

Effective Exchange Rate Index

The effective exchange rate index for the Hong Kong dollar on Wednesday, May 8, 2024 is 106 (up 0.2 against yesterday's index).

Hong Kong Customs seizes suspected crack cocaine and synthetic cathinone (bath salts) worth about \$6 million (with photo)

Hong Kong Customs yesterday (May 7) seized about 4.4 kilograms of suspected crack cocaine and about 600 grams of suspected synthetic cathinone (bath salts) with a total estimated market value of about \$6 million in Sai Wan. A man suspected to be connected with the case was arrested.

During an anti-narcotics operation conducted in the vicinity of Sai Wan yesterday, Customs seized the batch of suspected crack cocaine and suspected synthetic cathinone (bath salts) inside a mini-storage locker in an industrial building.

On the same day, Customs officers arrested a 19-year-old man suspected to be connected with the case in Sai Wan. He claimed to be a transportation worker.

An investigation is ongoing. The likelihood of further arrests is not ruled out.

Under the Dangerous Drugs Ordinance, trafficking in a dangerous drug is a serious offence. The maximum penalty upon conviction is a fine of \$5 million and life imprisonment.

Members of the public may report any suspected drug trafficking activities to Customs' 24-hour hotline 2545 6182 or its dedicated crime-reporting email account (crimereport@customs.gov.hk) or online form (eform.cefs.gov.hk/form/ced002/).



Inspection of aquatic products imported from Japan

In response to the Japanese Government's plan to discharge nuclear-contaminated water at the Fukushima Nuclear Power Station, the Director of Food and Environmental Hygiene issued a Food Safety Order which prohibits all aquatic products, sea salt and seaweeds originating from the 10 metropolis/prefectures, namely Tokyo, Fukushima, Ibaraki, Miyagi, Chiba, Gunma, Tochigi, Niigata, Nagano and Saitama, from being imported into and supplied in Hong Kong.

For other Japanese aquatic products, sea salt and seaweeds that are not prohibited from being imported into Hong Kong, the Centre for Food Safety (CFS) of the Food and Environmental Hygiene Department will conduct comprehensive radiological tests to verify that the radiation levels of these products do not exceed the guideline levels before they are allowed to be supplied in the market.

As the discharge of nuclear-contaminated water is unprecedented and will continue for 30 years or more, the Government will closely monitor and step up the testing arrangements. Should anomalies be detected, the Government does not preclude further tightening the scope of the import ban.

From noon on May 7 to noon today (May 8), the CFS conducted tests on the radiological levels of 297 food samples imported from Japan, which were of the "aquatic and related products, seaweeds and sea salt" category. No sample was found to have exceeded the safety limit. Details can be found on the CFS's thematic website titled "Control Measures on Foods Imported from Japan" (www.cfs.gov.hk/english/programme/programme_rafs/programme_rafs_fc_01_30_Nuclear_Event_and_Food_Safety.html).

In parallel, the Agriculture, Fisheries and Conservation Department

(AFCD) has also tested 50 samples of local catch for radiological levels. All the samples passed the tests. Details can be found on the AFCD's website (www.afcd.gov.hk/english/fisheries/Radiological_testing/Radiological_Test.html).

The Hong Kong Observatory (HKO) has also enhanced the environmental monitoring of the local waters. No anomaly has been detected so far. For details, please refer to the HKO's website (www.hko.gov.hk/en/radiation/monitoring/seawater.html).

From August 24 to noon today, the CFS and the AFCD have conducted tests on the radiological levels of 49 277 samples of food imported from Japan (including 32 042 samples of aquatic and related products, seaweeds and sea salt) and 12 784 samples of local catch respectively. All the samples passed the tests.

LCQ14: Cross-boundary medical co-operation

Following is a question by the Hon Stanley Li and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (May 8):

Question:

Many members of the public have indicated that the waiting time for specialist outpatient services and related medical examination services at public hospitals is excessively long. Regarding cross-boundary medical co-operation, will the Government inform this Council:

(1) whether it knows the average waiting time for various examination services (e.g. Computed Tomography and Magnetic Resonance Imaging) at public hospitals in the past five years;

(2) given that the Government launched the Pilot Scheme for Supporting Patients of Hospital Authority in Guangdong-Hong Kong-Macao Greater Bay Area last year to enable eligible patients of the Hospital Authority to receive subsidised consultation services at the University of Hong Kong-Shenzhen Hospital, whether the Government will consider extending in the near future the healthcare institutions in which such patients can receive consultation services to Mainland hospitals accredited under the China's International Hospital Accreditation Standards (2021 Version) (the Accreditation Standards) (accredited Mainland hospitals) and hospitals of Tier 3 Class A in the Mainland cities of the Guangdong-Hong Kong-Macao Greater Bay Area; if so, of

the details; if not, the reasons for that;

(3) in order to alleviate the burden on the public healthcare system in Hong Kong, whether the Government will consider recognising the medical records issued by the accredited Mainland hospitals, and publishing the list of accredited Mainland hospitals for public reference; if so, of the details; if not, the reasons for that;

(4) whether the Government will consider referring members of the public who have needs for specialist services to the accredited Mainland hospitals for further examinations if they so wish; if so, of the details; if not, the reasons for that; and

(5) whether the Government will consider co-operating with more Mainland cities to build more healthcare institutions on the Mainland that adopt the Hong Kong management model and are accredited under the Accreditation Standards, so as to promote cross-boundary medical co-operation; if so, of the details; if not, the reasons for that?

Reply:

President,

In consultation with the Hospital Authority (HA), the consolidated reply to the question raised by the Hon Stanley Li is as follows:

(1) The HA will determine the priority of patients' attendance at Specialist Out-patient Clinics (SOPCs) according to their clinical conditions and arrange correspondingly the necessary investigation services. The waiting time for various diagnostic radiological investigation services of public hospitals in the past five years is set out in the Annex.

(2) to (5) Under the principle of complementarity and mutual benefits, the Government promotes healthcare collaboration in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA) with a view to fully leveraging the composite advantages of the three places, and jointly improving the standards and development of different aspects of healthcare in the GBA.

One area of the Government's work in the aspect of healthcare co-operation in the GBA is to explore supporting the healthcare needs of Hong Kong residents who have close ties with the Mainland cities in the GBA through co-operation with suitable GBA healthcare institutions. Amongst such work, the Government has allowed the elderly to use the Elderly Health Care Vouchers (EHCVs) to pay for the fees of designated out-patient healthcare services at the University of Hong Kong-Shenzhen Hospital (HKU-SZH) since 2015. Such an arrangement has been regularised in 2019 and extended to the Huawei Li Zhi Yuan Community Health Service Center of the HKU-SZH in April last year. To offer eligible Hong Kong elderly persons additional options of service points for using EHCVs in the GBA, the Government also announced in February this year the inclusion of five integrated medical institutions in the GBA into the Elderly Health Care Voucher Greater Bay Area Pilot Scheme. The pilot medical institutions are expected to gradually launch the relevant

arrangements starting from the third quarter of this year. Together with the two service points of the HKU-SZH, there will be a total of seven integrated medical institutions in the core cities of the GBA with full coverage along the river, taking care of the retired elderly persons living in the Guangdong province.

In addition, making reference to the experience from a special support scheme during the COVID-19 epidemic, the Government also launched the Pilot Scheme for Supporting Patients of the Hospital Authority in the Guangdong-Hong Kong-Macao Greater Bay Area (Pilot Scheme) on May 10 last year, so that patients with scheduled follow-up appointments at designated SOPCs or General Out-patient Clinics (GOPCs) of the HA may receive subsidised consultations at the HKU-SZH. At present, the Pilot Scheme covers major SOPC and GOPC services provided by the HA, including anaesthesiology (pain clinic only); cardiothoracic surgery; clinical oncology; ear, nose and throat; eye; gynaecology; internal medicine; neurosurgery; obstetrics; orthopaedics and traumatology (orthopaedics); paediatrics; and surgery. The Government has earlier announced that the Pilot Scheme will be extended to March 31 next year, and will consider the continuation of the Pilot Scheme and future arrangements subject to the actual effectiveness of the scheme.

To further optimise the use of healthcare resources in the GBA, "The Chief Executive's 2023 Policy Address" also put forward strategic purchasing of healthcare services from suitable GBA healthcare institutions for Hong Kong citizens, with a view to alleviating the service pressure of public hospitals in Hong Kong and shortening the waiting time of citizens. The Government is currently exploring with suitable GBA healthcare institutions the arrangements for purchasing healthcare services. The initial idea is to start with healthcare services with immense demand and of lower risks, such as investigation or imaging services, and devise the service model for the purchase and specific arrangements under the premise of compliance with relevant laws and regulations of both places. As the healthcare needs, relevant laws and regulations as well as regulatory regimes for the healthcare professions of Hong Kong and the Mainland are different, the Government needs to carefully consider the service arrangements and modes of professional collaboration with the relevant Mainland organisations in the course of procurement of healthcare services, and gradually expand room for co-operation, with a view to ensuring that the procurement arrangements are practicable and will be beneficial to both sides.

In respect of health records, to dovetail with cross-boundary healthcare collaborations and to support cross-boundary healthcare needs of Hong Kong citizens, the Government has all along been enabling citizens to carry their electronic health records (eHRs) for cross-boundary uses through various means to allow more accurate diagnosis and treatment, in accordance with the overarching principles of ensuring due compliance of laws and regulations of both places and that data security and patients' privacy are fully safeguarded. Health records of patients are personal data. In the process of enhancing data portability, the Government will duly consider the compatibility of the systems, safeguards on privacy, data security and compatibility of laws and regulations of both places, with a view to

unleashing the potential of cross-boundary health data use in a step-by-step manner.

At present, citizens may view important health records including medications, allergies and adverse drug reactions, appointments and investigations on the mobile application of the Electronic Health Record Sharing System (eHealth). Citizens may also apply for copies of their individual electronic health records (eHRs) stored in eHealth in paper or electronic format for sharing with non-local healthcare service providers. The Government has also launched a special measure such that citizens joining the Pilot Scheme may authorise the HKU-SZH to obtain and use copies of their eHRs in eHealth (including laboratory test results and radiology reports), thereby enabling healthcare personnel in both places to provide healthcare services to them. The Government will extend the relevant arrangements to other cross-boundary collaboration projects launched or recognised by the Government.

Under the five-year plan of eHealth+, the Government will introduce a new function to allow citizens to retrieve their own eHRs stored in eHealth directly through the eHealth mobile application and to store their health records obtained when seeking medical attention outside Hong Kong in their personalised eHealth accounts, so as to allow members of the public to keep and use their personal medical records from within and outside Hong Kong.

The Government will continue to closely monitor the progress of various healthcare collaboration initiatives and explore various feasible measures under the principle of complementarity and mutual benefits with a view to supporting the medical needs of Hong Kong citizens more effectively. These include exploring extension of the collaboration scope of relevant initiatives to other Mainland healthcare institutions in the GBA. In the process, the Government will consider the service standards and clinical governance structure of those healthcare institutions, including whether they adopt the "Hong Kong management model" as well as healthcare institutions accredited under the China's International Hospital Accreditation Standards (Note). The Government's policy objective is to enable Hong Kong people who travel between or reside in the two places and some of those who intend to settle in the GBA to reside and integrate into local life, instead of solely relying on healthcare resources in the Mainland to meet the needs of Hong Kong people. At the same time, the Government will continue to take forward measures that are conducive to building up and improving standards of the overall healthcare manpower pool in the GBA. For example, through talent exchange programmes, healthcare professionals in the GBA are offered good opportunities to learn from each other and raise clinical work standards, so that healthcare manpower resources of the three places can be jointly developed for the benefit of the people, and, to a certain extent, alleviating the pressure of manpower shortage in local public hospitals.

Note: The China's International Hospital Accreditation Standards were jointly developed by hospital accreditation experts from Hong Kong and the Mainland with the national "Tier III Class A" hospital accreditation standards as the basis according to the requirements of the International Society for Quality in Health Care while drawing on international experience, serving as the

nation's first internationally recognised hospital accreditation standard.

LCQ1: Hung Shui Kiu/Ha Tsuen New Development Area

Following is a question by Dr the Hon Junius Ho and a written reply by the Secretary for Development, Ms Bernadette Linn, in the Legislative Council today (May 8):

Question:

Regarding the project costs for the Hung Shui Kiu/Ha Tsuen New Development Area (NDA), will the Government inform this Council:

(1) of the total expenditure of development works projects of various phases under the NDA; and

(2) in respect of the total expenditure of the Second Phase development works of the NDA, of the average development cost per square foot of the 263 hectares of land involved in the development of that phase?

Reply:

President,

The Hung Shui Kiu/Ha Tsuen New Development Area (NDA) is situated in the west of the Northern Metropolis (NM), which is positioned as the High-end Professional Services and Logistics Hub of the NM covering also Yuen Long, Tin Shui Wai, Yuen Long South New Development Area, and the Lau Fau Shan, Tsim Bei Tsui and Pak Nai (Lau Fau Shan) area. While the NDA will provide a large number of public and private housing units to address the housing shortage problem, the NDA will also offer commercial and industry sites to develop financial, professional, logistics services, etc, for economic development and job creation.

(1) The NDA is being implemented in three phases, viz. the First Phase development, the Second Phase development and the Remaining Phase development.

The Government secured funding approval totalling \$1,630.2 million in estimate from the Finance Committee (FC) of the Legislative Council (LegCo) on June 26, 2020 for the construction works for the First Phase development. The works involve relevant site clearance and formation to supply land for the development of multi-storey buildings (MSBs) for modern industries, dedicated rehousing estates (DREs), etc, as well as engineering

infrastructure works. The MSB sites concerned have been included in the 2024-25 Land Sale Programme, and the DREs will be completed for intake progressively starting from the fourth quarter of this year.

The Government is seeking funding approval from the FC of LegCo for the construction works for the Second Phase development, which comprises site formation and engineering infrastructure works with project estimate of \$25,946.8 million, and the first stage of Phase 1 District Cooling System (DCS) involving \$3,216.3 million, totalling \$29,163.1 million in estimate. The proposed works cover site clearance and formation to supply land for public and private housing, industrial and commercial facilities, government, institution or community facilities, open space, etc, in addition to road and engineering infrastructure works and pipe laying works connecting to the DCS.

As for the Remaining Phase development of the NDA, as part of the area has been incorporated into the land use review study for Lau Fau Shan as a whole, the relevant project design and estimate are subject to confirmation in the next stage of investigation study for Lau Fau Shan.

(2) The development area of the Second Phase development of the NDA is about 263 hectares. Based on the abovementioned project estimate for site formation and engineering infrastructure works, which totals \$25,946.8 million, the average development cost is \$9,900 per square metre. With reference to other projects of similar scale and nature (i.e. mainly for site formation and engineering infrastructure works) in the past few years, the average cost is about \$9,600 to \$16,500 per square metre. We consider the estimate for this project reasonable. We consulted the Public Works Subcommittee (PWSC) of the FC on April 10 this year on the funding application for the Second Phase development of the NDA, and the PWSC supported the submission of the funding application to the FC for consideration.