN Hoi-yan's original motion.

Regarding the arrangements for primary healthcare, I would first like to talk about the District Health Centres ("DHCs") being launched by the SAR Government across the 18 districts from a "prevention-focused" perspective. We certainly hope that the Government will expedite the establishment of DHCs in various districts as far as possible. DHCs in Tuen Mun and Yuen Long are expected to commence operation in the middle of this year. Local residents hope that DHCs in their district will start providing services as soon as possible. In

fact, I specifically submitted a written question on primary healthcare services, including the setting up of DHCs, to the Legislative Council last year, and I would like to take the opportunity today to ask the Secretary to listen to our views.

From a “prevention-focused” perspective, is it possible for more types of screening services to be provided at DHCs, particularly screening services for certain diseases? As we all know, the Government has a centralized system in place for receiving applications for screening for diseases such as cervical cancer, breast cancer and colorectal cancer. However, it would be more convenient for many local residents, especially the elderly, if such screening services are available at DHCs. They will find it more convenient to undergo screening at DHCs in their neighbourhood.

President, secondly, I have particularly noticed that Ms CHAN Hoi-yan has rightly pointed out the problems with the arrangements for primary healthcare. In fact, the most discussed issues nowadays include excessively long waiting time for patients and the overload problem of public hospitals, and possible ways to alleviate the burden on public hospitals as a result of long waiting time for patients. President, in fact, we have noticed that there are basically no private hospitals in North West New Territories (“NWNT”). Local residents have relayed to us that the burden on public hospitals can be alleviated if the Government can provide a site for building a private hospital in NWNT, such as in Tuen Mun or Yuen Long.

In fact, if an additional option can be provided for patients who can afford the charges of private hospitals, the burden on public hospitals from the long waiting list of patients can be reduced. Therefore, I would like to take the opportunity of today’s motion debate to call on the Bureau to consider exploring the feasibility of allocating a site in NWNT, such as one in Tuen Mun or Yuen Long, for building a private hospital. Is it feasible for the Government to consider and follow up on our proposal?

In addition, I am also aware that Ms CHAN Hoi-yan has put forward a specific proposal in her original motion to set up influenza triage clinics to triage patients, which I think is an excellent idea. In fact, we can see that a lot of people require standardized treatment during the influenza surge. To a certain extent, we all know that influenza patients need to undergo standardized treatment. If influenza triage clinics are available to the public, the original waiting lists of patients of other diseases can be shortened.

Lastly, I would like to point out that I have just heard some Honourable colleagues particularly mentioning Elderly Health Care Vouchers (“EHVs”). In our view, in order to really give better play to the role of EHVs, the Government should at least allow EHVs to be used for buying certain medical equipment, such as hearing aids for the elderly which we have heard most often in the community. In fact, many elderly people are in dire need of hearing aids. However, since EHVs cannot be used for buying hearing aids, voucher holders can hardly put their EHVs to good use. Just as Mr LEUNG Man-kwong said earlier, some elderly people have used EHVs improperly on some items which they should not have bought. The Government should actually monitor the proper use of EHVs, such as allowing them to buy hearing aids with their EHVs. This will be more beneficial to the elderly.

President, I so submit.

MS CHAN YUET-MING (in Cantonese): Thank you, President. Ms CHAN Hoi-yan’s motion on “Ten-year plan for primary healthcare” and the amendments proposed by some Members today have highlighted two main problems of Hong Kong’s public healthcare system, namely the extremely abnormal situation of perennial overloaded operations, and the consequent harm to patients and enormous pressure on our healthcare system. The two problems, especially the former, have exceeded the tipping point for a long time. In terms of a few indicators closely related to patients, including the respective waiting periods for routine follow-up appointments and emergency services, the public have been extremely disappointed and even infuriated, not to mention the waiting time for major surgeries. On the other hand, the serious shortage of healthcare manpower has been further aggravated by the new wave of emigration in the past two years. This has been the objective reality we are facing.

Members see eye to eye on some initiatives proposed in today’s motion, namely the request for the Government to implement a “Ten-year plan for primary healthcare”; the argument about the close and mutually beneficial relationship among Hong Kong’s ageing population, primary healthcare and the public healthcare system; the emphasis on using the approach which is more prevention-focused than treatment-oriented to ameliorate the long-standing, huge overload problem of Hong Kong’s public healthcare system; and the need to set up a framework and introduce operational measures. Personally, I strongly agree with most of the views expressed, and I think that they are practical and feasible.

The subject of Chinese medicine services, which has been mentioned in the original motion and the amendments of Mr Kingsley WONG, Mr Edward LEUNG and Ms YUNG Hoi-yan, is worthy of further study. The population of Hong Kong is predominantly ethnic Chinese. Members of the public, particularly the elderly people, are no stranger to traditional Chinese medicine, but they in general are not concerned about the systematic and scientific development of Chinese medicine currently in the pipeline. However, this does not mean that the use of Chinese medicine in medical treatment and health maintenance is outdated. On the contrary, many doctors who are friends of mine have told me that Chinese medicine is more effective and suitable for medical treatment and health maintenance of the elderly people. The University of Hong Kong, the Hong Kong Baptist University, The Hong Kong Polytechnic University, etc. have all along attached great importance to the systemic research on and application of Chinese medicine. In fact, we can take a broader view and look further ahead. When it comes to Chinese medicine, our country is promoting the development of Chinese medicine industry vigorously. I believe it would be a blessing to the people of Hong Kong if we can get the support of the Chinese medicine industry in the Mainland. I therefore support the full incorporation of Chinese medicine services into the public healthcare system and the development of integrated Chinese-Western medicine services.

Mr Tommy CHEUNG has mentioned the need to expedite the importation of non-locally trained doctors and frontline healthcare workers. I strongly agree with him. Not only should we expedite the importation, we should do so as soon as possible because the local healthcare system has been overstretched due to the pandemic. We all know full well what the consequences will be. In addition to strengthening and increasing manpower resources, I also call on Members to consider enhancing the hardware, including setting up small, district-based hospitals and providing more accessible outpatient services.

Mr Duncan CHIU has advocated making good use of technology to resolve various existing and anticipated healthcare problems. In my view, this is an indispensable way to keep pace with technological development. I call on the Government to expedite the development of a network doctor system both in the public and private sectors concurrently so as to provide more convenience to patients and doctors.

As for the suggestion to encourage people to make good use of healthcare vouchers to undergo regular physical check-ups, I have no objection to it. I also call on the Government to consider introducing annual physical check-ups for the

elderly aged 70 or above, and biennial physical check-ups for the elderly aged 60 or above free of charge. Such services can be introduced under the public healthcare system or through outsourcing to the private sector, so as to further implement the “prevention-focused and early triage” measure.

If today’s motion is passed by the Council and adopted by the Government, I hope the Administration will explain in detail its plan to follow up and implement the proposals, and the corresponding arrangements for public fund matching of the Government.

With these remarks, I support the original motion and all the amendments. Thank you.

MR CHAU SIU-CHUNG (in Cantonese): President, for a long time, “waiting” has become a recurrent problem for people using public healthcare services. The accident and emergency departments are always full and patients are often waiting for hours to consult doctors; and it is no wonder that patients have to wait for a few years for specialist outpatient services. Patients seeking consultation have been tormented by diseases, and they are ruthlessly beaten physically and psychologically by a long wait.

President, to free the public from the above torture, enhancing healthcare manpower is most fundamental. The Chief Executive also mentioned in the 2021 Policy Address that “the Government has been adopting a multi-pronged approach to enhance healthcare manpower, including increasing continuously the local healthcare training places offered by the University Grants Committee-funded universities and self-financing institutions, and admitting non-locally trained healthcare professionals, with a view to supporting the development of various healthcare services”. It can be seen that the Government also intends to alleviate the existing problems by enhancing healthcare manpower.

According to government information, there is a serious shortage of doctors in Hong Kong. Currently, there are only 2 doctors per 1 000 population in Hong Kong. According to the “Healthcare Manpower Projection 2020” conducted by the Food and Health Bureau, the shortfall of doctors is projected to be 1 610 and 1 949 respectively in 2030 and 2040.

President, while there is an acute shortage of healthcare professionals, over the years, the healthcare support grades, including ward assistants, patient care assistants and operation assistants, have also encountered very serious manpower shortage problems, and those concerned have been totally “stressed-out”. I urge the authorities to effectively improve the working environment and remuneration of healthcare support grade staff while trying to increase healthcare professionals, so as to attract more young and energetic people to take up these positions and serve the public for a long period of time.

Although the Hospital Authority (“HA”) took the initiative to introduce proposals such as extending the retirement age of employees to 65 and other staff retention proposals in September last year, as reported, the terms of service of staff members who will join the arrangement for extending employment, including their annual leave and accumulated sick leave balance, will not be carried forward after extension of employment. In this connection, I urge HA to retain the original terms of service and remuneration of all staff members who will join the arrangement for extending employment, and allow these terms to be maintained and carried forward after extension of employment, so as to more effectively encourage dedicated staff members to continue serving the public, hence achieving retention of healthcare personnel. In addition, HA also needs to review the outsourcing policy to avoid awarding outsourced service contracts according to the “lowest bid wins” principle which will lead to the exploitation of workers by outsourced service contractors.

President, I support the adoption of more proactive measures to enrich our healthcare talent pool, so as to alleviate the shortage of manpower in the public healthcare system and enable the public to enjoy healthcare services of better quality.

I so submit. Thank you, President.

MR CHAN HOK-FUNG (in Cantonese): Thank you, President. As the saying goes, “it is better to seek early treatment when one’s illness is minor” and the ultimate goal of primary healthcare should be more forward-looking, in the hope of achieving the goal of “prevention is better than cure”. However, the healthcare system in Hong Kong today seems to be tilted towards cure.

I agree with the motion proposed by Ms CHAN Hoi-yan today, urging the Government to formulate a ten-year plan for primary healthcare, and especially attaching importance to being prevention-focused. As the next step, I think the Government should launch regular testing services for different age groups if they have a higher chance of getting certain diseases. The Colorectal Cancer Screening Programme is a successful example; it subsidizes eligible residents to receive screening services in the private sector for prevention of colorectal cancer, and this can be described as a rather successful initiative to promote primary healthcare in recent years.

When it comes to “prevention is better than cure”, the first step is that we should comprehensively integrate existing data on the greatest potential health risk of Hong Kong people. Taking women as an example, breast cancer has become the most common cancer affecting women in Hong Kong since 1994, and female breast cancer cases diagnosed in Hong Kong have tripled from 1 152 in 1993 to 4 761 in 2019. On average, about 13 women are diagnosed with breast cancer every day, reflecting that breast cancer has posed significant threats to women in Hong Kong. The Government rolled out the Breast Cancer Screening Pilot Programme in September last year, which is a two-year pilot programme. We hope that the Government would regularly carry out such examinations and screenings, and it is most ideal for the Government to introduce such regular testing and set a timetable accordingly, so that all residents in Hong Kong can achieve the goal of “preventing diseases before their occurrence and preventing deterioration once they occur”.

I noticed that the Government launched an online version of the Primary Care Directory in 2011 to make information on doctors easily accessible to the public. However, this Directory only contains information on registered medical practitioners, dentists and Chinese medicine practitioners in Hong Kong while the regular testing services I just mentioned require assistance and referral from western medical practitioners in the private market. On the other hand, dentists and Chinese medicine practitioners play a very important role in primary healthcare. At present, the scope of dental services in primary healthcare can be described as minute. What services does the Government provide for people in need? Tooth extraction services only and there are no other dental services at all. The public can only pay for dental check-up and scaling services out of their own pockets.

In recent years, the Government has provided limited dental services for the elderly through non-governmental organizations but the application threshold and procedures are quite complicated. I have visited many centres for the elderly before and I have seen that many elderly people have damaged teeth; however, because of the high cost of dental implants, many elderly people would rather have non-solid diet to save money, which seriously affected their quality of life. I think the Government should not just extract people's teeth when they have toothache; rather, it should expand the scope of dental care services for the elderly and provide them with scaling and dental check-up services, as well as tooth filling and extraction services when necessary.

President, Chinese medicine practitioners have not been incorporated into the public healthcare system. Since March 2020, the Government have set up two Civil Service Chinese Medicine Clinics. However, in the review report published in October last year, though the Government has on the one hand affirmed the popularity of the programme and decided to increase the number of consultation quotas each year, on the other hand, it has not immediately increased the number of Civil Service Chinese Medicine Clinics. It seems that the Government has not been proactively implementing Chinese medicine services. The expansion of government Chinese medicine outpatient services is not easy, and expansion of which at the hospital level is also difficult. The Hospital Authority has launched the Integrated Chinese-Western Medicine Pilot Programme to provide eligible inpatients with Chinese Medicine treatment, and only eight hospitals have participated in the programme so far. I hope the Government can officially recognize the role of Chinese medicine practitioners in the public healthcare system and include Chinese medicine practitioners in day care centres for the elderly, so that the general public can receive affordable Chinese medicine services.

President, the concept of primary healthcare has not been successfully put into effect in Hong Kong. Apart from the lack of comprehensive planning, it is mainly attributed to the lack of comprehensive resource allocation and support. This situation cannot be changed overnight. I hope that the concept of primary healthcare can truly be put into effect in 10 years' time.

I so submit. Thank you, President.

DR PRISCILLA LEUNG (in Cantonese): President, primary healthcare is one of the most important livelihood issues of the public. Dr LEUNG Ka-lau often told me half-jokingly and half-seriously that 50% of a person's savings after retirement would be spent on healthcare services. So, since I became a Legislative Council Member in 2008, I have been asking the Government year after year to allocate \$10 billion for long-term savings for a 10-year plan. Eventually, the Government agreed in 2016 to earmark a provision of \$200 billion for the implementation of a 10-year Hospital Development Plan, which covers construction of a new acute hospital, expansion of 11 existing hospitals, setting up of 3 new Community Health Centres, as well as provision of 5 000 additional public hospital beds and 90 new operating theatres.

However, we all know that all these are hardware. In fact, the shortage of manpower and the high rate of personnel turnover are most torturous for public healthcare services. As for the fact that the public healthcare system has been overloaded, in my opinion, except for a few healthcare personnel who have medical ethical issues in recent years due to political differences, healthcare personnel working in the public healthcare system should be highly saluted. Some of my secondary school classmates have been working in the public healthcare system for decades, they have sacrificed huge amounts of income to serve the grass roots and their spirit is respectable. Newcomers are reluctant to join the industry as there are other attractive developments and many other opportunities available to them thus our society should provide them with support.

Ironically, the better the public healthcare services in Hong Kong and the cheaper and better they are, the more the public healthcare system is overloaded and the longer the waiting time. Recently, two friends of mine have respectively used the liver scanning service of the public healthcare system and each of them has only spent \$80. An elderly person—not very old indeed, only in his “young old” stage—is admitted to hospital for a week, and he only needs to pay a few hundred dollars; yet this will surely impose a heavier workload on healthcare personnel. I ask the authorities to approve the allocation of an additional \$100 billion in the next 10 years to upgrade software services and improve the working environment and working conditions of healthcare personnel in public healthcare institutions.

An ageing population in Hong Kong is an indisputable fact and the proportion aged 65 and over is projected to rise to 30% in 2034, i.e. 2.28 million people. There are currently 1.12 million elderly people, yet it can be said that they

endeavour to make a good showing and avoid becoming a burden for our society. Nevertheless, sometimes things go contrary to our wishes, why do I say so? Many middle-class people become proletariats after retirement. A few good friends have recently told me that their insurance contributions have increased several times after they have reached 60 and they have to pay tens of thousands of dollars each year, forcing them to consider a surrender and switch to using public healthcare services; some people have even not taken out insurance. So, after many middle-class people have become proletariats, there will be a surge in demand for public healthcare services.

I would like to ask Secretary Prof CHAN if \$50 billion as we requested to be allocated a few years ago can now be allocated for carrying out healthcare financing, encouraging participation in the Voluntary Health Insurance Scheme, and setting up a high risk pool as mentioned by Mr CHAN Kin-por. We really hope that the resources can now become available because middle-class people may not want to compete with others for public healthcare services, and they are accustomed to consulting private doctors; yet, they really have no alternatives.

Nevertheless, there are some good deeds deserving applause in recent years. For example, as frequently discussed, the Government supports the provision of colorectal cancer screening services by outsourcing agencies. I think public-private partnership (“PPP”) is an inevitable trend, covering cataract treatment in ophthalmology; mobile clinics providing primary dental services in 18 districts; and psychiatric services because many Hong Kong people have become mentally depressed. I think the PPP arrangement should also be made for the Chinese medicine and pharmacist services mentioned by a number of Members a while ago, e.g. cooperation between family therapists from non-governmental organizations (“NGOs”) in the community and the Government, with a view to reducing the pressure on doctors.

Lastly, we have visited Hangzhou before and we realized that under Hangzhou’s smart healthcare system, drugs for blood pressure and diabetes mellitus regularly used by patients can be delivered to their homes within half an hour. Hong Kong must make reference to these high technology examples, and there must be a complementary legal framework for telehealth services so as to be consistent with the world trend and maintain a high level of defence. This is an important task in respect of primary healthcare, and we must prepare for a rainy day and get ready for the arrival of the population ageing era.

President, I so submit.

MR NGAN MAN-YU (in Cantonese): President, I speak in support of the motion moved by Ms CHAN Hoi-yan, and I also support the amendment proposed by Mr Edward LEUNG.

In order to succeed in primary healthcare, it is necessary to do a good job in public-private healthcare partnership, that is, making good use of private healthcare resources to share the pressure of the public healthcare system. The Elderly Health Care Voucher Scheme is itself a means to enhance primary healthcare services for the elderly under public-private partnership. To start with, I would like to talk about the proposal of enhancing healthcare vouchers.

With regard to the elderly, after a long struggle, all elderly people aged 60 can finally enjoy the \$2 transport fare concession, but they still cannot benefit from the Elderly Health Care Vouchers (“EHVs”). In fact, can the Government make reference to the transport fare concession for the elderly and consider lowering the eligibility age for EHVs to 60, so that all elderly people aged 60 can use private healthcare services at a cost close to that of public healthcare?

Secondly, the Government has been vigorously developing gerontechnology in recent years by encouraging research institutes, innovation and technology start-ups and even tertiary institutions to develop applied technology products, which shows that the Government strongly encourages the elderly to use applied technology to improve their lives. But unfortunately, some recent studies have found that many elderly people in Hong Kong can hardly afford gerontechnology products. Can the authorities consider allowing the elderly to purchase or rent relevant products with EHVs?

Besides, we often hear many elderly people in the districts asking us whether they can use EHVs to buy hearing aids or similar medical devices, or to pay medical expenses for health check-ups, inpatient services or day surgeries. I hope that the Administration will study to include, where reasonable and feasible, more items in the coverage of EHVs as a gift to the elderly in Hong Kong in response to their long-standing request.

At present, more than 90 000 of our elderly people are living in Guangdong Province, but they have to pay for their own medical consultation in places other than the Shenzhen Hospital of the University of Hong Kong where they can use EHVs. The Government always talks about developing the Greater Bay Area and cross-boundary elderly care, but unfortunately, EHVs cannot be used across the

border. Therefore, I very much hope that the Administration can discuss with the Mainland authorities to study extending the places of using EHV to major clinics and hospitals in Guangdong Province or Macao.

In addition to extending the scope and places of using EHV, the Government should also review and enhance the existing measures related to EHV, improve the existing registration procedures which are complicated and cumbersome, and streamline the procedures for access to and submission of information, so as to encourage more healthcare institutions to participate in the EHV Scheme. At the same time, the Government should explore the possibility of increasing the value of EHV, so that couples can share the value of EHV with each other, thus making the entire scheme more flexible and efficient.

President, extending the scope of using healthcare vouchers can enhance the efficiency of public-private partnership. Hong Kong's public healthcare system has been overloaded for a long time, and strengthening public-private healthcare partnership should not be a mere slogan, but also a major direction of healthcare policy. The Government should consider how to expand the service targets of healthcare vouchers, which have worked well as a policy tool for many years, to enhance the division of labour between the public and private healthcare sectors.

In fact, healthcare vouchers can bring the demands for public healthcare of more people to the private healthcare system, so that on the one hand, public and private healthcare resources can be used more efficiently, thus shortening the waiting list and time for public hospitals; on the other hand, more eligible people can be subsidized to seek consultation in private clinics without having to wait for so long. Under the concept of "money following the user", there will be more healthy competition in the private healthcare market, and the service standard will also be enhanced.

I suggest the Government make reference to the mode of operation of EHV and provide each eligible child under the age of 12 in primary school with a child healthcare voucher every year, so as to further divert the demand for public healthcare services to the private healthcare system.

In the long run, I very much hope that the Government will consider the concept of "family healthcare vouchers", under which family members living together can share their vouchers, so that the public's demand for public healthcare

services can be shifted to private clinics ... the private healthcare system, thus alleviating the pressure on the public healthcare system and enhancing the efficiency of both public and private healthcare services.

I so submit. Thank you, President.

PRESIDENT (in Cantonese): I would like to remind Members that according to the speaking time limit for motion debates as set out in the House Rules, this debate will end at 5:14 pm today at the latest. I will call upon the mover of the motion to speak on the amendments after Mr Kenneth FOK has spoken, and then the remaining proceedings of the motion debate will be dealt with.

PRESIDENT (in Cantonese): Prof SUN Dong, please speak.

PROF SUN DONG (in Putonghua): President, first of all, I would like to express my support for Ms CHAN Hoi-yan's motion and the amendments proposed by some Members. I think there is an urgent need for Hong Kong to review the existing policy on public healthcare services in order to meet the challenges of an increasingly ageing society in Hong Kong and to prepare for a rainy day.

To be practical and realistic, Hong Kong's healthcare services have in the past been quite good when compared to many developed countries and some neighbouring regions. However, in the face of the huge and growing healthcare expenditure and demands, the Government is under increasing financial pressure to continue to provide high quality healthcare services, resulting in the current dilemma of exceedingly long waiting time. Take the Hospital Authority as an example. The waiting time for Medicine, Ophthalmology and Orthopaedics and Traumatology departments can be as long as over 100 weeks. Although this is a desperate attempt to sacrifice waiting time in exchange for the continued provision of free and better healthcare services, this situation is indeed unacceptable.

In order to resolve this difficult problem, I propose to take more vigorous measures in the following directions under the premise of increasing funding and staffing. In fact, many Members have already made similar suggestions, and I would like to further emphasize them here.

First of all, I support the amendment proposed by Mr Edward LEUNG to enhance public-private healthcare partnership, and many Members have also put forward similar suggestions. I think it is crucial to actively open up new avenues for full public-private partnership in the provision of healthcare services. From the design of the system to the allocation of resources, faster access to private healthcare services should be provided to patients who have financial means as far as possible. This is one of the most effective ways to alleviate the pressure on public hospitals.

Secondly, I support that the Government should consider establishing more health centres and clinics in the community, just as many Members have mentioned earlier, so that triage of patients can be achieved in the community, thus alleviating the pressure on public hospitals.

Thirdly, I support the amendment proposed by Mr Duncan CHIU to actively use technology to resolve the problems. I think that in the next 10 years, the Hong Kong Government should make great efforts to develop gerontechnology and strengthen cooperation with community organizations, so as to divert some healthcare services from hospitals to the community and even to families as far as possible.

Fourthly, I also support the amendment proposed by many Members, that is, to vigorously develop Chinese medicine and incorporate Chinese medicine into the public healthcare system, and at the same time strengthen the prevention of diseases.

President, I so submit. Thank you.

MR BENSON LUK (in Cantonese): President, first of all, I am grateful to Ms CHAN Hoi-yan for proposing the motion and to the various Members for proposing the amendments. As proposed by the World Health Organization in as early as 1978, primary care is the key to “Health for All”. Primary care is not just about the curing of episodic illnesses, but also puts emphasis on preventive care and the management of chronic diseases. The concept of preventive medicine in Chinese medicine, which is already mentioned in *Huangdi Neijing (The Inner Canon of the Yellow Emperor)*, precisely refers to “preventing diseases before their occurrence and preventing deterioration once they occur”. In simpler terms, it

means prevention is better than cure. Objectively speaking, this approach can also reduce patients' chances of being hospitalized for serious conditions. Therefore, Chinese medicine services may play a significant role in the primary healthcare system in alleviating the pressure on mainstream healthcare services.

In fact, the use of Chinese medicine services has become increasingly popular among Hong Kong people. According to the major statistics on the Department of Health's Elderly Health Care Voucher Scheme, the annual amount of vouchers spent on Chinese medicine services increased by as much as 2.4 times from \$260 million in 2017 to \$640 million in 2020, which is quite a considerable increase over a four-year period. Therefore, Chinese medicine services will have massive development potential and play a specific role in the future plan for primary healthcare in Hong Kong.

President, many Chinese medicine practitioners have relayed that they wish to raise the status of Chinese medicine. For example, can a Chinese medicine practitioner assume the chairmanship of the Chinese Medicine Council of Hong Kong? Can the Government consider allocating recurrent provision for some Chinese medicine projects? Will it recognize the referrals by Chinese medicine practitioners for examination? In fact, the Administration should enable specialist Chinese medicine services to play a more significant role in the development blueprint of the ten-year plan for primary healthcare with a view to achieving complementarity between Chinese and Western medicines.

As in the case of their Western counterparts, Chinese medicine practitioners have to work in a team. President, many professionals in the Chinese medicine sector have relayed that there is a serious shortage of specialist nurses in the sector. In order for Chinese medicine services to play a more significant role in the primary healthcare system, we should improve the registration system for Chinese medicine nurses and enhance their professional training with a view to building public confidence in the overall system of Chinese medicine services.

At the same time, we also have to nurture nursing talents in the Chinese medicine sector. I hope that the Administration can encourage more tertiary institutions to offer more Chinese medicine nursing courses in order to nurture Chinese medicine talents in Hong Kong, support the development of primary healthcare services, and provide a new career path for young people by developing the Chinese medicine nursing profession.

The Chinese medicine hospital in Hong Kong will not be commissioned until 2025. Before that, how can we enable local registered Chinese medicine practitioners to gain clinical experience? In late August last year, the Traditional Chinese Medicine Bureau of the Guangdong Province introduced a policy to promote exchanges in Chinese medicine between the Guangdong Province and Hong Kong, under which 10 Hong Kong Chinese medicine practitioners have been recruited on contract terms by seven selected pilot sites of public Chinese medicine healthcare institutions in Guangzhou, Shenzhen and Zhuhai. This initiative enables Hong Kong Chinese medicine practitioners to work in the country's healthcare system, and allows them, especially the young ones, to gain clinical experience by practising in public hospitals in the Guangdong-Hong Kong-Macao Greater Bay Area.

This initiative not only offers a new career path to local Chinese medicine practitioners, but also enables them to gain working experience within the country's healthcare system. If this pilot scheme turns out to be successful, the SAR Government should negotiate with the Mainland authorities for more places. Then, we may not only improve the local Chinese medicine services by reference to the country's advanced experience in the development of Chinese medicine, but also enhance the role of Chinese medicine services in the local primary healthcare.

Lastly, I believe that the development potential of Chinese medicine is huge in the local primary healthcare, and it is also worth promoting its use in the international community. In November last year, the Hong Kong Trade Development Council and the HKSAR Government jointly organized the inaugural Asia Summit on Global Health. I hope the SAR Government can play a more active role in taking our Chinese medicine sector onto the world stage and facilitating its participation in international summits.

I so submit. Thank you, President.

DR DENNIS LAM (in Cantonese): Thank you, President. First of all, I welcome and support Ms Chan Hoi-yan's motion on "Ten-year plan for primary healthcare".

Without health, everything else is nothing. However, it is very easy for us to take our health for granted when we are healthy. Only when we lose our health will we realize how valuable it is. We should never take our health for granted. Instead, we should take care of ourselves and make efforts to safeguard our health.

A few Members have cited today the old sayings that “prevention is better than cure” and “it is better to seek early treatment when one’s illness is minor”. Apparently, it is easier said than done. However, if we can do our part well in line with these old sayings, our healthcare services will be more cost-saving and more effective.

Primary healthcare is a very important but often overlooked aspect of healthcare services. In fact, it is absolutely an international trend to develop primary healthcare, which has also been strongly supported by the World Health Organization. There is actually still much room for further development in this area in Hong Kong. The funding for the Hospital Authority (“HA”) has increased considerably from \$41.3 billion in 2012-2013 to \$80.7 billion in 2021-2022. In the future, is it possible to allocate part of the resources to primary healthcare for facilitating a more vigorous and expeditious development in this area?

The Chief Executive has already advocated in her 2017 Policy Address the establishment of District Health Centres (“DHCs”) and DHC Express with a new mode of operation. After a few years, more than 10 of them are already in operation, with the aim of promoting primary healthcare and relieving the pressure on HA. The Secretary for Food and Health has just said a lot about the ongoing comprehensive review of primary healthcare services, as well as the governance structure which is of great importance. Furthermore, the development blueprint has put special emphasis on expanding the scope of medical-social collaboration. I am very pleased to see these new developments.

Why is the governance structure of such a great importance? It is because currently HA is not only the service provider but also the service regulator, that is to say, it is the same organization being tasked with managing the services as well. In fact, HA’s dual role in governance and supervision has been called into question. To enhance medical-social collaboration, some people from the medical sector and various non-governmental organizations may work together. Then we will have service provider on one side, and the Government will take up the regulatory role on the other side. Their roles will be clearly defined without any conflict. In this connection, I concur with the suggestion made by Dr WONG Yuen-shan just now. In addition to HA, is it possible to set up a Primary Healthcare Authority? These two organizations can share their work and interact with each other properly, so that these two important components of our healthcare system can complement each other.

I also support Mr Duncan CHIU's amendment. We need to make good use of technology because smart healthcare is our future. For example, we should enhance our development through online diagnosis and treatment, and a "health for all" online platform for healthcare monitoring at home.

Lastly, in order to make our primary healthcare development a success, firstly, the standard of our services is very important. Even if services are available, members of the public may not want to use them if they are not up to standard. In addition, I would like to stress four "As", namely availability, accessibility, affordability and acceptability. In fact, these four As involve many aspects. Take "affordability" as an example. We should bear in mind that we cannot sustain primary healthcare development if all the expenses are borne by us. We can only achieve sustainable development if the public and private sectors can complement each other and leverage each other's strengths to provide quality and widely acceptable services at the lowest cost.

President, I so submit.

MR KENNETH FOK (in Cantonese): Thank you, President. Hong Kong's healthcare system has been stretched to bursting point. In fact, this problem has existed for years. Making an appointment for general outpatient services is like scrambling for special deals which will be sold out in seconds, while patients in need of specialist services have to wait for years, and their minor illnesses may worsen to serious problems at any time. This is literally a nightmare for the grass roots who cannot afford the services of private doctors, giving rise to numerous social problems. In my view, it is necessary to implement the "ten-year plan for primary healthcare" as soon as possible by introducing short-, medium- and long-term measures to reduce inequality in our healthcare system.

In the short term, the problem can hardly be resolved without increasing services. Many Honourable colleagues have mentioned the use of the public-private partnership ("PPP") approach. While PPP can actually alleviate the pressure on public healthcare in the short run, it will at the same time guarantee the income of private clinics. More medical personnel in public hospitals may therefore wish to switch to private practice, thereby creating pressure on the consultation and administrative work of public hospitals.

I agree that Chinese medicine, which has been mentioned in the original motion as well as several amendments, is a viable option. Patients with some

minor illnesses can be diverted to Chinese medicine services. It also serves as a good opportunity to promote the internationalization of Chinese medicine services by collecting clinical data in a more systematic manner. The courses in Chinese medicine offered by three local universities, as well as Chinese medicine practitioners moving to Hong Kong from the Mainland to develop their career, are definitely useful resources for us to tap on.

In the medium to long term, as suggested in the original motion, the Government can actively consider setting health indicators and providing more practical measures to promote health and sports for all, such as “sports vouchers”, to encourage the public to develop an active and healthy lifestyle, thereby alleviating the burden on our healthcare system and reducing the chances of the grass roots losing their livelihoods due to illnesses.

In fact, exercise has also been internationally recognized as a way to prevent diseases, illnesses and pains. Since 2009, the Leisure and Cultural Services Department has been organizing an annual “Sport For All Day” with the slogan “Stay Active, Healthy and Happy!” to encourage the public to develop the habit of regular exercise. However, the effect of merely using such slogans to remind the public is really limited. In 2014-2015, 13% of people aged 18 or above were classified as physically inactive because they did not meet the World Health Organization’s recommended exercise levels. In 2018-2019, the percentage even rose to 16.8%, meaning that one in six adults were physically inactive. In view of this, the Government needs to provide more practical support and encouragement.

In order to promote community-wide participation in sports, it is necessary to strengthen the support of sports medicine. Sports medicine is not included in the current healthcare system. It is estimated that only a very small number of experts, including less than a few dozen orthopaedic surgeons and physiotherapists, specialize in this area. Nevertheless, the demand for sports medicine comes not only from athletes. Members of the general public may also need medical treatment for injuries sustained during exercises. The Government should strengthen the training and, more importantly, the accreditation of sports medicine personnel to provide continuing education opportunities for relevant healthcare professionals, so that members of the public can have access to appropriate treatment. The Government should also support the implementation of the five major policy objectives to support the development of the sports industry in Hong Kong.

There is indeed a pressing need to implement the “ten-year plan for primary healthcare”. The Government should not only focus on increasing healthcare resources, but should adopt a multi-pronged approach, particularly in promoting community-wide participation in sports, so as to eliminate inequality in our healthcare system.

Thank you, President. I so submit.

PRESIDENT (in Cantonese): Ms CHAN Hoi-yan, you may now speak on the amendments.

MS CHAN HOI-YAN (in Cantonese): Thank you, President. I would like to thank the seven Members again for their amendments to my original motion and some 25 Members for their speeches, which have enriched the debate today. I am going to express my views on the contents of the amendments below.

First of all, I hope Dr David LAM’s amendment would help further explain the concept of the promotion of health through primary healthcare. Dr LAM’s amendment mentions health indicators and I have been asking the Government to implement the proposal of extending the School Dental Care Service to secondary school students. I believe that these measures will help the public cultivate health awareness from an early age, and I express my support here.

In addition to the Government’s leadership, planning, coordination and provision of substantive services, the comprehensive implementation and promotion of primary healthcare definitely requires the participation of the public. So, no matter how sufficient and convenient the services are, if the public are indifferent and pay little attention to their physical conditions, it seems that primary healthcare will hardly be successful.

This also explains why I often say that primary healthcare is a concept of health for all. The Government must raise the health awareness of the public from various aspects and set health indicators to enable them to improve their health by changing unhealthy living habits. These health indicators can also set as standards to be followed by government departments, schools, enterprises, institutions, etc. in the long run to improve the working and learning environment. For example, the number of exercise hours per week can be used as an indicator for schools to make adjustments to lessons or activities. Cultivating students’ health awareness from an early age can reduce pressure on healthcare services.

Regarding the contents of the amendments, I have noticed that though Dr David LAM's amendment specifically proposes community-and-hospital partnership with family doctors and specialists jointly taking care of patients (i.e. "co-care"), it has deleted some measures proposed in my original motion, such as making optimal use of mobile clinics and setting up influenza triage clinics. Without these feasible measures, it will be difficult to tackle the crux of the problem and relieve the pressure on hospital services in a short time. Therefore, I have reservations about this deletion.

The amendments of Mr Kingsley WONG and Mr Edward LEUNG specifically mention expanding the screening programmes for major serious illnesses. I believe that this will help find potential patients with serious illnesses at an early stage, and also cultivate and educate the public to perform better health management through regular check-up, which will in turn help raise public awareness of their health.

I have also noticed that Mr Kingsley WONG's amendment mentions a number of specific measures to which I agree, but it deletes the proposal in my original motion about planning afresh the allocation of resources and manpower for healthcare services with an approach which is "more prevention-focused than treatment-oriented", and I have reservations about that. I must also take this opportunity to explain this concept. In fact, as regards the problem of "more treatment-oriented than prevention-focused" healthcare services in the past, the Government has admitted that and it has repeatedly mentioned that it will strive to turn around this situation. Nevertheless, I have heard some remarks that the hope of making healthcare services in the future "more prevention-focused than treatment-oriented" will mean reducing the allocation of resources in treatment services to a certain extent. I do not think this is a right and effective direction.

When we talk about planning afresh healthcare services, manpower and resources will be stretched. This does not mean that our healthcare system should ignore the development of specialty and inpatient services because in the face of an ageing population and the continued challenges of global infectious diseases, secondary and tertiary healthcare services in Hong Kong will still be of great importance in the next 10 to 20 years. For this reason, if we are to implement a ten-year plan to promote the development of primary healthcare, I think we cannot ignore the injection of resources for secondary and tertiary healthcare services. On top of these two aspects, we should inject additional resources in the development of primary healthcare services in order to avoid gaps in patient care or healthcare services. After all, it is difficult to establish a primary healthcare

service network in one step, so I think that it is a pragmatic and appropriate approach to implement the ten-year plan using a “more prevention-focused than treatment-oriented” approach.

As for Mr Tommy CHEUNG’s amendment, which proposes expediting the importation of non-locally trained doctors and healthcare workers, I personally believe that, regarding the development of primary healthcare, making good use of different healthcare and nursing professions and increasing the training of local doctors can get to the root of the problem. I agree in principle with a multi-pronged approach for increasing manpower in various healthcare professions.

Ms YUNG Hoi-yan’s amendment about enhancing community Chinese medicine services and Ms Judy CHAN’s amendment about making good use of physiotherapists are consistent with my original motion. Mr Duncan CHIU’s amendment mentions the concept of digital healthcare and proposes making good use of smart technology to improve the overall quality of healthcare services. I support these proposals.

I so submit. Thank you, President.

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, first of all, I would like to thank Members for their valuable and constructive views in the discussion just now, especially on the motion on “Ten-year plan for primary healthcare” moved by Ms CHAN Hoi-yan, and I am also grateful to other Members for their proposed amendments.

As I have mentioned in my opening speech, our public healthcare system is facing a very big challenge, and we estimate that the number of chronically-ill patients will increase to 3 million. The top priority of the current-term Government is to develop primary healthcare, and we must focus our efforts on prevention. This is an investment, and hopefully we can prepare for the rainy days and strengthen the first line of defence in healthcare. A well-developed primary healthcare system can act as a gatekeeper for secondary healthcare services, allowing the public to receive the most appropriate healthcare services in the ongoing healthcare process, enhancing the quality of public health as well as reducing the pressure on public hospital services.

Just now, Ms CHAN Hoi-yan reminded us that although we must inject additional resources in primary healthcare services, we should not neglect

secondary and tertiary services because we understand the importance of these services in the face of an ageing population and the prevalence of chronic diseases.

The Food and Health Bureau (“FHB”) has embarked on a comprehensive review of primary healthcare services and the planning of the governance structure, with a view to formulating a blueprint for the sustainable development of primary healthcare services in Hong Kong. I would like to give a focused response to the suggestions made by Members.

A number of Members have mentioned the waiting time. At present, the waiting time for Hospital Authority (“HA”) services is excessively long; and there is a shortage of healthcare manpower, which needs to be increased. There are two main reasons for the long waiting time for HA services: (1) there are many patients, our population is ageing and many patients have chronic diseases; (2) we do not have an effective primary healthcare mechanism or system to act as a gatekeeper for patients yet, leading to the excessively long waiting time for specialist outpatient services. Thus, we are now committed to performing a good gate-keeping role in the development of primary healthcare provided by local private doctors, especially family doctors.

The second point concerns manpower, which consists of two main aspects. First, there is a shortage of manpower. Thus, we will step up our efforts in different areas, whether it is to increase the number of non-locally trained doctors or degree places, or to employ other ways to retain manpower. The other aspect is training. In particular, if we need to vigorously promote the development of primary healthcare, we must provide more training in this regard and attract healthcare personnel to join primary healthcare services.

Mr Tommy CHEUNG’s amendment and a number of Members have mentioned that we should make good use of allied health professionals to reduce the workload of frontline healthcare workers. I have also mentioned that according to the new round of manpower projection, the medium-to-long-term supply of Chinese medicine practitioners, pharmacists, occupational therapists, and so on, is adequate. However, the Chief Executive has actually mentioned in the 2021 Policy Address that we need to strengthen the role of other healthcare professionals in our healthcare system. Therefore, FHB will follow up with the statutory boards and committees of various healthcare professions on a number of recommendations in the Report of Strategic Review on Healthcare Manpower Planning and Professional Development published in 2017, including amending the legislation to allow exemption from referrals by doctors so that the public can

choose to directly receive allied health services, such as physiotherapy and occupational therapy, to avoid delay in treatment.

Several Members have mentioned the proposal of establishing a third medical school. The Government has been actively increasing the number of medical training places in the two local medical schools from 250 per year in the 2008-2009 academic year to the current 530, representing an increase of more than 100%. We also plan to further increase the number of University Grants Committee-funded medical training places in the next triennium.

As for Mr Edward LEUNG's proposal to study the establishment of a third medical school, since it takes time to set up a new medical school, which includes planning and building teaching facilities as well as recruiting teaching staff, it will not help solve the manpower shortage of doctors in the short term. On the contrary, we believe that with the past legislative amendments, opening up a new avenue for special registration to bring in qualified non-locally trained doctors is a more appropriate and flexible approach to deal with the manpower shortage of doctors.

A number of Members have mentioned that if the Government wants to develop primary healthcare or the existing primary healthcare services, there is still room for integration in terms of coordination, long-term planning and service consolidation. As I have mentioned in my speech earlier, we will have a blueprint for the development of primary healthcare. Apart from the five major directions I mentioned earlier, the blueprint will review public primary healthcare services, especially the positioning of general outpatient services, and focus on providing services for low-income and disadvantaged groups, as well as providing sustainable primary healthcare services, including, of course, management of chronic diseases which is very important. Later on, we will present a primary healthcare blueprint that sets out our thoughts and plans. We will make strategic use of private healthcare resources to share the pressure of the public healthcare system. In the process of studying the launch of more public-private partnership projects, we will introduce the concept of strategic procurement, as mentioned by Dr WONG Yuen-shan earlier. In other words, we will consider factors such as cost-effectiveness and funding levels and select the most cost-effective service option. Of course, if the services provided through public-private partnership are the same as public services but cost more and require the same or a higher level of public funding, public services will be an option of higher cost-effectiveness and the relevant services will then continue to be provided through the public system.

Dr Dennis LAM has mentioned a point on management structure which I agree is very important; and some Members asked whether a primary healthcare authority would be established or a dedicated officer would be assigned to promote this area of work. The Government believes it is necessary, but of course, we will leave the questions of whether the authority will be named Primary Healthcare Authority and what kind of structure it will be to our study. However, we agree that if we want to focus on promoting the development of primary healthcare and evaluate and improve the services immediately, we need a dedicated department to handle the work.

Several Members have mentioned their views on the Elderly Health Care Vouchers (“EHVs”), and I understand their concerns. We will strive to ensure that the resources allocated to EHVs are used properly; and apart from considering the effects on public finance, we must also ensure that the Scheme can highlight and promote appropriate adjustments to primary healthcare. Under the framework of the primary healthcare development blueprint, we will regulate the use of EHVs, including designating a portion of the voucher amount for specified purposes in primary healthcare; requiring the elderly to register the primary healthcare doctor of their choice as their family doctor; treating the use of vouchers by family doctors as use for specified purposes; and introducing the concept of co-payment for use for non-specified purposes. We hope that the elderly can make good use of EHVs. I thank Members for their suggestions, which will be considered in our study and review of EHVs.

A number of Members, including Mr CHAN Kin-por, hope that we can enhance disease prevention and control under the primary healthcare system. Disease prevention and control is very important and non-communicable diseases cause people to suffer from poor health. Therefore, in 2018, we published the “Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong”, which set nine targets, including maintaining a healthy diet, increasing physical activity, reducing the harmful effects of alcohol and smoking, and consolidated the problems brought to the healthcare system. We have also adopted some measures and actions to achieve these targets.

Mr Kingsley WONG has mentioned the work on prevention and control of various types of cancer, while Ms Maggie CHAN and Mr CHAN Hok-fung specifically have raised issues of women health or gynaecological health and screening. The Government has already attached great importance to this area of work. The Cancer Coordinating Committee was established as early as 2001, and

a number of experts and our colleagues are responsible for formulating cancer prevention and control strategies as well as supervising cancer prevention, screening, monitoring, research and treatment. Therefore, from the perspective of public health, when the Government examines whether screening should be introduced for a particular type of cancer, we will make some assessments, including the prevalence of that type of cancer in Hong Kong, the accuracy and safety of screening, and the cost-effectiveness of screening in reducing the incidence and mortality rates. Based on the above principles, the Government implemented the Cervical Screening Programme and the Colorectal Cancer Screening Programme, and launched in September 2021 a two-year Breast Cancer Screening Pilot Programme.

In respect of the development of Chinese medicine, I have heard many Members say that they are very concerned about it and hope that the Government can do more in this regard. Ms YUNG Hoi-yan has proposed strengthening the development of Chinese medicine in her amendment, which shows that the development of Chinese medicine services is of great concern to all. Apart from the Chinese Medicine Hospital (“CMH”) that I have mentioned, I would like to mention in particular that CMH is led by Chinese medicine practitioners and there are 18 Chinese Medicine Clinics cum Training and Research Centres, as well as the integrated Chinese-Western Medicine inpatient services within HA and the \$500 million Chinese Medicine Development Fund to tie in with the policy direction of the long-term development of Chinese medicine. In Hong Kong’s District Health Centres (“DHCs”), Chinese medicine practitioners will help patients with stroke, lower back pain and knee degeneration by providing acupuncture and acupressure treatment according to their needs. DHCs are working together with the Chinese Medicine Clinics cum Training and Research Centres to introduce pilot Tianjiu treatment services.

Members have suggested making more use of technology in healthcare or primary healthcare. Mr Duncan CHIU’s amendment proposes that the Government should make good use of technology. In terms of data and technology application, HA has already set up a platform for big data analysis, which hopefully will be more flexible and interactive. HA and its scientific research team can analyse the data in a secured and controlled manner, and we will continue to promote this area of work.

Another area of our work concerns the Electronic Health Record Sharing System (“eHealth”). So far, more than 4.6 million people have participated in eHealth, representing almost 60% of Hong Kong’s population. With the gradual completion of Stage Two of eHealth, the scope and Patient Portal of eHealth will

be expanded, and the functions and coverage of eHealth will also be enhanced and expanded. Some Members have just asked whether Chinese medicine practitioners can use eHealth. In fact, we plan to make eHealth accessible to Chinese medicine practitioners in 2022, probably the first quarter of this year.

Under the framework of the primary healthcare development blueprint, we will explore the construction and consolidation of a population health database in Hong Kong, so that we can assess the health information and data of Hong Kong people through big data, and we can formulate healthcare policies based on evidence.

I will quickly talk about dental services. There is a great demand for dental services, as mentioned by a number of Members, and the Government understands the keen demand for dental services from Members and the public. We believe that proper oral health habits are keys to prevent dental diseases effectively. Therefore, the Government's policy on dental care seeks to raise public awareness of oral hygiene and oral health through publicity and education, so that they can grasp the knowledge of oral health and develop good dental care habits as early as possible, starting from childhood, in the hope that they can continue to protect their teeth on their own after they have proceeded to secondary schools. Of course, there are other groups, including the elderly. Apart from the programmes under the Community Care Fund, the elderly can also use the vouchers under the Elderly Health Care Voucher Scheme to receive private dental services.

President, my last point concerns the primary healthcare development blueprint, which I have mentioned earlier. I would like to thank Members again for their valuable and constructive views on this motion. We will continue to promote various measures to enhance primary healthcare services in Hong Kong and alleviate the pressure on the public healthcare system, and provide support in terms of resources as appropriate. We will publish a blueprint for the sustainable development of primary healthcare in Hong Kong in the current-term Government. By then, we will put forward more detailed proposals and targets in the five major directions of service integration, strengthening regulation, improving resource utilization, planning on increasing manpower and training, and enhancing health surveillance and sharing of health record, with a view to building a primary healthcare system that can enhance the health of the entire population and improve the quality of life of the public. I look forward to having more opportunities to exchange views with Members on this subject and listen to their valuable opinions.

Thank you, President.

PRESIDENT (in Cantonese): I now call upon Mr Kingsley WONG to move an amendment.

MR KINGSLEY WONG (in Cantonese): President, I move my amendment.

The amendment moved by Mr Kingsley WONG (See the marked-up version at Appendix 2)

PRESIDENT (in Cantonese): I now propose the question to you and that is: That the amendment moved by Mr Kingsley WONG be passed.

PRESIDENT (in Cantonese): I now put the question to you as stated. Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(No hands raised)

Mr CHAN Hak-kan rose to claim a division.

PRESIDENT (in Cantonese): Mr CHAN Hak-kan has claimed a division. The division bell will ring for five minutes.

PRESIDENT (in Cantonese): Members please be reminded to press the “Point of Order” button if you wish to claim a division.

PRESIDENT (in Cantonese): Will Members please proceed to vote.

PRESIDENT (in Cantonese): Will Members please check their votes. If there are no queries, voting shall now stop and the result will be displayed.

Election Committee Constituency:

Dr Priscilla LEUNG, Mr Paul TSE, Mr MA Fung-kwok, Ms Alice MAK, Dr Junius HO, Ms YUNG Hoi-yan, Mr LUK Chung-hung, Ir LEE Chun-keung, Dr CHOW Man-kong, Mr LAM Chun-sing, Prof Nelson LAM, Dr Dennis LAM, Mr Andrew LAM, Dr Wendy HONG, Prof SUN Dong, Ms CHAN Yuet-ming, Mr CHAN Pui-leung, Ms Judy CHAN, Ms Maggie CHAN, Ir CHAN Siu-hung, Mr Benson LUK, Mr Kingsley WONG, Revd Canon Peter Douglas KOON, Mr TANG Fei, Mr LAI Tung-kwok, Prof LAU Chi-pang, Ms Carmen KAN and Dr TAN Yueheng voted for the amendment.

Ms Elizabeth QUAT, Mr CHEUNG Kwok-kwan, Dr Johnny NG, Ms Nixie LAM, Mr Rock CHEN, Ms CHAN Hoi-yan, Ms Lillian KWOK and Dr WONG Yuen-shan abstained.

Functional Constituencies:

Mr Tommy CHEUNG, Mr Jeffrey LAM, Mr KWOK Wai-keung, Ir Dr LO Wai-kwok, Mr Jimmy NG, Mr SHIU Ka-fai, Mr CHU Kwok-keung, Mr Robert LEE, Dr TIK Chi-yuen, Mr CHAU Siu-chung, Dr David LAM, Mr LAM San-keung, Mr Dennis LEUNG, Mr Sunny TAN, Mr Kenneth FOK, Mr Louis LOONG and Mr YIM Kong voted for the amendment.

Mr CHAN Kin-por, Mr Steven HO, Mr Martin LIAO, Mr CHAN Chun-ying, Mr Tony TSE, Mr Duncan CHIU, Mr YIU Pak-leung, Mr CHAN Yung, Mr Kennedy WONG and Mr Edmund WONG abstained.

THE PRESIDENT, Mr Andrew LEUNG, did not cast any vote.

Geographical Constituencies:

Mrs Regina IP, Mr Dominic LEE, Mr Stanley NG, Ms LAM So-wai, Ms Joephy CHAN, Ir Gary ZHANG, Mr YANG Wing-kit and Mr TANG Ka-piu voted for the amendment.

Ms Starry LEE, Mr CHAN Hak-kan, Mr CHAN Han-pan, Mr Holden CHOW, Mr LAU Kwok-fan, Mr Vincent CHENG, Mr Stanley LI, Mr LEUNG Man-kwong, Mr Edward LEUNG, Mr CHAN Hok-fung and Mr NGAN Man-yu abstained.

THE PRESIDENT announced that among the Members returned by the Election Committee, 36 were present, 28 voted in favour and 8 abstained; while among the Members returned by functional constituencies and geographical constituencies, 47 were present, 25 voted in favour and 21 abstained. Since the question was agreed by a majority of each of the two groups of Members present, he declared the amendment passed.

MS STARRY LEE (in Cantonese): President, I move that in the event of further divisions being claimed in respect of the motion on “Ten-year plan for primary healthcare” or any amendments thereto, this Council do proceed to each of such divisions immediately after the division bell has been rung for one minute.

PRESIDENT (in Cantonese): I now propose the question to you and that is: That the motion moved by Ms Starry LEE be passed.

PRESIDENT (in Cantonese): I now put the question to you as stated. Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(No hands raised)

PRESIDENT (in Cantonese): I think the question is agreed by a majority of each of the two groups of Members present, that is, those returned by the Election Committee and those returned by functional constituencies and geographical constituencies.

I declare the motion passed.

I order that in the event of further divisions being claimed in respect of the motion concerned or any amendments thereto, this Council do proceed to each of such divisions immediately after the division bell has been rung for one minute.

PRESIDENT (in Cantonese): Members have been informed that as Mr Kingsley WONG's amendment has been passed, Ms Judy CHAN and Ms YUNG Hoi-yan will not move their amendments.

PRESIDENT (in Cantonese): Mr Edward LEUNG, as Mr Kingsley WONG's amendment has been passed, you may move your further amendment.

MR EDWARD LEUNG (in Cantonese): President, I move my further amendment.

The further amendment moved by Mr Edward LEUNG (See the marked-up version at Appendix 3)

PRESIDENT (in Cantonese): I now propose the question to you and that is: That Mr Edward LEUNG's further amendment be passed.

PRESIDENT (in Cantonese): I now put the question to you as stated. Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(No hands raised)

PRESIDENT (in Cantonese): I think the question is agreed by a majority of each of the two groups of Members present, that is, those returned by the Election Committee and those returned by functional constituencies and geographical constituencies.

I declare the amendment passed.

PRESIDENT (in Cantonese): Dr David LAM, as the amendments of Mr Kingsley WONG and Mr Edward LEUNG have been passed, you may move your further amendment.

DR DAVID LAM (in Cantonese): President, I move my further amendment.

The further amendment moved by Dr David LAM (See the marked-up version at Appendix 4)

PRESIDENT (in Cantonese): I now propose the question to you and that is: That Dr David LAM's further amendment be passed.

PRESIDENT (in Cantonese): I now put the question to you as stated. Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(No hands raised)

PRESIDENT (in Cantonese): I think the question is agreed by a majority of each of the two groups of Members present, that is, those returned by the Election Committee and those returned by functional constituencies and geographical constituencies.

I declare the amendment passed.

PRESIDENT (in Cantonese): Mr Tommy CHEUNG, as the amendments of Mr Kingsley WONG, Mr Edward LEUNG and Dr David LAM have been passed, you may move your further amendment.

MR TOMMY CHEUNG (in Cantonese): President, I move my further amendment.

The further amendment moved by Mr Tommy CHEUNG (See the marked-up version at Appendix 5)

PRESIDENT (in Cantonese): I now propose the question to you and that is: That Mr Tommy CHEUNG's further amendment be passed.

PRESIDENT (in Cantonese): I now put the question to you as stated. Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(No hands raised)

PRESIDENT (in Cantonese): I think the question is agreed by a majority of each of the two groups of Members present, that is, those returned by the Election Committee and those returned by functional constituencies and geographical constituencies.

I declare the amendment passed.

PRESIDENT (in Cantonese): Mr Duncan CHIU, as the amendments moved by Mr Kingsley WONG, Mr Edward LEUNG, Dr David LAM and Mr Tommy CHEUNG have been passed, you may move your further amendment.

MR DUNCAN CHIU (in Cantonese): President, I move my further amendment.

The further amendment moved by Mr Duncan CHIU (See the marked-up version at Appendix 6)

PRESIDENT (in Cantonese): I now propose the question to you and that is: That Mr Duncan CHIU's further amendment be passed.

PRESIDENT (in Cantonese): I now put the question to you as stated. Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(No hands raised)

PRESIDENT (in Cantonese): I think the question is agreed by a majority of each of the two groups of Members present, that is, those returned by the Election Committee and those returned by functional constituencies and geographical constituencies.

I declare the amendment passed.

PRESIDENT (in Cantonese): Ms CHAN Hoi-yan, you still have 58 seconds to reply. Then, the debate will come to a close.

MS CHAN HOI-YAN (in Cantonese): After these two years of the epidemic, if we ask people what the most important thing in life is, I believe many will answer that health is the most important. Population ageing is obviously becoming more and more aggravated, and after these two years, we are still facing the fifth wave of the epidemic today, forcing the suspension of a large number of non-emergency hospital services, and thus resulting in postponed follow-up consultations and delayed treatment. Under these circumstances, the importance for Hong Kong to build a primary healthcare network is even more evident.

I would also like to take this opportunity to thank the frontline staff and healthcare workers who remain steadfast in their duties to fight the epidemic for us. Although this motion on the "Ten-year plan for primary healthcare" is a motion with no legislative effect, I hope the Government will attach importance to

the same voice of Members from different sectors, political parties and groupings and professions in this Council over the past four hours, saying that primary healthcare is very important. Therefore, I implore the Government to expeditiously formulate a “ten-year plan for primary healthcare” to reduce the chance of patients being hospitalized for serious illnesses, so that Hong Kong people can live a healthier life.

I so submit. Thank you, President.

PRESIDENT (in Cantonese): I now put the question to you and that is: That the motion moved by Ms CHAN Hoi-yan, as amended by Mr Kingsley WONG, Mr Edward LEUNG, Dr David LAM, Mr Tommy CHEUNG and Mr Duncan CHIU, be passed. Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(No hands raised)

PRESIDENT (in Cantonese): Ms CHAN Hoi-yan has claimed a division. The division bell will ring for one minute.

PRESIDENT (in Cantonese): Will Members please proceed to vote.

PRESIDENT (in Cantonese): Will Members please check their votes. If there are no queries, voting shall now stop and the result will be displayed.

Election Committee Constituency:

Dr Priscilla LEUNG, Mr Paul TSE, Mr MA Fung-kwok, Ms Alice MAK, Ms Elizabeth QUAT, Dr Junius HO, Ms YUNG Hoi-yan, Mr CHEUNG Kwok-kwan, Mr LUK Chung-hung, Ms Doreen KONG, Ir LEE Chun-keung, Dr Johnny NG, Dr CHOW Man-kong, Mr LAM Chun-sing, Ms Nixie LAM, Prof Nelson LAM, Dr Dennis LAM, Mr Andrew LAM, Dr Wendy HONG,

Prof SUN Dong, Ms CHAN Yuet-ming, Mr Rock CHEN, Mr CHAN Pui-leung, Ms Judy CHAN, Ms Maggie CHAN, Ir CHAN Siu-hung, Ms CHAN Hoi-yan, Ms Lillian KWOK, Mr Benson LUK, Dr WONG Yuen-shan, Mr Kingsley WONG, Revd Canon Peter Douglas KOON, Mr TANG Fei, Mr LAI Tung-kwok, Prof LAU Chi-pang, Ms Carmen KAN, Dr TAN Yueheng and Mr SO Cheung-wing voted for the motion as amended.

Functional Constituencies:

Mr Tommy CHEUNG, Mr Jeffrey LAM, Mr CHAN Kin-por, Mr Steven HO, Mr KWOK Wai-keung, Mr Martin LIAO, Ir Dr LO Wai-kwok, Mr Jimmy NG, Mr SHIU Ka-fai, Mr CHAN Chun-ying, Mr Tony TSE, Mr CHU Kwok-keung, Mr Robert LEE, Dr TIK Chi-yuen, Dr David LAM, Mr LAM San-keung, Mr Duncan CHIU, Mr YIU Pak-leung, Mr Dennis LEUNG, Mr CHAN Yung, Mr Sunny TAN, Mr Kennedy WONG, Mr Edmund WONG, Mr Kenneth FOK, Mr Louis LOONG and Mr YIM Kong voted for the motion as amended.

Mr CHAU Siu-chung abstained.

THE PRESIDENT, Mr Andrew LEUNG, did not cast any vote.

Geographical Constituencies:

Ms Starry LEE, Mr CHAN Hak-kan, Mrs Regina IP, Mr CHAN Han-pan, Mr Holden CHOW, Mr LAU Kwok-fan, Mr Vincent CHENG, Mr Stanley LI, Mr Dominic LEE, Mr Stanley NG, Ms LAM So-wai, Mr LEUNG Man-kwong, Mr Edward LEUNG, Ms Joephy CHAN, Mr CHAN Hok-fung, Ir Gary ZHANG, Mr YANG Wing-kit, Mr TANG Ka-piu and Mr NGAN Man-yu voted for the motion as amended.

THE PRESIDENT announced that among the Members returned by the Election Committee, 38 were present and 38 voted in favour; while among the Members returned by functional constituencies and geographical constituencies, 47 were present, 45 voted in favour and 1 abstained. Since the question was agreed by a majority of each of the two groups of Members present, he declared the motion as amended passed.

NEXT MEETING

PRESIDENT (in Cantonese): Honourable Members, this is the last meeting before the Year of the Tiger. I wish Hong Kong will be like a strong and powerful tiger in the Year of the Tiger, with a prompt victory over the epidemic and an early resumption of quarantine-free travel. I wish the people of Hong Kong good health and happiness and the industries prosperity. I also wish Members smooth progress in your work and peace be with you and your families.

PRESIDENT (in Cantonese): I now adjourn the Council until 11:00 am on Wednesday, 16 February 2022.

Adjourned accordingly at 4:54 pm.

LEGCO QUESTION NO. 7

(Written Reply)

Asked by Hon CHAN Hak-kan

Date of meeting : 26 January 2022

Replied by : Secretary for Development

Reply

President,

Site 3 of the New Central Harbourfront (Site 3) is a sizeable premier commercial site in the core business district in Central. Coupled with its prime harbourfront location, the integrated development will benefit Hong Kong both economically and socially. The Government's vision is for Site 3 to become a new landmark for Hong Kong, setting a benchmark for people-centric design with emphases on sustainable and urban design considerations as well as integration with the surroundings. In this connection, the Government adopted a two-envelope tender process for Site 3 whereby tenderers' proposals were evaluated on the basis of design merits and premium offers so that the proposal achieving the best combination of both could be selected. Equal weighting for premium and non-premium proposals, i.e. 50:50, was adopted in this two-envelope approach. Site 3's tender period ran from 18 December 2020 to 18 June 2021. The Development Bureau (DEVB) announced the tender result on 3 November 2021, and disclosed further tender information on 8 December 2021.

My reply to the question raised by the Hon CHAN Hak-kan is as follows:

- (1) According to the information provided by the Transport and Housing Bureau, neither the four government members of the MTR Corporation Limited (MTRCL) Board (namely the Secretary for Financial Services and the Treasury, the Secretary for Transport and Housing, the Permanent Secretary for Development (Works) and the Commissioner for Transport) nor their alternate directors have participated in the discussion or voting of the MTRCL Board on tendering for Site 3.
- (2) The Government attaches great importance to the fair and impartial conduct of the tender exercise. The Planning and Lands Branch of the DEVB was

responsible for tender invitation and tender assessment. A Tender Assessment Panel (TAP) was formed comprising designated public officers, who were subject to rigorous declaration of interests requirements. They were prohibited from disclosing any confidential information they came across in the TAP to any party outside the TAP. None of the four government members of the MTRCL Board mentioned above or their alternate directors was a member of the TAP.

As the development of Site 3 has to complement with the land use for railways and public utilities facilities in the vicinity, when preparing the design requirements of Site 3 in the early years, the Government had to communicate with the MTRCL and relevant public utilities on the technical issues involved, including the relevant underground connection. In the report for the “Urban Design Study for the New Central Harbourfront” issued in 2011, the Government had already recommended providing an underground connection at Site 3 to MTR Central Station. A gazette under the Roads (Works, Use and Compensation) Ordinance was published in November 2017 accordingly to announce the arrangement about the connection. During the tendering process, all tender requirements and site details (including the underground connection and other issues related to railway and public utilities facilities) were also set out in the tender documents, and made known to the public. Besides, in case any potential tenderers requested further information from the Government, and where the Government agreed to provide such information, the information would be announced publicly so that they would be known to other tenderers. We consider that the relevant tender arrangements could effectively ensure that no individual tenderer has unfair advantage over the others.

- (3) As mentioned in the previous paragraphs, an internal mechanism has been put in place to guard against conflict of interests and to effectively ensure the transparency and fairness in the provision of information to all tenderers participating in Government land sale. There is no impropriety in the tender exercise for Site 3.

LEGCO QUESTION NO. 8

(Written Reply)

Asked by : Hon YANG Wing-kit

Date of meeting : 26 January 2022

Replied by : Secretary for Labour and Welfare

Reply

President,

Immediately after the suspected child abuse incident occurred in the Children's Residential Home (CRH) under the Hong Kong Society for the Protection of Children (HKSPC), the Government has taken a series of follow-up actions. Given that investigation of the incident is still underway by the law enforcement and regulatory agencies with the possibility of taking further actions, and that some cases have commenced the judicial proceedings, the Government is not in a position to disclose information on the specific incident in detail.

My reply to the Member's question is as follows:

- (1) The CRH under HKSPC is a residential child care centre (RCCC) and registered under the Child Care Services Ordinance (Cap. 243) which
- (3) must be operated in accordance with the relevant statutory requirements and the regulations stipulated by the "Operation Manual for Pre-primary Institutions". To monitor and ensure RCCCs' compliance with the relevant statutory requirements on an ongoing basis, the Social Welfare Department (SWD) conducts surprise inspections during daytime and night-time at every RCCC from time to time, and at a higher frequency depending on individual RCCC's condition.

In December 2021, staff of CRH were suspected to have abused the children at the service unit. The Police promptly commenced investigation, arrested the staff involved and initiated prosecution against them. SWD also took a series of immediate follow-up actions to ensure

that the operation of CRH is in compliance with the need to protect children and upholding of service standards. Upon HKSPC's report on 21 December 2021, SWD immediately asked HKSPC to report to the Police and assisted HKSPC to admit the children involved to hospitals for checking. SWD also sent a multi-disciplinary professional team, comprising clinical psychologists, nurses, social workers etc., to investigate and inspect CRH's operation, check the relevant work records, and observe the behavioural, health and emotional conditions of the 70 children at CRH one by one, so as to ascertain that their conditions were stable. Subsequently, SWD met with the Executive Committee and senior management of HKSPC to express grave concern about the incident, listened to HKSPC's report on the incident and follow-up actions, and asked HKSPC to take corresponding enhancement measures in the supervision and monitoring of frontline staff to ensure children at CRH are well taken care of.

In tandem, case social workers will continue to assess the family situation, risk factors and needs of the children to formulate suitable welfare plans for them. Social workers will also visit the children regularly and maintain a close liaison with their family members and staff of CRH to understand their situation and the views of their parents, in order to ensure that the children are provided with proper care. SWD conducted daily surprise inspections at CRH in different intervals to continuously evaluate whether CRH fulfils the relevant statutory requirements and service quality standards. SWD also urged HKSPC to implement appropriate measures immediately to ensure that the operation of CRH meets the relevant requirements.

Starting from 17 January 2022, SWD has deployed a designated team, comprising social workers, nurses and personnel with experience in supervising child care centres, to station at CRH every day and closely monitor its daily operation on the ground, in order to ensure that its operation satisfies the required service standards and that effective improvement measures have been put in place to safeguard the proper care of children. The designated team will operate until CRH's improvement measures and operation situation satisfy SWD's requirements.

SWD had issued warning letters and written notice to HKSPC for improvement plans regarding the incident and asked HKSPC to submit a review report to SWD on or before 25 January 2022, including a review of its internal management mechanism and continuous supervision of the conduct of the staff members etc., so as to avoid similar incidents from recurring in the future. SWD has just received the report on 25 January, and would examine it in detail before devising further actions. Depending on the content of the Report and the outcome of the investigation, SWD may take statutory regulatory actions where necessary. Besides, if the Director of Social Welfare considers that a child care worker is no longer suitable to take up child care work, he may remove the name of the person concerned from the register.

- (2) To fulfil the relevant requirements of the Funding and Service Agreement, all subvented welfare service units shall submit reports regularly according to the Service Performance Monitoring System, including the requirements of basic service, service quality standards and service volume/service effectiveness standards, formulating effective complaint handling mechanism, and taking all reasonable steps to ensure that service users are free from abuse. Furthermore, SWD, together with relevant bureaux and departments, non-government organisations and relevant professionals, have jointly drawn up the “Protecting Children from Maltreatment – Procedural Guide for Multi-disciplinary Co-operation” for different professionals’ reference in taking necessary actions for suspected child maltreatment cases. SWD is conducting a comprehensive review on the monitoring mechanism of CRH and follow up multiple actions, including strengthening continuous staff training, stepping up inspections, improving guidelines, enhancing staff’s knowledge and sensitivity in handling suspected child maltreatment cases, and inviting independent individuals to visit service units, etc.
- (4) The Chief Executive announced in her 2021 Policy Address that the Government would take forward the legislative work on a mandatory reporting mechanism for child abuse cases. Practitioners in the professions subject to mandatory reporting obligations would receive appropriate training to enhance their capacity for early identification and handling of child abuse cases. The Government’s target is to introduce the bill into the Legislative Council in the first half of 2023. The

Government is also considering how to take forward recommendations in the Law Reform Commission's Report on "Causing or allowing the death or serious harm of a child or vulnerable adult" published in September 2021.

LEGCO QUESTION NO. 9

(Written Reply)

Asked by Hon Tony TSE

Date of meeting : 26 January 2022

Replied by : Secretary for Development

Reply

President,

To meet the demand for construction professional services arising from the upcoming major infrastructure development, the Government, together with post-secondary education institutions, the Construction Industry Council (CIC) and other training institutions as well as the construction industry, will continue to adopt a multi-pronged approach in ensuring an adequate supply of talents, including enhancement of training; government support through the Construction Innovation and Technology Fund in promoting the use of innovation and technology to enhance the overall productivity of the construction industry.

Regarding the four parts of the question raised by the Hon Tse Wai-chuen, upon consultation with the Education Bureau and the Labour and Welfare Bureau we provide a coordinated reply as follows:

- (1) For training of professional and skilled talents for the architectural, surveying, planning and landscape (ASPL) disciplines in Hong Kong, the actual intake of relevant undergraduate and taught postgraduate (TPg) programmes funded by the University Grants Committee (UGC) in the academic years from 2017/18 to 2021/22 are set out in **Annex 1**.

As regards other ASPL related non-UGC-funded full-time locally-accredited sub-degree, first-year-first-degree, top-up degree, and TPg programmes, the actual intake in the academic years from 2017/18 to 2020/21 are set out in **Annex 2**.

- (2) The CIC regularly conducts manpower forecast for the construction industry, including projected demand and supply for professionals, skilled talents and workers. The CIC is updating the relevant forecast. Initial feedback from industry stakeholders on the manpower supply and demand situation gauged by the CIC recently reveals a keen demand in certain disciplines of professionals and skilled talents.

CIC would, with due regard to the update on manpower forecast, liaise with relevant government policy bureaux, various post-secondary education institutions and training institutions with an aim to jointly provide sufficient training for the professionals and skilled talents required by the construction industry.

Apart from training, we actively promote the industry to adopt innovative technologies to enhance the overall productivity of the construction industry through the \$1 billion Construction Innovation and Technology Fund (CITF) to meet the future manpower demand. In operation for more than three years, the CITF has gradually achieved notable effect. By the end of 2021, the CITF has approved more than \$570 million, subsidising over 830 enterprises to adopt the Modular Integrated Construction, Building Information Modeling and other advanced construction technologies, and about 11 000 technology related training places for construction professionals, skilled talents and other practitioners.

- (3) Government policy bureaux would keep in touch with the relevant industry organisations to understand the manpower demand situation of their respective sectors. Through the CIC, the Development Bureau would regularly communicate with professional institutions, trade associations, contractors' associations and trade unions related to the construction industry to understand the development needs, the manpower supply and demand and training needs for various professionals and skilled talents. The CIC would also gauge the views of various industry stakeholders in the process of conducting manpower forecast.
- (4) Under the current triennial planning mechanism of the UGC-funded universities, Education Bureau would only determine the approved student number targets by university and study level. Apart from the education and healthcare disciplines, it does not specify the student number targets for individual disciplines nor programmes. Universities enjoy substantial autonomy to flexibly deploy their recurrent grants, which are allocated in the form of a block grant, to determine the programmes to be offered and the allocation of student places among different disciplines, including those related to ASPL. The current mechanism ensures that universities may make use of their funding flexibly and respond to the different sectors' demand for talents in a timely manner.

In the course of the triennium planning exercises, the Development Bureau has reflected the industry's higher education demand for professionals and skilled talents in the next few years, including the consideration that the expenditure of capital works programme will maintain at a high level thus creating a continuous demand for talents in the relevant disciplines including ASPL and engineering. UGC-funded universities will review their existing programmes, introduce new ones and retire obsolete ones with reference to the advice on manpower demand for specific sectors provided by relevant bureaux/departments as well as the

future trends of the society. This is to ensure that the higher education sector could continuously nurture talents for Hong Kong's development.

As regards the self-financing post-secondary education sector, under the principle of institutional autonomy, self-financing institutions similarly have the flexibility to develop programmes that meet market needs and adjust the intake places of relevant programmes.

**Actual Intake of UGC-funded Undergraduate (Ug) and taught postgraduate (TPg)
Programmes Related to ASPL
in the 2017/18 to 2021/22 Academic Years**

University	Level of study	Programme Name	2017/18	2018/19	2019/20	2020/21	2021/22
City University of Hong Kong	Ug	Department of Architecture and Civil Engineering (options: BEng Architectural Engineering, BEng Civil Engineering, BSc Surveying)	123	122	123	27	85
		Bachelor of Engineering in Architectural Engineering	-	-	-	12	1
		Bachelor of Science in Surveying	1	3	1	28	-
The Chinese University of Hong Kong	Ug	B.S.Sc. in Architectural Studies	40	36	35	30	49
		B.S.Sc. in Urban Studies	22	21	23	17	23
	TPg	Master of Architecture	39	40	40	40	40
The Hong Kong Polytechnic University	Ug	BSc (HONS) SCHEME IN BUILDING & REAL ESTATE	84	86	116	113	112
		BEng (HONS) BUILDING SERVICES ENGINEERING	31	34	34	29	32
		BSc (HONS) LAND SURVEYING & GEO-INFORMATICS	-	33	42	38	43
The University of Hong Kong	Ug	Bachelor of Arts in Architectural Studies	65	63	70	75	66
		Bachelor of Science in Surveying	63	54	45	52	68
		Bachelor of Arts in Landscape Studies	17	19	17	12	19
		Bachelor of Arts in Urban Studies	22	22	25	20	26
	TPg	Master of Architecture	78	75	84	73	76
		Master of Science in Urban Planning	24	24	25	25	25
		Master of Landscape Architecture	2	2	2	2	2
Total			611	634	682	593	667

Notes :

1. UGC-funded Programmes related to ASPL include those programmes name with following keywords “Architecture”, “Building”, “Survey”, “Urban” or “Landscape”. The training of the “relevant professional and skilled talents” referred to in the question includes the relevant full-time locally-accredited sub-degree (SD), first-year-first-degree (FYFD), top-up degree (TUD), and TPg programmes, and they are set out by institution and level of study in Annex 1 and Annex 2.
2. “-” denotes “nil”.
3. Universities may adopt the “broad-based admission” approach, i.e. students are first admitted to the Faculty / School / general programmes and select their majors / specialisation only at a later stage (mostly Year 2) of their study.
4. The actual intake figures for the 2021/22 academic year are provisional.

**Actual Intake of Non-UGC-funded Full-time Locally-accredited
SD, FYFD, TUD and TPg Programmes Related to ASPL by Institution and Level of Study
in the 2017/18 to 2020/21 Academic Years**

Institution	Level of Study	2017/18	2018/19	2019/20	2020/21
Chu Hai College of Higher Education	FYFD	27	26	26	19
	TUD	12	24	24	16
	TPg	9	27	23	19
Hong Kong Metropolitan University	TUD	-	-	-	11
Hong Kong Metropolitan University – Li Ka Shing School of Professional and Continuing Education	SD	18	8	-	-
HKU SPACE Po Leung Kuk Stanley Ho Community College	SD	-	31	25	26
The Chinese University of Hong Kong	TPg	38	56	52	61
The Hong Kong Polytechnic University	TPg	31	33	30	32
The Hong Kong Polytechnic University – School of Professional Education and Executive Development	TUD	63	72	94	104
The Hong Kong University of Science and Technology	TPg	53	54	48	43
The University of Hong Kong	TPg	67	66	76	81
UOW College Hong Kong	SD	86	79	50	26
Vocational Training Council – Hong Kong Institute of Vocational Education / Hong Kong Design Institute	SD *	839	680	815	685
Vocational Training Council – School for Higher and Professional Education	TUD #	70	98	147	140
Vocational Training Council – Technological and Higher Education Institute of Hong Kong	FYFD	148	101	54	41
	TUD	137	145	123	153

Notes:

1. “Non-UGC-funded programmes related to ASPL” refers to programmes with names including the keywords of “Architecture”, “Building”, “Survey”, “Urban” or “Landscape”. The training of the “relevant professional and skilled talents” referred to in the question includes the relevant full-time locally-accredited sub-degree (SD), first-year-first-degree (FYFD), top-up degree (TUD), and taught postgraduate programmes (TPg) programmes, and they are set out by institution and level of study in Annex 1 and Annex 2.
2. Taught postgraduate programmes only include Master’s degree programmes.
3. As the actual intake figures by institution and discipline for the 2021/22 academic year are being consolidated, only relevant figures for the 2017/18 to 2020/21 academic years can be provided.
4. “*” refers to publicly-funded programme. Other programmes are self-financing programmes.
5. “#” refers to non-local programmes.
6. “-” indicates that the programme was not offered by the relevant institution.

LEGCO QUESTION NO. 10

(Written Reply)

Asked by: Dr Hon TIK Chi-yuen

Date of meeting: 26 January 2022

Replied by: Secretary for Home Affairs

Reply:

President,

After consulting the Constitutional and Mainland Affairs Bureau, my consolidated reply to the question raised by Dr the Hon TIK Chi-yuen is as follows:

(1) and (3) The HKSAR Government is actively preparing for the Chief Executive Election to be held in March this year. At this stage, there is no plan to arrange for a by-election for the vacant memberships of the District Councils (DCs). As the Chief Executive responded publicly earlier, the current-term Government does not have the capacity to hold a large scale DC by-election within the remainder of its term i.e. from now until 30 June. The next-term Government will conduct a comprehensive review on district administration and the way forward of DCs.

(2) The Mutual Aid Committee (MAC) Scheme was launched in the 1970s with a view to promoting neighbourliness and improving living environment, as well as providing a communication channel between the Government and the residents. However, neighbourhood network and modes of building management have evolved in tandem with societal development and changes over the past few decades. For instance, many buildings have already engaged property management companies to take charge of their management or have formed other residents' organisations. In addition, with the development of information technology, there have been more direct communication channels between the Government and the residents.

In fact, the number of MACs was on a continuous decline, down by nearly half to around 1 600 over the past 15 years or so. On the other hand, MAC formation remained at a low level, with an average of less than 30 MACs formed annually in recent years.

Some in the community consider that MACs are playing a diminishing role in the relevant areas. After careful consideration, the Home Affairs Bureau has decided to terminate the MAC Scheme by phases.

That said, the Government will continue to enhance communication at the local level by, for example, strengthening ties with the community through different district committees, including Area Committees, District Fight Crime Committees and District Fire Safety Committees. For private buildings that have not engaged property management companies or formed any residents' organisations, the District Building Management Liaison Teams of the District Offices will assist relevant owners in forming residents' organisations such as owners' corporations.

(4) As regards local consultation, the Government will generally seek the advice of the DCs on district administration affairs and community, recreational and cultural activities, environmental improvement projects and transport issues within the districts as necessary. However, consultation with DCs is only one of the means to collect local views. As mentioned above, in order to ensure that local views are reflected effectively, bureaux and departments will also consult different district organisations as necessary, such as Area Committees, District Fight Crime Committees, District Fire Safety Committees, etc. so that local needs will be suitably addressed.

In addition, a District Management Committee (DMC) chaired by the District Officer is set up in each district, comprising representatives of departments providing essential services in the district. The DMC serves as a forum for inter-departmental discussions on district matters and co-ordinates the management of public services and facilities in the districts to meet the needs of the local community.

LEGCO QUESTION NO. 11

(Written Reply)

Asked by: Hon YIU Pak-leung Date of meeting : 26 January 2022

Secretary for Commerce and
Replied by : Economic Development

Reply

President,

Having consulted the Financial Services and the Treasury Bureau and Food and Health Bureau, our reply to the question raised by Hon YIU Pak-leung is as follows –

- (1) The Commissioner of Rating and Valuation has duly prepared the 2021-22 Valuation List in accordance with the Rating Ordinance (Cap. 116). The rateable values of tenements in the 2021-22 Valuation List shall take effect from 1 April 2021 until a new valuation list comes into force.

The Government has provided rates concession for all four quarters of 2021-22 in the 2021-22 Budget, with the concession for non-domestic properties capped at \$5,000 per tenement per quarter for the first two quarters, and capped at \$2,000 for the remaining two quarters. This concession is also applicable to hotel properties.

Regarding the 2022-23 general revaluation of rateable value, the Rating and Valuation Department (RVD) is now assessing the rateable values of tenements in the valuation list based on the annual rental value of the property estimated with reference to changes in market rentals at the designated reference date (i.e. 1 October 2021). Factors affecting the rental levels of different properties can be reflected in the 2022-23 rateable values. RVD will make available the new valuation list for public inspection upon completion of the revaluation. For changes in market rentals after the designated reference date, they would be considered in the next revaluation exercise.

Through the ongoing public consultation exercise for the 2022-23 Budget, we will gather and examine opinions from all sectors of the community. When assessing any proposals, the Government will take into consideration a range of factors, including the overall economic situation, the Government's fiscal position, the needs of the community, etc.

- (2) The Government understands that the business of certain industries has been impacted by the tightening of social distancing measures, especially those premises that have been closed temporarily, and catering premises where dine-in service during dinnertime has been suspended. The Chief Executive has announced on 14 January 2022 that the fifth round of the Anti-epidemic Fund (AEF) would be rolled out to provide assistance to the industries directly affected by the tightened measures. Although hotels are not among the premises subject to temporary closure, premises within hotels that have to be closed temporarily (e.g. bars, pubs, etc.) and those catering premises where dine-in service during dinnertime has been suspended can benefit from the relevant measures.

In fact, the Government has rolled out various measures to help the hotel industry tackle the difficult business environment. Apart from providing each eligible hotel with a one-off subsidy of \$300,000 or \$400,000 and introducing the Employment Support Scheme to provide assistance to employers in paying wages of their employees under the second round of AEF, the Government announced in August 2021 the extension of waivers or concessions of various government licence fees and charges till end September 2022. Approval was also obtained from the Finance Committee of the Legislative Council in October 2021 for injection of an additional \$35 billion to the Special 100% Guarantee Product under the SME Financing Guarantee Scheme to extend the application period to end June 2022. The hotel industry can also benefit from these measures.

In addition, the Hong Kong Tourism Board (HKTB) has been supporting local tourism through the "Holiday at Home" promotion platform and rolled out two rounds of "Staycation Delights" in April and September 2021 respectively to encourage locals to be a tourist in their own city. The two rounds of "Staycation Delights" had a total quota of 40 000 which translated into an injection of \$20 million to the hotel industry, and were well received by the industry as well as the community.

As a result of the two rounds of “Staycation Delights” and other staycation activities and coupled with the designation of some hotels for quarantine purpose, the hotel room occupancy rate in the first eleven months of 2021 was 62%, representing a year-on-year surge of 17 percentage points.

If the development of the epidemic situation permits, the Government will relax the social distancing measures in a gradual and orderly manner on the basis of “vaccine bubble”. HKTB will continue to maintain close communication with the hotel industry and consider rolling out a new round of “Staycation Delights” when the epidemic situation abates so as to provide continued support for the industry.

- (3) According to the arrangement of the Designated Quarantine Hotel Scheme, the Government will provide subsidy to designated quarantine hotels (DQHs) with average occupancy rate lower than 50%. Hotels concerned can apply for the subsidy after the end of the contractual period in accordance with the established mechanism. As at 24 January 2022, the average occupancy rate of DQHs under the sixth cycle of the Scheme (covering the period from 1 December 2021 to 28 February 2022) is about 65%.

- End -

LEGCO QUESTION NO. 12

(Written Reply)

Asked by : Hon TANG Ka-piu

Date of meeting : 26 January 2022

Replied by : Secretary for Transport
and Housing

Reply

President,

The Government's current policy in the provision of parking spaces is to accord priority to considering and meeting the parking demand of commercial vehicles ("CVs"), and to provide an appropriate number of private car ("PC") parking spaces if the overall development permits, but at the same time not to encourage frequent users of public transport to opt for PCs in lieu of public transport, so as to avoid aggravating the burden on road traffic.

In recent years, the Government has formulated and has been actively pursuing a host of short-term and medium- to long-term measures to increase parking spaces for CVs, including the provision of CV parking spaces in suitable "Government, Institution or Community" facilities and public open space projects in line with the principle of "Single Site, Multiple Uses", designating suitable on-street locations as night-time CV parking spaces, stipulating the provision of a minimum number of parking spaces for CVs in the tenancy agreement of suitable short-term tenancy ("STT") car parks, etc. Last year, the Transport Department ("TD") completed the review of the Hong Kong Planning Standards and Guidelines ("HKPSG") regarding the standards for the provision of ancillary parking spaces for CVs and PCs, and increased the type and number of parking spaces for CVs in subsidised housing developments. In consultation with TD, our reply to various parts of Hon TANG Ka-piu's question is as follows:

- (1) Currently, most of the on-street metered parking spaces for CVs operate from 8:00 a.m. to 8:00 p.m. while some may operate from 10:00 a.m. to 10:00 p.m. on Sundays and public holidays. The longest parking period for each transaction is set at 30 minutes, one hour or two hours. To allow a higher vehicle turnover of the metered parking spaces, TD has taken into account various factors such as the traffic condition, parking demand and vehicle turnover rates at individual locations when setting

the operating periods and longest parking periods of on-street metered parking spaces. Every year, TD will conduct a survey to review the utilisation of the on-street metered parking spaces and will timely adjust the longest parking periods and operating periods where necessary after taking into account the considerations mentioned above.

In January this year, TD completed replacing about 9 800 existing roadside parking meters in the whole territory by the new generation parking meters. TD will continue to identify suitable new locations to install new parking meters by batches. The new parking meters support remote payment through the “HKeMeter” mobile application, so drivers do not need to pay at the parking meters in person.

- (2) As at December 2021, the Government Property Agency (“GPA”) has opened up about 1 220 PC parking spaces in 13 joint-user government buildings under its management for public use during non-office hours. In general, subject to the situation of individual car parks, PC parking spaces can be used by PCs, taxis as well as van-type light goods vehicles with such sizes that can be accommodated within PC parking spaces. As regards CV parking spaces, they cannot be open for public use as they primarily serve the vehicles of relevant government departments. In the “Government, Institution or Community” facilities and public open space projects in the pipeline, we will include CV parking spaces in public vehicle parks in suitable projects following the principle of “Single Site, Multiple Uses”.

As at December 2021, around 1 730 on-street night-time parking spaces for CVs have been provided by the Government for use by goods vehicles, coaches and other non-franchised buses. TD will continue to identify suitable on-street locations for designation as night-time parking spaces for goods vehicles and coaches. In addition, the Government has specified in the tenancy agreement of suitable STT car parks a minimum provision of parking spaces for CVs, in which about 2 000 parking spaces have been provided so far.

Furthermore, noting that a considerable number of CV drivers live in subsidised housing, the revision of the HKPSG in August 2021 has, in addition to increasing the type¹ and number of parking spaces for CVs

¹ In order to make optimal use of spaces and to improve utilisation rates, the revised standards introduce two types of “shared-use” parking spaces with reference to the similar vehicle dimensions of CVs, one of which to be shared by light goods vehicles and light buses and another shared by medium/heavy goods vehicles and coaches. The “shared-use” parking spaces offer flexibility to the supply of parking spaces by allowing CVs of similar dimensions to share parking spaces.

provided in subsidised housing projects, raised the number of loading/unloading bays ancillary to subsidised housing, which will be opened up for overnight parking of large-size CVs (i.e. coaches and medium/heavy goods vehicles) where feasible so as to increase the provision of CV parking spaces.

Since February 2021, the Government has requested to include in the leases condition of suitable new government sale sites the requirements for owners to open up certain portion of the ancillary parking spaces and loading/unloading bays for night-time public parking of CVs. This measure applies to government sale sites zoned for “Commercial”, “Industrial”, “Other Specified Uses (Business)” and “Other Specified Uses (Mixed Use)”.

(3) The Government is actively taking forward automated parking systems (“APS”) projects in STT car parks and public works projects. The total number of the parking spaces provided (including conventional and APS parking spaces) by the concerned STT car parks raised in the Question and other relevant information are set out as follows:

(i) the APS project at the STT site on Hoi Shing Road in Tsuen Wan was commissioned in November 2021, providing a total of 245 parking spaces; and

(ii) for the STT site at Pak Shek Kok in Tai Po, the tenancy was awarded in December 2021 with the APS expected to be commissioned in Q4 2022. The STT car park will provide about 240 parking spaces.

As regards the concerned public works projects involving APS, save for (iii) the Joint-user Complex at Chung Kong Road in Sheung Wan, of which the total number of parking spaces is to be confirmed, the respective works progress and numbers of parking spaces are as follows:

(iv) the District Open Space, Sports Centre cum Public Vehicle Park project at Sze Mei Street will be submitted to the Legislative Council for funding approval this year. The project is expected to be completed in 2026, providing a total of about 300 parking spaces;

(v) the Joint-user Government Office Building in Area 67 in Tseung Kwan O, construction works of which have commenced and are expected to be completed in 2025, will provide a total of about 300 parking spaces; and

(vi) as regards the project at the junction of Yen Chow Street and Tung Chau Street in Sham Shui Po, we plan to seek funding approval from the Legislative Council within the next legislative year. It is expected to be completed in 2026, providing a total of about 200 parking spaces.

The Government will examine the feasibility of adopting APS when inviting tenders for new STT car parks or carrying out re-tendering for the existing STT car parks. Meanwhile, we will actively consider promoting the use of APS in more public works projects.

- (4) While considering the adoption of APS, private developers have to ensure the compliance of systems with legal requirements, land leases, etc. Earlier on, TD gathered valuable feedback on how to facilitate the adoption of APS in private car parks from consulting various stakeholders, including the Real Estate Developers Association of Hong Kong, professional bodies, the Hong Kong Automobile Association, car park operators and APS suppliers. Currently, through taking forward different types of APS projects, the Government is accumulating experiences in building, operating and managing the systems and formulating regulations and administrative guidelines to facilitate the development of APS. TD will timely share with stakeholders the experience in the implementation of the APS projects and collaborate with relevant departments to look into and review the relevant practice notes, so as to streamline the application procedures for the adoption of APS in privately-owned car parks.

- END -

LEGCO QUESTION NO. 13

(Written Reply)

Asked by : Hon LUK Chung-hung

Date of meeting : 26 January 2022

Replied by : Secretary for Labour and Welfare

Reply

President,

Having consulted the Financial Services and the Treasury Bureau, my consolidated response to the Member's question is set out below:

- (1) According to the information obtained by the Mandatory Provident Fund Schemes Authority (MPFA) from Mandatory Provident Fund (MPF) trustees, the amounts of accrued benefits withdrawn from MPF scheme members' accounts for offsetting severance payment (SP) or long service payment (LSP) are set out in the table below:

Year	Amount of accrued benefits withdrawn from MPF scheme members' accounts for offsetting SP/LSP (\$million)
2001 (From 1 July) ^{Note}	166
2002	750
2003	1,174
2004	1,268
2005	1,429
2006	1,634
2007	1,743
2008	1,876
2009	2,587
2010	2,103
2011	2,332
2012	2,270
2013	2,678
2014	3,006

2015	3,354
2016	3,855
2017	4,302
2018	4,395
2019	4,677
2020	5,718
2021 (As at 30 September)	5,423

Note: The MPF trustees started to provide the amount of accrued benefits withdrawn from MPF scheme members' accounts for offsetting SP or LSP to MPFA in July 2001.

- (2) Since the Chief Executive announced in October 2018 the enhanced arrangements for abolishing the “offsetting” arrangement, the Government has been taking forward at full steam the preparatory work, including drafting of legislation and formulating the supporting measures. It is necessary to make amendments to eight pieces of ordinance/subsidiary legislation, including the Employment Ordinance, Mandatory Provident Fund Schemes Ordinance, etc., which currently provide for the “offsetting” arrangement or contain provisions that need to be consequentially amended upon the abolition of the “offsetting” arrangement. As regards the supporting measures, a new piece of legislation is needed to be drafted to provide for the implementation of the Designated Savings Accounts (DSA) Scheme. We are also working closely with the MPFA in building the functionalities on the eMPF Platform to support the DSA Scheme and developing a back-end information technology system to support the daily operations of DSA, etc. Besides, the Government also announced in October 2021 the refined Government subsidy scheme, which provides greater support to employers, in particular the micro, small and medium-sized enterprises, to assist them to adapt to the policy change. The refined subsidy scheme is well-received by the business sector and the community.

The Government has now completed the drafting of the bill for the abolition of the “offsetting” arrangement. We plan to brief the Panel on Manpower of the Legislative Council (LegCo) on the content of the bill in early February this year and then introduce the bill into LegCo in the same month. As regards the DSA Scheme, we will consult key stakeholders upon finalizing the legislative proposal before introducing the bill to the LegCo. We will implement the abolition of the “offsetting” arrangement after enactment of the relevant legislation by the LegCo and upon the full

implementation of the eMPF Platform. It is anticipated that the eMPF Platform would come into full operation in 2025 at the earliest.

- (3) Following the Government's announcement of the policy direction for abolishing the "offsetting" arrangement, the Labour and Welfare Bureau/Labour Department met with major business chambers, employers' associations, labour groups, etc. to explain the enhanced proposal. We briefed the Labour Advisory Board (LAB) and the LegCo Panel on Manpower in October and November 2018 respectively, and on the further details of the abolition of the "offsetting" arrangement in April 2021. Upon the announcement of refinement of the Government subsidy scheme in October 2021, we met with and explained the refined scheme to stakeholders including LAB, LegCo Panel on Manpower, employers' associations, labour unions and political parties to foster their understanding. We will brief the LegCo Panel on Manpower on the bill for the abolition of the "offsetting" arrangement in February 2022, and will consult key stakeholders (including the LegCo Panel on Manpower) on the implementation details of the DSA Scheme later on.

LEGCO QUESTION No. 14
(Written Reply)

Asked by : Hon Holden CHOW

Date of meeting : 26 January 2022

Replied by : Secretary for Transport
and Housing

Reply

President,

The Transport Department (“TD”) has all along been committed to improving the traffic conditions of Fung Cheung district in Yuen Long. Fung Cheung District, including Fung Cheung Road and its adjacent areas (e.g. Fung Kam Street and Fung Yau Street North), is located at the Yuen Long town centre. Fung Cheung Road is a north-south district distributor connecting Yuen Long South, Yuen Long town centre, Castle Peak Road and Pok Oi Interchange. The existing junctions along Fung Cheung Road are mainly priority junctions without the provision of traffic signals. Due to busy traffic at Fung Cheung Road together with its priority for traffic at the junctions, traffic along Fung Yau Street North westbound, for instance, often finds it difficult to make a right turn to Fung Cheung Road northbound, which causes traffic tailback.

Having consulted TD, our reply to the various parts of the Hon Holden CHOW’s question is as follows-

In end 2019, TD commissioned a consultancy study which covered identification of traffic improvement measures for junctions of Fung Cheung Road, Fung Yau Street North and Kin Lok Street, as well as their adjacent areas. In March 2021, TD introduced the improvement measures at the meeting of the Traffic and Transport Committee of Yuen Long District Council, and conducted local consultation in Q3 2021 via Yuen Long District Office. The local community in general supported the improvement measures, the details of which are as follows-

- (1) Installation of traffic signals at the junctions of Fung Cheung Road, Fung Yau Street North and Kin Lok Street

TD will install traffic signals at the junctions of Fung Cheung Road, Fung Yau Street North and Kin Lok Street to regulate traffic and to

enhance road safety. Regarding the original planned planter trimming works beside Transport Plaza at Kin Lok Street, TD will further trim the size of the planters on top of the original scheme so as to release more space for road widening.

(2) Enhancement of traffic conditions of the roads nearby through improving traffic arrangement

TD will convert the following roads from two-way roads into one-way roads : Fung Kwan Street, Fung Kam Street (section between Fung Kwan Street and Fung Yau Street North), Fung Yau Street North (section between Fung Kam Street and Fung Yau Street East), Fung Yau Street East and Fung Yau Street South . This arrangement can, on one hand, avoid traffic congestion arising from concurrent passing of heavy vehicles on both bounds due to inadequate space, and on the other hand, it can cater more effectively kerbside loading and unloading activities through one-way traffic. TD has examined the feasibility of rerouting the sections of Fung Yau Street North and Fung Kam Street connecting to Fung Cheung Road as one way eastbound and one way westbound respectively in the study. However, this arrangement will increase the traffic load of Fung Kam Street, and will also divert the original traffic along Fung Kam Street northbound (those heading to the junctions of Fung Cheung Road, Fung Yau Street North and Kin Lok Street) to the already very busy Fung Cheung Road, . Therefore, the proposed conversion to one-way traffic does not cover the sections of Fung Yau Street North and Fung Kam Street connecting to Fung Cheung Road. Nevertheless, TD will install appropriate traffic signs and road markings to make the driving routes at Fung Yau Street North and Fung Kam Street clearer so as to enhance road safety.

Regarding the implementation arrangement, TD is reviewing the details with the Highways Department (“HyD”). As the works will be implemented at busy road sections and will involve installation of traffic signals as well as turning existing footpath and planter into carriageway, it is necessary to divert a number of underground utilities and implement multi-stage temporary traffic arrangements. The construction works are relatively complicated. According to the current assessment, HyD will carry out ground investigation in Q4 2022 to facilitate diversion of underground utilities, which will in turn prepare for the commencement of the relevant works. TD will continue to maintain close liaison with HyD so as to complete the improvement works as soon as possible.

-END-

LEGCO QUESTION No. 15
(Written Reply)

Asked by: Hon Chan Chun-ying

Date of meeting: 26 January 2022

Replied by: Secretary for Financial Services and the Treasury

Reply:

President,

With the increasing adoption of digital payments, e-commerce and cross-border transactions, many central banks around the world have commenced studies on Central Bank Digital Currency (“CBDC”) with a view to providing a more convenient and effective and safer payment tool. Hong Kong has also started the study early. The Hong Kong Monetary Authority (“HKMA”) commenced its study on CBDC in 2017, and has since then been expanding the scope of it, and collaborating with other central banks. In fact, strengthening research work on CBDC is one of the key aspects of work of the HKMA under its “Fintech 2025” strategy.

After consulting the HKMA, my response to the Hon Chan’s questions is as follows:

- (1-2) The HKMA is studying both wholesale level CBDC (wCBDC) and retail level CBDC (rCBDC) in depth. On wCBDC, the HKMA, together with three central banks, namely the Digital Currency Institute of the People’s Bank of China, the Bank of Thailand, and the Central Bank of the United Arab Emirates, as well as the Bank for International Settlements Innovation Hub Hong Kong Centre, are conducting a project named “Multiple CBDC Bridge” (“mBridge”). The project seeks to conduct in-depth analysis of the functions of the Distributed Ledger Technology in facilitating conduct of real-time cross-border foreign exchange payment-versus-payment transactions in a multi-jurisdictional context and on a round-the-clock basis, as well as the cases for relevant business use. The HKMA, together with the participating authorities of the project, have earlier identified 15 potential business use cases, and selected the function of international trade settlement for testing on a trial platform. The test has proved that mBridge can enhance the efficiency of cross-border payments, while ensuring appropriate mechanisms are in place for complying with the relevant policy, regulatory and privacy protection requirements. We expect the function of international trade settlement under mBridge will enter

the pilot stage this year, with the aim to develop a system that could support the full process of international trade settlement.

In parallel, the HKMA is examining the feasibility of issuing rCBDC in Hong Kong, i.e. e-HKD, covering both technical and policy considerations. It published a technical whitepaper in October last year to elaborate on the technical design, and invite the academia and industry to submit comments. It expects to come up with an initial view on e-HKD in the middle of this year. The study of e-HKD is conducted based on the existing currency board mechanism, hence the study would have no impact on the monetary system of Hong Kong.

- (3) We note that the People's Bank of China (PBoC) has indicated that e-CNY would mainly be used for retail payments. In fact, the Renminbi (RMB) is already in use in Hong Kong, and the status of e-CNY is the same as cash in circulation. Its usage will offer an additional means which is safe, convenient and innovative for cross-boundary retail consumption to residents in Hong Kong and Mainland. It will also enhance the efficiency and user experience of cross-boundary payment services, help promote mutual access in the Guangdong-Hong Kong-Macao Greater Bay Area, and support the consolidation of Hong Kong's status as a global offshore RMB business hub. The HKMA and the Digital Currency Institute of the People's Bank of China completed the first phase of technical testing of using e-CNY for making cross-boundary payments in Hong Kong in December 2020. The HKMA is discussing with the PBoC the next phase of the technical testing, including the involvement of more banks in Hong Kong and using the Faster Payment System to top up e-CNY wallets.

-End-

LEGCO QUESTION 16
(Written Reply)

Asked by: **Hon Kennedy WONG**

Date of meeting: **26 January 2022**

Replied by: **Secretary for Food and Health**

Reply:

President,

Having consulted relevant bureaux, our reply to different parts of the question raised by Hon Kennedy Wong is as follows:

(1)

The Government has continuously adjusted social distancing measures in view of the development of COVID-19 epidemic situation. Starting from the second half of December 2021, the Omicron variant has replaced the Delta variant to be the dominant mutant strain with a significant increase in Hong Kong's imported / import-related positive cases. Transmission in the community has also occurred with three clusters originating from imported cases of the Omicron variant. On 23 and 24 January 2022, the numbers of newly reported cases of local infection were 125 and 98 respectively. In view of the higher transmissibility of the Omicron variant with Hong Kong recording cases of the Delta variant, the Government has conducted epidemiological investigations to targeted clusters in the community promptly. Close contacts are also isolated and large-scale testing operations have taken place with a view to controlling the epidemic situation.

In response to the rapidly changing epidemic situation in January with the highly transmissible Omicron variant spreading to community, the Government has tightened social distancing measures in line with the most stringent level adopted during the third and fourth wave from 7 January. Through discouraging members of the public from going out and gathering unnecessarily, it aims to curb the spread of the virus in the community. After considering the latest epidemic situation, the Chief Executive announced on 14 January that the current social distancing measures will be maintained until 3 February.

Depending on the latest development of COVID-19 epidemic situation and subject to the epidemic situation being under control, the Government will relax the operating restrictions of catering premises and scheduled premises in a gradual and orderly manner under the “vaccine bubble” arrangement, which requires staff of relevant premises and / or visiting members of the public to be vaccinated with a view to increasing the overall vaccination rate in Hong Kong. This serves to reduce transmission risk and safeguard public health, build a protective shield for the community and help resume normal daily lives as soon as possible.

COVID-19 vaccination is highly effective in preventing serious illness and death and provides effective protection for recipients, avoiding serious complications or even death. A reduction in cases of serious illness due to COVID-19 would help avoid overstressing the public healthcare system with the outbreak. Therefore, the Government appeals to members of the public who have yet to receive vaccination, especially senior citizens, chronic patients and other immunocompromised persons who face a higher chance of death after COVID-19 infection, to get vaccinated as soon as possible for self-protection and for the society as a whole.

It has been the policy of the Government to provide healthcare services to eligible persons at highly subsidised rates to ensure that no one will be denied adequate medical care due to lack of means. At this stage, the Government has no intention to recover medical costs from COVID-19 patients who are unvaccinated without medical grounds. Encouraging vaccination for all under the “vaccine bubble” remains the key component in Hong Kong’s overall anti-epidemic strategy against COVID-19 which in turns protect public health and our public healthcare system.

(2)

With the staunch support by the Central Government, the Government has made steady progress in the resumption of quarantine-free travel between the Mainland and Hong Kong with a lot of preparatory work being done, including multiple meetings on Mainland and Hong Kong anti-epidemic work and visit by Mainland expert delegation. The Government will continue to adopt a “preventing the importation of cases and the spreading of the virus in the

community” anti-epidemic strategy with a view to achieving dynamic “zero infection”. The Government strives to cut the mutant strain transmission chains in the community as quickly as possible, aiming to achieve no local infection in 14 consecutive days. At the same time, through the continuous increase in vaccination rate, favourable conditions can be created for quarantine-free travel.

(3)

The COVID-19 epidemic is still rampant across the globe and vaccination is the best measure and hope for Hong Kong and the world to ride out the epidemic. The COVID-19 Vaccination Programme led by the Government was launched in late February last year. As at 24 January, about 5.26 million people had received the first dose vaccine, accounting for over 78.1% of the population aged 12 or above. Over 810 000 people had received the third dose vaccine.

To combat the epidemic, the Government has been strongly appealing to and encouraging the public to get vaccinated, with a view to protecting the community by increasing the vaccination rate in Hong Kong. We are also committed to providing a variety of vaccination channels to enable members of the public to receive vaccination conveniently. Recently, the public’s willingness to get vaccinated has increased. We immediately increased the vaccination capacity and provided more vaccination channels. In total, we currently have 14 Community Vaccination Centres; 13 COVID-19 Vaccination Stations located at public hospitals; two mobile vaccination stations shuttling between various housing estates and locations; 25 general outpatient clinics of the Hospital Authority; more than 1 000 private doctors or clinics; and 26 service locations operated by private healthcare institutions. The number of monthly doses that can be administered exceeds 1.3 million. In the past seven days (from 18 to 24 January), over 40 000 doses were administered daily on average, including an average of some 16 000 people receiving the first dose, and an average of some 20 000 people receiving the third dose.

For elderly persons whose vaccination rate has been persistently low, we proactively encourage them to speed up vaccination and have introduced a basket of facilitating measures, including handing out same-day tickets only to eligible persons aged 60 or above, and providing vaccination for elders at the

15 Elderly Health Centres under the Department of Health. Also, District Health Centres (DHC) and DHC Expresses at various districts strive to assist those in need, especially the elderly, in making appointments for vaccination. At the same time, they collaborate with network doctors to render outreach vaccination services. Furthermore, since 25 October 2021, the Social Welfare Department has implemented the “Assess and Vaccinate” Programme at residential care homes (RCHs) around Hong Kong (including residential care homes for the elderly and the disabled). Arrangements are made for unvaccinated residents to have health assessments by Visiting Medical Officers (VMOs) arranged by the RCHs or vaccination teams arranged by the Government. Upon confirmation that a resident is suitable for receiving vaccination, and that his / her family members do not clearly oppose vaccination and confirmed that they understand the risks posed to the resident, other residents and staff of the RCH by the resident not being vaccinated, the Sinovac vaccine would be administered to the resident by VMOs or vaccination teams under the informed consent of the resident or his / her legal guardian, so as to give early protection to him / her and other residents as well as staff of RCHs. During the period, VMOs or vaccination teams also provide health talks / health consultation to residents and their families in need so that they can better understand the vaccine effectiveness to allay their concerns. Compared with the start of January, the vaccination rate of the elderly has increased. Close to 58% of those aged 70 to 79 have received the first dose vaccine, and the vaccination rate of those aged 80 and above has also increased to close to 30%. On the other hand, we have also expanded the eligibility age to cover children aged five to 11 so that they can also benefit from the protection of vaccines.

To guard against the threat posed by the mutant virus strains with high transmissibility to the Hong Kong community, we will continue to encourage persons who have yet to receive COVID-19 vaccination to get vaccinated as early as possible for self-protection. Eligible persons should also receive a third dose vaccine as soon as possible to enhance protection and build a protective barrier in the community. As mentioned above, expanding the “vaccine bubble” measures will help spur members of the public to get vaccinated. Based on the current steadily rising vaccination rate, we are confident that the vaccination rate of 80% or higher can be achieved in the short term. We will also closely monitor the development of the epidemic situation both globally and locally, the vaccination progress in Hong Kong, as

well as the recommendations of the World Health Organization and overseas regulatory authorities on COVID-19 vaccines. After balancing relevant factors, we will consider implementing further measures to boost the vaccination rate in Hong Kong. We do not preclude the implementation of any possible measures.

- End -

LEGCO QUESTION NO. 17

(Written Reply)

Asked by : Hon Vincent CHENG Wing-shun Date of meeting : 26 January 2022

Replied by : Secretary for Labour and Welfare

Reply

President,

Immediately after the suspected child abuse incident occurred in the Children's Residential Home (CRH) under the Hong Kong Society for the Protection of Children (HKSPC), the Government has taken a series of follow-up actions. Given that investigation of the incident is still underway by the law enforcement and regulatory agencies with the possibility of taking further actions, and that some cases have commenced the judicial proceedings, the Government is not in a position to disclose information on the specific incident in detail.

My reply to the Member's question is as follows:

- (1) The CRH under HKSPC is a residential child care centre (RCCC) to registered under the Child Care Services Ordinance (Cap. 243) which
- (3) must be operated in accordance with the relevant statutory requirements and the regulations stipulated by the "Operation Manual for Pre-primary Institutions". To monitor and ensure RCCCs' compliance with the relevant statutory requirements on an ongoing basis, the Social Welfare Department (SWD) conducts surprise inspections during daytime and night-time at every RCCC from time to time, and at a higher frequency depending on individual RCCC's condition. In the past three years, SWD did not receive complaints related to HKSPC.

In December 2021, staff of CRH were suspected to have abused the children at the service unit. The Police promptly commenced investigation, arrested the staff involved and initiated prosecution against

them. SWD also took a series of immediate follow-up actions to ensure that the operation of CRH is in compliance with the need to protect children and upholding of service standards. Upon HKSPC's report on 21 December 2021, SWD immediately asked HKSPC to report to the Police and assisted HKSPC to admit the children involved to hospitals for checking. SWD also sent a multi-disciplinary professional team, comprising clinical psychologists, nurses, social workers etc., to investigate and inspect CRH's operation, check the relevant work records, and observe the behavioural, health and emotional conditions of the 70 children at CRH one by one, so as to ascertain that their conditions were stable. Subsequently, SWD met with the Executive Committee and senior management of HKSPC to express grave concern about the incident, listened to HKSPC's report on the incident and follow-up actions, and asked HKSPC to take corresponding enhancement measures in the supervision and monitoring of frontline staff to ensure children at CRH are well taken care of.

In tandem, case social workers will continue to assess the family situation, risk factors and needs of the children to formulate suitable welfare plans for them. Social workers will also visit the children regularly and maintain a close liaison with their family members and staff of CRH to understand their situation and the views of their parents, in order to ensure that the children are provided with proper care. SWD conducted daily surprise inspections at CRH in different intervals to continuously evaluate whether CRH fulfils the relevant statutory requirements and service quality standards. SWD also urged HKSPC to implement appropriate measures immediately to ensure that the operation of CRH meets the relevant requirements.

Starting from 17 January 2022, SWD has deployed a designated team, comprising social workers, nurses and personnel with experience in supervising child care centres, to station at CRH every day and closely monitor its daily operation on the ground, in order to ensure that its operation satisfies the required service standards and that effective improvement measures have been put in place to safeguard the proper care of children. The designated team will operate until CRH's improvement measures and operation situation satisfy SWD's requirements.

- (4) To fulfil the relevant requirement of the Funding and Service Agreement, and
(5) all subvented welfare service units shall submit reports regularly according to the Service Performance Monitoring System, including the requirements of basic service, service quality standards and service volume/service effectiveness standards, formulating effective complaint handling mechanism, and taking all reasonable steps to ensure that service users are free from abuse. SWD is conducting a comprehensive review on the monitoring mechanism of CRH and follow up multiple actions, including strengthening continuous staff training, stepping up inspections, improving guidelines, enhancing staff's knowledge and sensitivity in handling suspected child maltreatment cases, and inviting independent individuals to visit service units, etc.

SWD had issued warning letters and written notice to HKSPC for improvement plans regarding the incident and asked HKSPC to submit a review report to SWD on or before 25 January 2022, including a review of its internal management mechanism and continuous supervision of the conduct of the staff members etc., so as to avoid similar incidents from recurring in the future. SWD has just received the report on 25 January, and would examine it in detail before devising further actions.

Depending on the content of the Report and the outcome of the investigation, SWD may take statutory regulatory actions where necessary. Besides, if the Director of Social Welfare considers that a child care worker is no longer suitable to take up child care work, he may remove the name of the person concerned from the register.

- (6) The Chief Executive announced in her 2021 Policy Address that the Government would take forward the legislative work on a mandatory reporting mechanism for child abuse cases. Practitioners in the professions subject to mandatory reporting obligations would receive appropriate training to enhance their capacity for early identification and handling of child abuse cases. The Government's target is to introduce the bill into the Legislative Council in the first half of 2023. The Government is also considering how to take forward recommendations in the Law Reform Commission's Report on "Causing or allowing the

death or serious harm of a child or vulnerable adult” published in September 2021.

LEGCO QUESTION NO.18

(Written Reply)

Asked by: Hon Nixie LAM

Date of Meeting : 26 January 2022

Replied by : Secretary for Commerce and
Economic Development

Reply

President,

The Government strives to support small and medium enterprises (SMEs), and through a number of funding scheme encourage them to enhance their competitiveness and explore more diversified markets. In view that SMEs are severely impacted by the pandemic, the Government has also rolled out a series of relief measures under the Budget and the Anti-Epidemic Fund (AEF) to provide financial support to help SMEs weather the storm.

Having consulted the Innovation and Technology Bureau, the Financial Services and the Treasury Bureau and the Human Resources Planning and Poverty Co-ordination Unit, my consolidated reply to the specific question raised is as follows:

(1)

The Technology Voucher Programme (TVP) under the Innovation and Technology Fund administered by the Innovation and Technology Commission (ITC) aims to support enterprises to use technological services and solutions to improve productivity, or upgrade or transform their business processes, including the introduction of sale of products by the e-commerce model. Having regard to its operational experience and views from the industry, ITC introduced enhancement measures for TVP in 2020. For instance, each approved project can be funded up to three-quarters of the project cost, with a cumulative funding ceiling of \$600,000. The pandemic has accelerated the need for digitalisation, with the number of TVP applications increasing considerably from around 700 in 2018 to around 5 100 in 2021. As at end 2021, about 7 100 TVP applications have been approved with total funding of around \$1.1 billion. In addition, ITC launched the time-limited Distance Business Programme (D-Biz Programme)

under AEF in 2020, which covers information technology (IT) categories relating to distance business (including the development of online service platforms such as web portals and mobile apps), in order to support enterprises to adopt IT solutions to continue business and provide services during the pandemic. The D-Biz Programme was open for application from 18 May to 31 October 2020. As at 25 January 2022, projects of over 25 740 approved applications have been implemented, involving total funding of around \$1.7 billion. Beneficiaries include a wide range of industries, over 95% of which are SMEs.

Hong Kong Science and Technology Parks Corporation and Cyberport have provided three rounds of rental concessions from 2019 to 2021, with the second round supported by AEF. The three rounds of initiatives in total benefitted around 2 000 tenants in the Science Park, INNOPARKs and Cyberport, etc.

Furthermore, to alleviate the possible cash flow pressure facing SMEs during the pandemic, on top of the existing 80% and 90% Guarantee Products, the Government introduced the Special 100% Guarantee Product under the SME Financing Guarantee Scheme (SFGS) in April 2020 to provide low-interest concessionary loans to SMEs. Multiple rounds of enhancements have since been made, including raising the Government's total commitment under SFGS to \$218 billion, increasing the maximum loan amount, maximum repayment period, and maximum duration of principal moratorium, as well as extending the application period to 30 June 2022. SMEs may use the loans for digital transformation in accordance with their needs. As at end 2021, over 47 000 applications have been approved under the Special 100% Guarantee Product, involving loan guarantees of approximately \$81.6 billion which accounts for half of the SFGS's total approved commitment, benefitting over 29 000 enterprises.

(2)

In view of the development of the pandemic, the Government has tightened social distancing measures with effect from 7 January 2022. Having regard to the impact of this decisive tightening of measures on the business of certain sectors, the Government has swiftly deployed the uncommitted balance under AEF to introduce the fifth-round support measures. In terms of subsidy rates, as premises were required to close for a longer period of time during the fourth-round AEF, the subsidy rates for premises and individuals under this round of AEF were pitched at half and two-third of the subsidy rates under the fourth-round AEF

respectively.

Regarding rental concessions, the Government announced the extension of the 75% rental or fee concessions for eligible tenants of government premises and eligible short-term tenancies and waivers under the Lands Department on 25 August 2021. During the rental concession period, tenants of Government properties who have to close their properties at the request of the Government will continue to receive full rental waiver for the duration of the closure. These concessions remain valid until 31 March 2022.

The Government will continue to, having regard to the development of the pandemic and the impact of the anti-epidemic and social distancing measures, consider providing support to premises and individuals directly affected by the relevant measures. The Government will also continue with the anti-epidemic work with a view to enabling premises currently required to close to resume business as soon as possible.

- End -

(Translation)

LEGCO QUESTION NO. 19

(Written Reply)

Asked by: Hon TANG Fei

Date of Meeting: 26 January 2022

Replied by: Secretary for Education

Reply:

President,

According to the projections of the Education Bureau (EDB), it is anticipated that the gradual decrease in future school-age population will be structural rather than transient. It remains uncertain whether and when the birth rate in Hong Kong will rebound. The well-being of students will be the prime consideration of the EDB. We will make long-term planning for the future in light of the latest development, and maintain communication with the local school sector to prepare ahead for the necessary follow-up arrangements.

Our reply to the three parts of the question is as follows:

- (1) When formulating future plans, our policy objective will certainly be based on the interests of students, considering how to optimise resources for continuous improvement of the quality of teaching and learning. Schools are established to nurture the whole person development of students. It is essential for schools to maintain an optimal size of student population for creating a conducive teaching and learning environment and providing opportunities for learning in groups, so as to meet the different learning and development needs of students while ensuring the quality of education. Taking secondary schools as an example, a small total number of students will limit the choices of senior secondary elective subjects that can be offered in a school. This goes against the principle of the New Senior Secondary academic structure, that is, to provide students with a broad and balanced curriculum and that they can select different elective subjects in different combinations to meet their different learning needs and interests. The number of students in a school has an effect on how students can learn to socialise in a community, get along with other people and develop their values of mutual respect. On the other hand, the EDB has to make good

use of the limited public resources to ensure that education expenditure is used effectively in a targeted manner to provide quality education for students. We believe that, as the future school-age population will continue to drop, it is unavoidable to adjust the overall number of primary and secondary classes correspondingly.

The EDB will adopt multi-pronged measures to address the challenges arising from the structural changes in student population in the long term so as to stabilise the learning environment and maintain the quality of teaching and learning. The measures include:

- (a) the EDB, being the school sponsoring body of Government schools, will lead by example and formulate long-term development plans for individual Government schools, taking into account various factors including Government policies, demographic changes, demand and supply of school places, overall development needs of Government schools and utilisation of Government resources. For example, with a view to reducing the long-term surplus of school places in certain districts, the EDB may cease the operation of schools with persistent under-enrolment, merge Government schools as necessary or relocate schools in districts with a relatively sizeable surplus of school places to districts with excessive demand for school places or New Development Areas which are expected to have a greater demand for school places in the future. In this connection, the EDB has already made arrangements to cease the operation of the Island Road Government Primary School in an orderly and gradual manner from the 2021/22 school year, merge the Lung Cheung Government Secondary School with the Kowloon Technical School starting from the 2022/23 school year, and relocate the Canton Road Government Primary School and Shau Kei Wan East Government Secondary School to the new school premises at the Anderson Road Quarry site in Sai Kung District in the 2025/26 and 2026/27 school years respectively with a view to minimising the impact of declining demand for school places in related school nets on schools in the area. We hope that such endeavours could become examples for other school sponsoring bodies' reference;
- (b) the four time-limited primary schools operated to cope with the transient increase in Primary One student population in the past will cease operation gradually as originally planned;
- (c) our school premises allocation exercises in the future will accord priority to reprovisioning of schools or expansion of school premises,

especially those schools which are far below the prevalent building standards, so as to improve the quality of school premises;

- (d) at present, small class teaching (SCT) has been implemented in about 80% of public sector primary schools in Hong Kong. Arrangements have been made by the EDB for 11 schools to start implementing SCT in the 2022/23 school year. We will continue to review the demand and supply of school places in individual school nets, whether there are sufficient vacant classrooms in the school nets for operating additional classes to facilitate full implementation of SCT within the nets, and the additional resources involved. We will also continue to maintain liaison with the public sector primary schools which have yet to implement SCT and their respective school sponsoring bodies, and encourage them to get prepared for early implementation of SCT in public sector primary schools where the conditions permit; and
- (e) as for secondary schools, we will timely review the number of students allocated to each Secondary One (S1) class in 2025 and subsequent school years, the criteria for approving classes and other related arrangements to address the structural situation of a long-term persistent decrease in demand for S1 places while ensuring the quality of education and the appropriate use of resources.

The EDB has been meeting with individual school sponsoring bodies to urge them to explore ways to consolidate their resources in an orderly manner. We will keep close communication with the sector and encourage them to plan ahead to cope with the impact of declining student population.

- (2) Owing to the restrictions on cross-boundary travel at boundary control points, cross-boundary students (CBS) are at present not able to travel between Hong Kong and the Mainland every day as usual to attend face-to-face classes. Some CBS have decided to reside in Hong Kong temporarily for schooling, but some of them are still staying in the Mainland. The EDB has all along been concerned over the learning situation of CBS amid the epidemic and been providing them with appropriate support as necessary. Schools have flexibly adopted diversified learning and teaching strategies, including establishing e-learning platforms and conducting real-time online lessons, to support students' continuous learning at home, having regard to schools' own contexts and students' needs at different learning stages. Furthermore, under the agreements reached between individual schools and publishers, schools are authorised to upload relevant chapters of e-textbooks to e-learning platforms according to teaching and learning progress for use by those CBS who have been unable to come to Hong Kong

to attend face-to-face classes. If necessary, schools may also procure textbook delivery services to assist parents of CBS in delivering textbooks to their residences in the Mainland. On assessment of learning, the EDB has assisted schools in coping with the changes flexibly so that they can arrange examinations and assessments for CBS as far as practicable. The EDB has been encouraging schools to maintain contact with CBS and their parents through different means, and reminding parents to observe and pay attention to the emotion and behaviour of students.

To cater for the learning needs as well as physical and mental development needs of CBS amid the epidemic, the EDB commissioned a service provider to offer two programmes, namely “Learning Support” and “Psychosocial Support”, in Luohu, Futian and Nanshan districts in Shenzhen from May to July 2021 for primary and secondary CBS residing in Shenzhen. Other than these, service providers were commissioned to set up general service points in Luohu, Futian and Nanshan districts in Shenzhen from June to August 2021 to provide CBS and their parents with various kinds of information and services such as lending of learning resources and recreational facilities. Networking activities and sharing sessions have also been organised to facilitate their communication with one another. In view of students’ positive response towards the two programmes on “Learning Support” and “Psychosocial Support”, the EDB organised the two programmes again from October 2021 to January 2022 with more places.

The EDB will continue to closely monitor the development of the epidemic situation and ascertain the needs of CBS and readiness of schools, so as to work out various feasible options on the appropriate learning arrangements for CBS, taking into account the views of stakeholders. We will also maintain liaison and communication with all parties, and hope that that orderly arrangement can be made for CBS to attend classes in Hong Kong as soon as possible when cross-boundary travel is resumed.

- (3) Under the prevailing policy of the Government of the Hong Kong Special Administrative Region (HKSAR), the HKSAR may favourably consider the application for a visa/entry permit from students of appropriate age from certain regions/countries, if these non-local persons of appropriate age who intend to study in primary and secondary schools in Hong Kong are admitted to a private school or Direct Subsidy Scheme school registered under the Education Ordinance (Cap. 279) and are able to meet the fees for the course, the living expenses for his/her maintenance and accommodation. Detailed arrangements are available at <https://www.immd.gov.hk/eng/services/visas/study.html>.

However, there are a number of practical issues that need to be tackled when underage non-local students come to Hong Kong for education. If one or both of their parents come along to take up residence in Hong Kong, he/she/they can live with the students concerned to provide the necessary care and support. If these students come to Hong Kong for schooling on their own, then we have to consider how to take care of them and ensure that apart from learning, sufficient support, care and supervision are provided for their living and growth. This will involve supporting measures in various aspects, such as the need to identify suitable non-kinship families who can act as their guardians to provide supervision, or the need for the schools concerned to offer boarding places to provide accommodation and meals for the students, etc. As these underage students have to live apart from their parents in another place, parents will also need to carefully consider various factors, including the children's adaptability and psychological well-being as well as their family's financial situations, etc. The arrangements of school choices for non-local students and the impact of the same on school choices for local students are also considerations. Currently, it appears that schools and families in Hong Kong may not have the necessary conditions and readiness to receive a large number of underage students to come to Hong Kong for schooling.

LEGCO QUESTION NO. 20

(Written Reply)

Asked by : Hon KWOK Wai-keung

Date of meeting : 26 January 2022

Replied by : Secretary for Labour and Welfare

Reply

President,

My reply to the Member's question is as follows:

- (1) From 2019 to 2021, the yearly figures of settled compensation claims involving incapacitation of employees for more than three days as a result of work injuries (including compensation claims reported to the Labour Department (LD) under the Employees' Compensation Ordinance (ECO) in or before the respective settlement year) with a breakdown by the number of working days lost are provided below:

Number of working days lost*	Number of settled compensation claims		
	2019	2020	2021
Below 8 days	11 037	8 848	9 977
8 to below 15 days	5 534	4 039	4 765
15 to below 30 days	3 907	2 700	3 439
30 to below 90 days	4 267	2 957	4 100
90 to below 180 days	2 710	1 731	2 555
180 to below 360 days	2 585	1 767	2 471
360 to below 720 days	2 083	1 726	2 617
720 days or above	4	1	12
Total	32 127	23 769	29 936

* The number of working days lost includes both the number of sick leave days granted and taken and the period of absence from duty certified to be necessary by the Employees' Compensation Assessment Board under ECO.

If the work injury sick leave of an employee does not exceed three days and no permanent incapacity is involved, the employer should make direct payment of compensation to the employee in accordance with ECO. LD does not keep statistics on the number of working days lost for this type of cases.

- (2) From 2019 to 2021, the yearly figures of settled compensation claims involving incapacitation of employees for more than three days as a result of work injuries (including compensation claims reported to LD under ECO in or before the respective settlement year) with a breakdown by the percentage of permanent loss of earning capacity of employees are provided below:

Percentage of permanent loss of earning capacity	Number of settled compensation claims		
	2019	2020	2021
Assessment not required	17 903	14 277	16 417
0% to 5%	13 254	8 800	12 689
Above 5% to 10%	696	474	552
Above 10% to 20%	164	136	162
Above 20% to 30%	53	34	44
Above 30% to 50%	43	28	33
Above 50% to 70%	6	6	12
Above 70%	8	14	27
Total	32 127	23 769	29 936

- (3) and (4)

In work injury cases where the period of sick leave of the injured employee concerned exceeds seven days and the injury does not lead to any permanent loss of earning capacity, employers and employees may request LD to complete the follow-up procedure for work injury sick leave by “Paper Medical Clearance” (PMC) when the sick leave has already ended. For cases adopting the aforesaid handling approach, LD will issue the “Certificate of Compensation Assessment” direct for settling the claims in accordance with ECO.

Since December 2019, LD has implemented a pilot scheme on enhancing the follow-up procedure for sick leave relating to work injury and invited seven establishments mainly from the catering and aviation industries to

join the scheme. Under the pilot scheme, LD scrutinised suitable cases and proactively invited relevant employers and employees to complete the follow-up procedure for work injury sick leave by PMC. While the injured employees joining the pilot scheme were not required to attend the medical clearance in person, LD would issue the “Certificate of Compensation Assessment” direct under ECO so as to speed up the settlement of the cases. After reviewing the pilot scheme, LD will further promote PMC in 2022 by proactively inviting employers and employees of all suitable cases to complete the follow-up procedure for work injury sick leave by PMC with a view to expediting the processing of work injury cases through simplified procedures.

LD has been keeping statistics on the number of compensation claims settled by PMC since 2020, with the yearly figures shown below:

Year	Number of compensation claims settled by PMC
2020	2 752
2021	2 622

LEGCO QUESTION NO. 21

(Written Reply)

Asked by : Hon CHAN Hoi-yan

Date of meeting : 26 January 2022

Replied by : Secretary for Commerce
and Economic Development

Reply

President,

The Food Truck Pilot Scheme (the Scheme) was launched on 3 February 2017. It was stated that the Scheme would be operated on a pilot basis with the objective of promoting food trucks as a tourism project. Since the implementation of the Scheme, the Government has been continuously refining the Scheme and has extended it twice to February 2022. The Scheme has been running for almost five years. Food trucks have been fully tested and their operation and development are unable to achieve the policy objective. The Government has decided to end the Scheme, but will extend it for about four months until 1 June 2022 to allow sufficient time for the operators to make corresponding arrangements.

My reply to the question raised by the Hon CHAN Hoi-yan is as follows:

- (1) Since the commencement of the Scheme in February 2017 up till now, food trucks have completed almost 16 Rotation Cycles¹, with each lasting for 16 weeks. 15 food trucks started their business at different times between February and December 2017. Upon the withdrawal of three food trucks in 2019, 2020 and 2021, there are currently 12 food trucks under the Scheme.

The gross revenue of food trucks at each Rotation Cycle is presented in the table below.

¹ Food trucks will move from one designated operating venue to another at a bi-weekly interval and complete a rotation cycle of all designated venues in 16 weeks.

Rotation Cycle		Gross revenue of all food trucks (\$ million)
1 st	Feb – June 2017	8.92
2 nd	June – Oct 2017	6.06
3 rd	Oct 2017 – Feb 2018	8.38
4 th	Feb – May 2018	6.64
5 th	May – Sep 2018	4.79
6 th	Sep 2018 – Jan 2019	5.47
7 th	Jan – Apr 2019	4.87
8 th	Apr – Aug 2019	3.12
9 th	Aug – Dec 2019	1.72
10 th	Dec 2019 – Mar 2020	0.91
11 th	Mar – Jul 2020	0.17
12 th	Jul – Nov 2020	0.35
13 th	Nov 2020 – Feb 2021	0.95
14 th	Mar – Jun 2021	1.15
15 th	Jun – Oct 2021	1.01
16 th	Oct 2021 – Feb 2022 (up to early-Jan 2022)	1.77
Total:		56.28

- (2) In the past three years, the gross revenue of food trucks at designated operating venues and new operating venues is presented in the table below.

Operating venues	Gross revenue of all food trucks (\$ million)		
	2019	2020²	2021²
(A) Designated venues			
Hong Kong Disneyland	6.26	0.31	1.2
Tsim Sha Tsui Art Square	0.98	0.05	0.14
Tsim Sha Tsui Salisbury Garden	0.66	0.01	0

² Since the outbreak of the epidemic in early 2020, some operating venues were closed from time to time due to social distancing measures.

Operating venues	Gross revenue of all food trucks (\$ million)		
	2019	2020 ²	2021 ²
Ocean Park	0.56	0.01	0.01
Golden Bauhinia Square	0.24	0	0
Wong Tai Sin Square	0.01	0	0
Central Harbourfront Event Space	0.03	0	0
Energizing Kowloon East Venue 1	0.01	0.12	0
(A) Subtotal:	8.75	0.5	1.35
(B) New venues			
West Kowloon Cultural District ³ (WKCD)	Not yet joined the Scheme	0.61	2.6
Hong Kong University of Science and Technology	0.33	0	0
AsiaWorld Expo ⁴ (AWE)	0	Withdrawn from the Scheme	Withdrawn from the Scheme
Hong Kong Science Museum	0.02	0	0
Science Park ⁵ (SP)	0	0	0
Jockey Club HKFA Football Training Centre ⁶ (HKFTC)	0.05	0.04	0.01
Tai Po Waterfront Park ⁷ (TPWP)	0.01	Withdrawn from the Scheme	Withdrawn from the Scheme
Hong Kong-Zhuhai-Macao Bridge Hong Kong Port ⁸ (HZMP HKP)	0.01	0	Withdrawn from the Scheme

³ WKCD provided two locations for food truck operation from 19 June 2020 to 31 August 2020. It increased the number of locations to three on 5 September 2020, and further increased it to six on 18 May 2021.

⁴ AWE provided two pitches for food truck operation from 20 May 2017 to 2 February 2019. It withdrew from the Scheme in the light of its development plan.

⁵ SP provided one pitch for food truck operation when suitable events were held at the venue from 6 June 2017 to 2 February 2021. It withdrew from the Scheme on resources consideration.

⁶ HKFTC provides two pitches for food truck operation on Saturdays and Sundays since 7 December 2019.

⁷ TPWP provided one pitch for food truck operation from 22 July 2019 to 30 September 2019 to cover the service gap when its kiosk and restaurant were temporarily closed.

⁸ HZMB HKP provided one pitch for food truck operation from 8 July 2019 to 31 July 2020. It withdrew from the Scheme on account of carrying out site works.

Operating venues	Gross revenue of all food trucks (\$ million)		
	2019	2020 ²	2021 ²
(B) Subtotal:	0.42	0.65	2.61
(A)+(B) Total:	9.17	1.15	3.96

- (3) In the past three years, the highest, lowest and median revenue among the operating food trucks is presented in the table below.

Number of operating food trucks	2019	2020	2021
	15	8	7
	Gross revenue of operating food trucks (\$ million)		
Highest	1.17	0.45	1.51
Lowest	0.09	0.01	0.05
Median	0.75	0.09	0.67

- (4) Self-identified events varied in the number of event days, as well as the combination and number of participating food trucks. From June 2017 to early-January 2022, all applications made by operators for their operation in 109 self-identified events were approved. The gross revenue generated in all self-identified events was \$5.17 million.
- (5) In the 2015 Budget, the Government put forward its plan to study the introduction of food trucks. The Scheme has been positioned as a tourism promotion project and implemented in the form of a pilot scheme. The Commerce and Economic Development Bureau (CEDB) and the Tourism Commission (TC) of CEDB have, within their policy framework, all along been offering support to food truck operation and refining the Scheme so as to expand the business opportunities and operation flexibility of food trucks. Such work includes:
- Exploring new operating venues continuously and introducing eight new operating venues in addition to the original eight designated venues;
 - Relaxing restrictions by offering a more flexible operation schedule so as to facilitate the operators to secure operation locations and trading periods with more business opportunities, including allowing food trucks to operate in different venues at day time and night time, bid for available vacant pitches either by drawing lots or on a first-come-first-served basis, and swap trading periods of the same

venue with other operators;

- (c) Taking suggestions of the operators to identify new operating venues;
- (d) Expanding the mode of operation by allowing food trucks to participate in self-identified events which are open to the public, with publicity packages and appropriate licences. Since the commencement of the Scheme, operators have applied for operation in 109 self-identified events and all applications were approved; and
- (e) Reducing the operating costs of operators substantially by allowing them to opt whether to operate at individual venues and pay rental fees for operation days only.

In addition, in view of the impact of the riots in 2019 and the epidemic brought to the operation of food trucks, the Government has launched a series of helping measures for food trucks, including waiving all licence fees and first vehicle examination fees for food trucks, providing a one-off subsidy of \$80,000 to operators, offering 75% rental concession at government venues, and facilitating rental reduction of 30% and 20% for food truck venues at the two theme parks respectively.

Apart from policy support, the business performance of food trucks, being a commercially operated project, also hinges upon the operating conditions and strategy of the operators. However, the business development of food trucks was not satisfactory. The performance of the Scheme in general was better only at the initial stage after the Scheme was implemented in 2017 but it deteriorated continuously in the subsequent two years. Three of the 15 food trucks have already withdrawn from the Scheme, and currently among the remaining 12 food trucks, only half maintain relatively regular operation. As for the current 12 operating venues, only three have frequent food truck operation.

Food trucks as a tourism facility in Hong Kong are facing a number of operation challenges. The competition of catering industry in Hong Kong is keen. In order to maintain a fair business environment, food trucks are required to operate at designated locations and maintain certain distance from nearby catering outlets. In addition, locations of food truck pitches should not cause obstruction to any road users and there should be electricity and other support services provided by the venue management for food trucks. The operation of food truck business is also very much subject to the weather conditions.

Food trucks are operated on a commercial basis and they are to attract customers by their own characteristics. The Scheme has been running for

almost five years. CEDB and TC have been providing various support to food truck operation, and refining and extending the Scheme on a number of occasions, such as exploring new operating venues, offering a more flexible operation schedule, expanding the mode of operation and reducing the operating costs substantially, etc. The business development of food trucks being a tourism promotion facility was still not satisfactory.

- (6) Upon the conclusion of the Scheme, operators are required to surrender their Food Factory Licence and Special Purpose Vehicle (Food Processor) Licence to the Food and Environmental Hygiene Department (FEHD) and the Transport Department respectively. It will be food truck operators' commercial decision whether they will continue running their businesses in other modes of catering businesses after the conclusion of the Scheme. If they so decide, they are required to follow FEHD's existing procedures to apply for an appropriate licence.

- End -

LEGCO QUESTION NO. 22

(Written Reply)

Asked by: Hon Kenneth FOK

Date of meeting: 26 January 2022

Replied by: Secretary for Home
Affairs

Reply:

President,

In consultation with the Commerce and Economic Development Bureau (CEDB), my reply to the various parts of the questions is as follows:

- (1) The Chief Executive (CE) has put forward the possible proposal on the re-organisation of the Government structure to the Legislative Council (LegCo) at the CE's Question and Answer Session on 12 January 2022, including the proposal to set up a new Culture, Sports and Tourism Bureau (CSTB) to consolidate the culture, sports and tourism portfolios currently under the purview of different bureaux, to better steer and promote the development of cultural affairs of Hong Kong. The CE said that the proposal, together with the views of the Members of the LegCo, will be submitted to the CE-elect, to be elected on 27 March 2022, for consideration whether it should be implemented by the next term of the Government.
- (2) Regarding the arts and cultural sector, the Government has maintained close liaison with the sector through relevant departments and advisory and statutory bodies (ASBs), including the Leisure and Cultural Services Department (LCSD), the Hong Kong Arts Development Council (HKADC), the Hong Kong Academy for Performing Arts, the West Kowloon Cultural District Authority and the Advisory Committee on Arts Development (ACAD), to gauge the views and needs of the sector when formulating suitable policies. Government officials take part in the meetings of these ASBs and their sub-committees as members or observers. Apart from that, the HKADC has been conducting the "Hong Kong Annual Arts Survey" annually since 2008, which collects data on performing arts, visual arts, film arts and literary art, including the number of programmes, attendance figures, number of screenings and box office records during the year. The surveys are published on website for the reference of the Government and the public. The Government

will continue to listen carefully to the arts and cultural sector, and formulate policies that suit the ecology and needs of the sector.

Regarding the creative industries, CEDB and Create Hong Kong (CreateHK) under the bureau have been supporting the long-term development of the sector through the CreateSmart Initiative (CSI) and Film Development Fund (FDF), sponsoring the trade in nurturing talents and facilitating start-ups, exploring markets, and fostering a creative atmosphere in the community. We have and will continue to liaise with relevant trade organisations and stakeholders (such as the Hong Kong Design Centre, Hong Kong International Film Festival Society, Hong Kong Film Development Council, etc.), and make reference to feedback from various project organisers of the two aforementioned funds as well as relevant international good practices, with a view to formulating appropriate policies and measures that foster the sustainable development of the creative industries.

Regarding the sports sector, the Government has maintained close liaison with the sector through relevant departments, ASBs and related sports organisation, including the LCSD, the Sports Commission, the Sports Federation and Olympic Committee of Hong Kong, China (SF&OC), the Hong Kong Paralympic Committee & Sports Association for the Physically Disabled, the Hong Kong Sports Institute and “national sports associations” (NSAs), to gauge the views and needs of the sector when formulating policies. The Government has also been collecting data on the NSAs’ work in promoting and developing their respective sports under the LCSD’s Sports Subvention Schemes, and has been publishing information on NSAs’ community sports programmes and major events online for the public’s information. In addition to the existing policy objectives of supporting elite sports, maintaining Hong Kong as a centre for major international sports events and promoting sports in the community, we will explore ways, in consultation with the business and sports sectors, to further promote sports development in Hong Kong through enhanced professionalism in sports sector and development of sports as an industry. The Government will continue to listen carefully to the sports sector, and formulate policies to further the development of sports in Hong Kong.

- (3) Regarding arts and culture, The Ministry of Culture and Tourism (MoCT), the Office of the Leading Group for the Development of the Guangdong-Hong Kong-Macao Greater Bay Area and the People’s Government of Guangdong Province jointly promulgated the Culture and Tourism Development Plan for the Guangdong-Hong Kong-Macao

Greater Bay Area (the Plan) in December 2020, which sets out the directions for the overall cultural and tourism development of the Greater Bay Area (GBA). Since the publication of the Plan, the HKSAR Government has closely worked with relevant Mainland authorities to jointly develop a world-class bay area for culture and leisure as enshrined in the Plan.

Apart from that, Guangdong Province, Hong Kong and Macao have established a cultural co-operation framework since 2003. Since then, the three parties have taken turns to organise annual cultural co-operation meetings to follow up on recommendations for co-operation in different arts areas. The Government will continue to fully utilise this framework to foster cultural exchange and co-operation within the GBA.

An additional funding of \$140 million has been allocated to LCSD to support Hong Kong arts groups and artists for cultural exchange in the GBA from 2018-19 to 2022-23. In the past three financial years, LCSD supported 40 productions of various arts form organised in seven cities in the GBA. The LCSD has also built up a collaboration network and regular communication mechanism with venue operators in the GBA for mutual exchange. Due to the epidemic, the touring programmes scheduled for 2020-22 have either been postponed or conducted online. In this connection, four online programmes were rolled out in end-October 2020 and were well received by the audience with click rate reaching over 3.1 million. The LCSD will support local arts groups and artists to carry out physical performances and cultural exchange in the GBA as soon as the epidemic stabilises.

CreateHK has organised visits to relevant authorities in the Mainland together with the creative sectors, such as a visit to Beijing in 2019. Once the travel restrictions are lifted, we will again arrange face-to-face exchanges. Meanwhile, we are maintaining collaborations and contact through virtual means. For example, we are staging a Hong Kong Film Festival in three GBA cities from December 2021 to January 2022.

Regarding sports, the Plan supports the GBA in organising international sports events and taking forward integrated development of sports and culture. The HKSAR is grateful for the trust and support of the Central Government in allowing Guangdong Province, Hong Kong and Macao to co-host the 15th National Games in 2025. We will spare no effort to work closely with the relevant ministries of the Central Government, and the governments of the Guangdong Province and Macao SAR to organise the 15th National Games, which will be “simple, safe and wonderful”. In

addition, the HKSAR Government will continue to support the SF&OC and NSAs in organising sports exchange programmes in the GBA in collaboration with relevant Mainland organisations through funding and venue support.

Regarding tourism, the Government has been strengthening co-operation and exchanges with other GBA cities through active participation in various platforms, including the Tourism Federation of Cities in the Guangdong-Hong Kong-Macao Greater Bay Area and the Joint Regulatory Alliance of the Tourism Market of 9+2 Cities in the Guangdong-Hong Kong-Macao Greater Bay Area. The Government will also continue to support the Hong Kong Tourism Board to enhance joint publicity with tourism promotion bodies of Guangdong and Macao after the resumption of cross-boundary travel, with a view to attracting more overseas and high value-added overnight tourists to embark on GBA multi-destination journeys via Hong Kong, strengthening the positions of Hong Kong as a core demonstration zone for multi-destination tourism and an international tourism hub, and promoting the overall tourism development within the GBA.

- (4) The Government has all along collaborated with different policy bureaux, departments and ASBs to take forward the implementation policies on arts and culture, creative industries, sports and tourism. Regardless of the re-organisation of the Government structure, the Government will continue to ensure the smooth implementation of various policies.
- (5) As set out above, this term of Government will submit the proposal to re-organise government structure to the CE-elect and next term of Government for consideration. At this stage, the HKSARG will continue with the existing measures in the promotion of the development of arts and culture. The 14th Five-Year Plan sets out clear support for Hong Kong to develop into an East-meets-West centre for international cultural exchange. The CE announced in the 2021 Policy Address (2021 PA) that the Government will seize upon Hong Kong's unique creative atmosphere where Chinese and Western cultures meet to position Hong Kong as Asia's city of culture and creativity. To realise our new cultural positioning, the Government will adopt a multi-pronged approach, including (1) developing world-class cultural facilities and pluralistic cultural environment; (2) strengthening links with overseas arts and culture organisations; (3) strengthening cultural exchange and co-operation with the Mainland; (4) leveraging technology and (5) nurturing talents.

In terms of hardware, various world-class arts and cultural facilities have been commissioned in a gradual manner. The M+ Museum of the West Kowloon Cultural District (WKCD) was opened in November 2021 and the Hong Kong Palace Museum will be opened in mid-2022, showcasing to visitors contemporary visual culture and exquisite collections of the Palace Museum. The East Kowloon Cultural Centre will open by phases in 2023 and become a major venue and incubator for arts technology. The Lyric Theatre Complex of WKCD, expected to be completed in 2024, will be another top-class performance venue for dance and theatre.

In terms of software, we are seeking to maintain and strengthen links with overseas arts and culture organisations, including expanding the diversity and contents of popular culture brands like Hong Kong Arts Festivals. Following the successful organisation of the “Hong Kong Week@Guangzhou” from April to June 2021 in a hybrid of in-venue and online format, we will continue to showcase the arts and cultural achievements of Hong Kong and promote cultural exchanges in the format of Hong Kong Week and similar activities, as well as to co-operate with Mainland and overseas cultural institutions to solicit exhibition of their precious cultural relics in Hong Kong and to loan out Hong Kong’s arts and cultural collections. We will also further expand Hong Kong’s cultural links with the Mainland and overseas and strengthen co-operation between different theatres in Hong Kong and the Greater Bay Area, with a view to providing more performance opportunities for local arts groups and broadening the audience of Hong Kong’s arts and cultural programmes. The Government is also committed to encouraging Hong Kong young people to take part in arts and cultural exchanges in the Mainland. We have collaborated with the Palace Museum and Dunhuang Academy to organise the “Thematic Youth Internship Programmes to the Mainland”, providing Hong Kong young people who are aspired to pursue a career in the arts and culture industry with unique, in-depth and valuable internship opportunities. We will also continue to organise the “Guangdong-Hong Kong-Macao Youth Cultural Exchange Programme” with the Department of Culture and Tourism of Guangdong Province and the Education and Youth Development Bureau of the Macao Special Administrative Region, to facilitate mutual understanding among young people and enhancing their understanding of the cultures of the three places. Moreover, we are actively preparing for various international conferences and forums to be held in Hong Kong this year, including the Hong Kong 2022 International Society for the Performing Arts Congress, the Asia Cultural Co-operation Forum and the International Museum Summit, so as to provide platforms for cultural and arts exchange at the international

level.

We will continue to make good use of the CSI and FDF in supporting our creative industries in their long-term development and meeting challenges under the new normal. Other than encouraging the trade to fully utilise both online and offline modes to maximise impact and audience reach of activities, we shall organise seminars, visits, trainings, demonstration and testing sessions for promoting the integration of technologies in film production.

In terms of nurturing of talents, we will enhance our efforts in talent grooming and exchanges in diverse areas such as arts administration, arts technology and script production. The Chief Executive announced in the 2021 PA that we would expand the scope of some existing professions on the Talent List of Hong Kong to include experts of, among others, “arts technology” category with a view to complementing Hong Kong’s future policy direction to develop the key area of arts and culture. Apart from that, in respect of Cantonese opera, we will provide additional support for training of young talents and enable the continued professional development of practitioners, as well as encourage and support the production of new scripts with community appeal especially to younger audience. The Government has also been supporting various local and non-local training and internship programmes under the CSI and FDF to nurture talents for the creative sectors.

- (6) Currently, the Government has reserved \$50 million per annum for cultural exchange purposes. HAB will provide financial resources for our offices in the Mainland and our overseas Hong Kong Economic and Trade Offices (ETOs) to co-operate with Hong Kong arts groups and arrange these arts groups to tour in the Mainland and overseas. When the epidemic subsides, the Government will continue to provide resources to encourage Hong Kong arts groups to resume cultural co-operation with the Mainland and the overseas, thereby leveraging Hong Kong’s roles of “bringing in” and “going out” as an East-meets-West centre for international cultural exchange.

In fact, ETOs have always been closely cooperating with bureaux and departments, different cultural groups and related entities to actively pursue diverse collaboration opportunities, with a view to facilitating overseas promotion of Hong Kong and the “going out” of Hong Kong culture through various means and channels. Apart from lining-up Hong Kong organisations with their counterparts in respective countries, ETOs also sponsor and promote a wide range of arts and cultural projects

including exchange tours, dragon boat racing, dramas, and “Hong Kong Arts Festivals”, etc. to overseas audience to get a taste of the vibrancy of Hong Kong. ETOs have also been supporting Hong Kong films to participate in international film festivals, pushing forward the screening of Hong Kong’s brand new film productions on the international arena. As mentioned in the 2021 PA, ETOs will play a role in promoting the cultural industries of Hong Kong. Under the leadership of HAB, ETOs will further promote Hong Kong’s new cultural positioning and step up the effort in overseas cultural promotion.

**The marked-up version of the amendment moved by Mr Kingsley WONG
(Translation)**

That early in 1988, the authorities already started considering the promotion of primary healthcare, but over the past 30-odd years, the pressure faced by Hong Kong's public healthcare system has been at bursting point for a long time, such as the waiting time for specialist outpatient services remaining at a high level, the accident and emergency departments being always full during the influenza surge and the occupancy rates of medical wards persistently exceeding the capacity has all along failed to shift the emphasis of the healthcare system and people's mindset from treatment-oriented to prevention-focused, thus causing the public healthcare system to face heavy pressure; in this connection to enable primary healthcare services to serve the role of 'curing the illness while it is still obscure', this Council urges the Government to implement a 'ten-year plan for primary healthcare' and plan with measures including:

- (1) planning afresh and stepping up the allocation of resources and manpower training for healthcare services with an approach which is more prevention-focused than treatment-oriented, including enhancing training for family medicine specialists to dovetail with the development of primary healthcare;*
- (2) expediting the extension of District Health Centres to all the 18 districts in Hong Kong and making optimal use of mobile clinics and setting up influenza triage clinics, etc. to provide healthcare services for the chronically ill, so as to triage patients properly in the community; enhancing training for family medicine specialists, and, thereby alleviating the pressure on public hospitals;*
- (3) setting up additional day care centres for the elderly to provide the elderly with physiotherapy services, in particular helping stroke patients to undergo rehabilitation treatment in the community;*
- (4) making good use of healthcare professions such as nurses, chiropractors, physiotherapists, occupational therapists, clinical psychologists, dietitians, Chinese medicine practitioners and pharmacists so that patients can be triaged and also undergo*

appropriate treatment in a timely manner, so as to reduce the chances of patients being hospitalized due to serious illnesses and ameliorate, thereby ameliorating the problem of inadequate frontline healthcare manpower in hospitals;

- (5) *reforming public dental services, including increasing the service quotas and expanding the scope of services;*
- (6) *introducing women health care vouchers and elderly dental care vouchers, and lowering the eligible age for Elderly Health Care Voucher to 60;*
- (7) *subsidizing non-governmental organizations to set up non-profit-making Chinese medicine, general outpatient and specialist outpatient clinics, and further enhancing public-private partnership, including extending the public-private partnership programme to specialist outpatient clinics;*
- (8) *introducing more screening programmes for major cancers such as lung cancer and breast cancer, and implementing a ‘universal physical check-up programme’ to subsidize all people in Hong Kong aged 40 or above to have a physical check-up once every two years;*
- (9) *subsidizing members of the public to receive vaccination against hepatitis B, cervical cancer, etc. to prevent the occurrence of relevant serious illnesses; and*
- (10) *setting health indicators to raise people’s awareness of maintaining a healthy lifestyle;*

thereby reducing the number of patients seeking medical consultation at public hospitals to resolve the existing overload problem in the public healthcare system.

Note: Mr Kingsley WONG’s amendment is marked in *bold and italic type* or with deletion line.

The marked-up version of the further amendment moved by Mr Edward LEUNG (Translation)

That early in 1988, the authorities already started considering the promotion of primary healthcare, but over the past 30-odd years, Hong Kong's public healthcare has all along failed to shift the emphasis of the healthcare system and people's mindset from treatment-oriented to prevention-focused, thus causing the public healthcare system to face heavy pressure; to enable primary healthcare services to serve the role of 'curing the illness while it is still obscure', this Council urges the Government to implement a 'ten-year plan for primary healthcare' with measures including:

- (1) planning afresh and stepping up the allocation of resources and manpower training for healthcare services, including enhancing training for family medicine specialists to dovetail with the development of primary healthcare;
- (2) expediting the extension of District Health Centres to all the 18 districts in Hong Kong and making optimal use of mobile clinics, etc. to provide healthcare services for the chronically ill, so as to triage patients properly in the community, thereby alleviating the pressure on public hospitals;
- (3) setting up additional day care centres for the elderly to provide the elderly with physiotherapy services, in particular helping stroke patients to undergo rehabilitation treatment in the community;
- (4) making good use of healthcare professions such as nurses, chiropractors, physiotherapists, occupational therapists, clinical psychologists, dietitians, Chinese medicine practitioners and pharmacists so that patients can be triaged and also undergo appropriate treatment in a timely manner, so as to reduce the chances of patients being hospitalized due to serious illnesses, thereby ameliorating the problem of inadequate frontline healthcare manpower in hospitals;

- (5) reforming public dental services, including increasing the service quotas and expanding the scope of services;
- (6) introducing women health care vouchers and elderly dental care vouchers, and lowering the eligible age for Elderly Health Care Voucher to 60;
- (7) subsidizing non-governmental organizations to set up non-profit-making Chinese medicine, general outpatient and specialist outpatient clinics, and further enhancing public-private partnership, including extending the public-private partnership programme to specialist outpatient clinics;
- (8) introducing more screening programmes for major cancers such as lung cancer and breast cancer, and implementing a ‘universal physical check-up programme’ to subsidize all people in Hong Kong aged 40 or above to have a physical check-up once every two years;
- (9) subsidizing members of the public to receive vaccination against hepatitis B, cervical cancer, etc. to prevent the occurrence of relevant serious illnesses; and
- (10) setting health indicators to raise people’s awareness of maintaining a healthy lifestyle;
- (11) *making optimal use of private healthcare resources and incorporating private healthcare services into the development planning of primary healthcare to share the pressure of the public healthcare system;*
- (12) *fully incorporating Chinese medicine services into the public healthcare system and developing comprehensive integrated Chinese-Western medicine services; and*
- (13) *proceeding to study the establishment of the third medical school to train more healthcare personnel;*

thereby reducing the number of patients seeking medical consultation at public hospitals to resolve the existing overload problem in the public healthcare system.

Note: Mr Edward LEUNG’s amendment is marked in ***bold and italic type***.

The marked-up version of the further amendment moved by Dr David LAM (Translation)

That early in 1988, the authorities already started considering the promotion of primary healthcare, but over the past 30-odd years, Hong Kong's public healthcare has all along failed to shift the emphasis of the healthcare system and people's mindset from treatment-oriented to prevention-focused, thus causing the public healthcare system to face heavy pressure; to enable primary healthcare services to serve the role of 'curing the illness while it is still obscure', this Council urges the Government to implement a 'ten-year plan for primary healthcare' with measures including:

- (1) planning afresh and stepping up the allocation of resources and manpower training for healthcare services, including enhancing training for family medicine specialists to dovetail with the development of primary healthcare;
- (2) expediting the extension of District Health Centres to all the 18 districts in Hong Kong and making optimal use of mobile clinics, etc. to provide healthcare services for the chronically ill, so as to triage patients properly in the community, thereby alleviating the pressure on public hospitals;
- (3) setting up additional day care centres for the elderly to provide the elderly with physiotherapy services, in particular helping stroke patients to undergo rehabilitation treatment in the community;
- (4) making good use of healthcare professions such as nurses, chiropractors, physiotherapists, occupational therapists, clinical psychologists, dietitians, Chinese medicine practitioners and pharmacists so that patients can be triaged and also undergo appropriate treatment in a timely manner, so as to reduce the chances of patients being hospitalized due to serious illnesses, thereby ameliorating the problem of inadequate frontline healthcare manpower in hospitals;

- (5) reforming public dental services, including increasing the service quotas and expanding the scope of services;
- (6) introducing women health care vouchers and elderly dental care vouchers, and lowering the eligible age for Elderly Health Care Voucher to 60;
- (7) subsidizing non-governmental organizations to set up non-profit-making Chinese medicine, general outpatient and specialist outpatient clinics, and further enhancing public-private partnership, including extending the public-private partnership programme to specialist outpatient clinics;
- (8) introducing more screening programmes for major cancers such as lung cancer and breast cancer, and implementing a ‘universal physical check-up programme’ to subsidize all people in Hong Kong aged 40 or above to have a physical check-up once every two years;
- (9) subsidizing members of the public to receive vaccination against hepatitis B, cervical cancer, etc. to prevent the occurrence of relevant serious illnesses; and
- (10) setting health indicators to raise people’s awareness of maintaining a healthy lifestyle;
- (11) making optimal use of private healthcare resources and incorporating private healthcare services into the development planning of primary healthcare to share the pressure of the public healthcare system;
- (12) fully incorporating Chinese medicine services into the public healthcare system and developing comprehensive integrated Chinese-Western medicine services; and
- (13) proceeding to study the establishment of the third medical school to train more healthcare personnel;

~~thereby reducing the number of patients seeking medical consultation at public hospitals to resolve the existing overload problem in the public healthcare system~~ ***this Council also urges the Government to:***

- (14) *expeditiously submit to this Council the Primary Healthcare Development Blueprint and extensively consult the relevant professional sectors and members of the community on the Development Blueprint;*
- (15) *put into practice the concept of ‘specialists and family doctors jointly taking care of patients’ in order to promote primary healthcare development;*
- (16) *plan afresh a healthcare system featuring ‘community-and-hospital partnership with family doctors and specialists jointly taking care of patients’ to achieve seamless interfacing of the upper and lower tiers;*
- (17) *provide two-way referral services between specialist outpatient services and community healthcare for patients according to their conditions to alleviate the burden on specialist outpatient clinics in public hospitals;*
- (18) *establish a primary healthcare co-ordination and management structure with dedicated responsibilities for deploying resources, training primary healthcare personnel and developing community healthcare networks;*
- (19) *encourage, through policies, family doctors to pursue continuing education; offer policy incentives to encourage healthcare professions such as Chinese medicine practitioners, pharmacists, nurses, physiotherapists, occupational therapists, speech therapists, psychologists, etc. to provide services in the community; and*
- (20) *encourage people to make good use of health care vouchers to undergo regular physical check-ups according to medical protocols, so that chronic diseases can be diagnosed early and treated in a timely manner.*

Note: Dr David LAM’s amendment is marked in *bold and italic type* or with deletion line.

The marked-up version of the further amendment moved by Mr Tommy CHEUNG (Translation)

That early in 1988, the authorities already started considering the promotion of primary healthcare, but over the past 30-odd years, Hong Kong's public healthcare has all along failed to shift the emphasis of the healthcare system and people's mindset from treatment-oriented to prevention-focused, thus causing the public healthcare system to face heavy pressure; to enable primary healthcare services to serve the role of 'curing the illness while it is still obscure', this Council urges the Government to implement a 'ten-year plan for primary healthcare' with measures including:

- (1) planning afresh and stepping up the allocation of resources and manpower training for healthcare services, including enhancing training for family medicine specialists to dovetail with the development of primary healthcare;
- (2) expediting the extension of District Health Centres to all the 18 districts in Hong Kong and making optimal use of mobile clinics, etc. to provide healthcare services for the chronically ill, so as to triage patients properly in the community, thereby alleviating the pressure on public hospitals;
- (3) setting up additional day care centres for the elderly to provide the elderly with physiotherapy services, in particular helping stroke patients to undergo rehabilitation treatment in the community;
- (4) making good use of healthcare professions such as nurses, chiropractors, physiotherapists, occupational therapists, clinical psychologists, dietitians, Chinese medicine practitioners and pharmacists so that patients can be triaged and also undergo appropriate treatment in a timely manner, so as to reduce the chances of patients being hospitalized due to serious illnesses, thereby ameliorating the problem of inadequate frontline healthcare manpower in hospitals;

- (5) reforming public dental services, including increasing the service quotas and expanding the scope of services;
- (6) introducing women health care vouchers and elderly dental care vouchers, and lowering the eligible age for Elderly Health Care Voucher to 60;
- (7) subsidizing non-governmental organizations to set up non-profit-making Chinese medicine, general outpatient and specialist outpatient clinics, and further enhancing public-private partnership, including extending the public-private partnership programme to specialist outpatient clinics;
- (8) introducing more screening programmes for major cancers such as lung cancer and breast cancer, and implementing a 'universal physical check-up programme' to subsidize all people in Hong Kong aged 40 or above to have a physical check-up once every two years;
- (9) subsidizing members of the public to receive vaccination against hepatitis B, cervical cancer, etc. to prevent the occurrence of relevant serious illnesses; and
- (10) setting health indicators to raise people's awareness of maintaining a healthy lifestyle;
- (11) making optimal use of private healthcare resources and incorporating private healthcare services into the development planning of primary healthcare to share the pressure of the public healthcare system;
- (12) fully incorporating Chinese medicine services into the public healthcare system and developing comprehensive integrated Chinese-Western medicine services; and
- (13) proceeding to study the establishment of the third medical school to train more healthcare personnel;

this Council also urges the Government to:

- (14) expeditiously submit to this Council the Primary Healthcare Development Blueprint and extensively consult the relevant professional sectors and members of the community on the Development Blueprint;

- (15) put into practice the concept of ‘specialists and family doctors jointly taking care of patients’ in order to promote primary healthcare development;
- (16) plan afresh a healthcare system featuring ‘community-and-hospital partnership with family doctors and specialists jointly taking care of patients’ to achieve seamless interfacing of the upper and lower tiers;
- (17) provide two-way referral services between specialist outpatient services and community healthcare for patients according to their conditions to alleviate the burden on specialist outpatient clinics in public hospitals;
- (18) establish a primary healthcare co-ordination and management structure with dedicated responsibilities for deploying resources, training primary healthcare personnel and developing community healthcare networks;
- (19) encourage, through policies, family doctors to pursue continuing education; offer policy incentives to encourage healthcare professions such as Chinese medicine practitioners, pharmacists, nurses, physiotherapists, occupational therapists, speech therapists, psychologists, etc. to provide services in the community; and
- (20) encourage people to make good use of health care vouchers to undergo regular physical check-ups according to medical protocols, so that chronic diseases can be diagnosed early and treated in a timely manner; ***and***
- (21) ***expedite the importation of non-locally trained doctors and frontline healthcare workers, so that the healthcare system comprises both hardware and software.***

Note: Mr Tommy CHEUNG’s amendment is marked in ***bold and italic type***.

The marked-up version of the further amendment moved by Mr Duncan CHIU (Translation)

That early in 1988, the authorities already started considering the promotion of primary healthcare, but over the past 30-odd years, Hong Kong's public healthcare has all along failed to shift the emphasis of the healthcare system and people's mindset from treatment-oriented to prevention-focused, thus causing the public healthcare system to face heavy pressure; to enable primary healthcare services to serve the role of 'curing the illness while it is still obscure', this Council urges the Government to implement a 'ten-year plan for primary healthcare' with measures including:

- (1) planning afresh and stepping up the allocation of resources and manpower training for healthcare services, including enhancing training for family medicine specialists to dovetail with the development of primary healthcare;
- (2) expediting the extension of District Health Centres to all the 18 districts in Hong Kong and making optimal use of mobile clinics, etc. to provide healthcare services for the chronically ill, so as to triage patients properly in the community, thereby alleviating the pressure on public hospitals;
- (3) setting up additional day care centres for the elderly to provide the elderly with physiotherapy services, in particular helping stroke patients to undergo rehabilitation treatment in the community;
- (4) making good use of healthcare professions such as nurses, chiropractors, physiotherapists, occupational therapists, clinical psychologists, dietitians, Chinese medicine practitioners and pharmacists so that patients can be triaged and also undergo appropriate treatment in a timely manner, so as to reduce the chances of patients being hospitalized due to serious illnesses, thereby ameliorating the problem of inadequate frontline healthcare manpower in hospitals;

- (5) reforming public dental services, including increasing the service quotas and expanding the scope of services;
- (6) introducing women health care vouchers and elderly dental care vouchers, and lowering the eligible age for Elderly Health Care Voucher to 60;
- (7) subsidizing non-governmental organizations to set up non-profit-making Chinese medicine, general outpatient and specialist outpatient clinics, and further enhancing public-private partnership, including extending the public-private partnership programme to specialist outpatient clinics;
- (8) introducing more screening programmes for major cancers such as lung cancer and breast cancer, and implementing a ‘universal physical check-up programme’ to subsidize all people in Hong Kong aged 40 or above to have a physical check-up once every two years;
- (9) subsidizing members of the public to receive vaccination against hepatitis B, cervical cancer, etc. to prevent the occurrence of relevant serious illnesses; and
- (10) setting health indicators to raise people’s awareness of maintaining a healthy lifestyle;
- (11) making optimal use of private healthcare resources and incorporating private healthcare services into the development planning of primary healthcare to share the pressure of the public healthcare system;
- (12) fully incorporating Chinese medicine services into the public healthcare system and developing comprehensive integrated Chinese-Western medicine services; and
- (13) proceeding to study the establishment of the third medical school to train more healthcare personnel;

this Council also urges the Government to:

- (14) expeditiously submit to this Council the Primary Healthcare Development Blueprint and extensively consult the relevant professional sectors and members of the community on the Development Blueprint;

- (15) put into practice the concept of ‘specialists and family doctors jointly taking care of patients’ in order to promote primary healthcare development;
- (16) plan afresh a healthcare system featuring ‘community-and-hospital partnership with family doctors and specialists jointly taking care of patients’ to achieve seamless interfacing of the upper and lower tiers;
- (17) provide two-way referral services between specialist outpatient services and community healthcare for patients according to their conditions to alleviate the burden on specialist outpatient clinics in public hospitals;
- (18) establish a primary healthcare co-ordination and management structure with dedicated responsibilities for deploying resources, training primary healthcare personnel and developing community healthcare networks;
- (19) encourage, through policies, family doctors to pursue continuing education; offer policy incentives to encourage healthcare professions such as Chinese medicine practitioners, pharmacists, nurses, physiotherapists, occupational therapists, speech therapists, psychologists, etc. to provide services in the community; and
- (20) encourage people to make good use of health care vouchers to undergo regular physical check-ups according to medical protocols, so that chronic diseases can be diagnosed early and treated in a timely manner; and
- (21) expedite the importation of non-locally trained doctors and frontline healthcare workers, so that the healthcare system comprises both hardware and software;

however, to resolve the problem of primary healthcare in an ageing society in the long run, the Government must expeditiously formulate comprehensive planning and strategies on digital healthcare to make good use of technology to resolve various existing and anticipated healthcare problems, during which reference can be drawn from the comprehensive digital healthcare plan introduced by the National Health

Commission in 2018 to clearly set out guidelines and protocols on various types of healthcare services, and through digitalization of the healthcare process, substantially save the time patients need to receive healthcare services.

Note: Mr Duncan CHIU's amendment is marked in *bold and italic type*.