

LCQ3: Support for non-rail public transport operators

Following is a question by the Hon Frankie Yick and a reply by the Acting Secretary for Transport and Logistics, Mr Liu Chun-san, in the Legislative Council today (December 6):

Question:

The Government plans to publish by the end of this year the Hong Kong Major Transport Infrastructure Development Blueprint, which will include proposals to construct a number of railways. Some non-rail public transport operators have relayed that with the continuous expansion of the railway network, their room for survival has been shrinking incessantly, even to the extent that they can hardly survive, and they are worried about the future. In this connection, will the Government inform this Council:

(1) whether it has assessed the impact of various new railway projects on non-rail public transport modes, and made advance planning in this regard; if so, of the details; if not, the reasons for that;

(2) given that with the continuous expansion of the railway network, other public transport modes may have a surplus of vehicles, whether the authorities have devised solutions for such surplus vehicles; if so, of the details; if not, the reasons for that; and

(3) given that while the Government is promoting the green transformation of non-rail public transport modes, it is learnt that as non-rail public transport operators can hardly make ends meet, the relevant work of the Government has been progressing slowly, whether the Government will consider, by drawing reference from the approach adopted under the Vessel Subsidy Scheme, procuring green vehicles with government funding and then entrusting their management to non-rail public transport operators; if so, of the details; if not, the Government's new measures in place to motivate the sector to expedite green transformation?

Reply:

President,

Hong Kong is a small and densely-populated city with high development intensity. To ensure sustainable development and effective utilisation of limited road resources, the Government has adhered to a public transport oriented policy. Each type of public transport services plays a distinctive role. Emission-free and high capacity railway acts as the backbone of the public transport system; franchised buses serve as the major road-based public transport; public light buses (PLBs) provide supplementary feeder services in areas with relatively lower passenger demand or where the use of high-capacity transport modes is not suitable; taxis provide personalised and

point-to-point transport services; and all other public transport modes also serve important supplementary roles.

Hong Kong's diversified public transport system enjoys an international reputation for providing highly efficient and convenient services across the territory, meeting the travelling needs of the majority of citizens. In the 2022 Urban Mobility Readiness Index jointly published by the Oliver Wyman Forum and the University of California, Berkeley, which compared the public transport systems of 60 cities across the globe taking account of such factors as the distance to stations, public transport operating hours and reliability, and passenger affordability, ranked Hong Kong's public transport system as the top of the list. Having regard to the importance of maintaining the diversity of the public transport system as well as the balance among various services, the Government will continue to facilitate the complementarity of strengths among various public transport services, so that members of the public can enjoy efficient services with reasonable choices, while the various public transport services could remain sustainable.

In consultation with the Environment and Ecology Bureau, I provide my reply to the various parts of the question raised by the Hon Frankie Yick as follows:

(1) When taking forward a new railway project, the Government will make comprehensive assessments and planning of the public transport services along the alignment, including assessing the degree of impact, devising contingency plans, and examining the provision of additional ancillary facilities such as public transport interchanges. Prior to the commissioning of the new railway, the Transport Department (TD) will take into account the anticipated changes in demand for other road-based public transport services brought by the railway project, and formulate public transport service adjustment proposals, including arranging feeder services to connect the new railway with adjacent areas, as well as adjusting the existing services that overlap with the new railway service.

Given that actual changes in travel patterns of passengers may only be ascertained after the new railway is put into service, the TD and relevant operators will closely monitor the changes in the demand for public transport services after the new railway is in operation, and consider further rationalisation of routes or frequency adjustments having regard to the actual situation. Resources so saved can be deployed to strengthen the routes in keen demand, or to introduce new routes, for example, express services. This can better cater for the travelling needs and patterns of passengers and, at the same time, enhance the cost-effectiveness of operators and thus the sustainability and competitiveness of their services.

(2) The Government has been adopting the "infrastructure-led" and "capacity-creating" planning principles in taking forward transport infrastructure projects. Extending the railway network is part of Hong Kong's overall development process. As new railway projects are taking forward progressively, they would actually stimulate the development of nearby areas, generating new transport demand which benefit both railway and non-railway public transport operators. It may not necessarily result in surplus of non-

railway public transport vehicles.

In response to development of property and infrastructure projects as well as the changes in economic activities and lifestyles over time, the TD will keep in view the changes in transport demand and make adjustments to public transport services as and when appropriate. With gradual completion of large new development areas in the New Territories and population intake of new residential estates, it is expected that passenger demand for various modes of public transport would increase. The Northern Metropolis and Kau Yi Chau Artificial Islands will even require planning of new public transport networks to meet the new demand. In addition, the increasingly frequent cross-boundary activities also present new growth opportunities for public transport services. Since the full resumption of social activities and cross-boundary travels early this year, franchised buses and green minibuses serving boundary control points have recorded satisfactory patronage. These new transport demand will require new or deployment of existing bus and PLB vehicles.

(3) It is the Government's established policy that public transport services should basically be run by the private sector in accordance with commercial principles, so as to ensure that the services are the most efficient and can respond to market conditions promptly and flexibly, without relying on public monies. The Government will provide public transport operators with the necessary policy support and facilitation, but there is currently no plan to procure green vehicles and entrust their operation and management to operators.

Having said the above, to encourage green transformation of the transport sector, the Government has been promoting electrification of commercial vehicles under a multi-pronged approach, including subsidising trials of different electric commercial vehicles through the New Energy Transport Fund (NET Fund), and setting up various dedicated funding schemes to promote the wider application of green and innovative transport technologies by the trades.

Since the promulgation of the Hong Kong Roadmap on Popularisation of Electric Vehicles in 2021, certain franchised bus operators have announced their target timeframe of attaining a full zero-emission fleet, and have introduced new generation single- and double-deck electric buses (e-buses) for daily services. As at end-September 2023, there were a total of 59 registered electric franchised buses. The Government understands that the transition to e-buses involve substantial costs for the franchised bus operators. To alleviate the operating and fare increase pressure of operators, we will discuss with them the overall financial arrangements on electrification of their vehicle fleets, where the possibility of providing assistance through subsidies or other means will not be ruled out.

As for PLBs, the Government has commenced the Pilot Scheme for Electric PLBs for which \$80 million has been earmarked. The Scheme would provide subsidy for trial of about 30 electric PLBs (e-PLBs) on various routes for about 12 months. Different models of e-PLBs and quick charging facilities will be tested to evaluate their performances. The Environmental Protection

Department will offer successful applicants a subsidy of 80 per cent of the price of each e PLB on trial under the pilot scheme.

To further promote green transformation of the taxi trade, the Government has earlier launched the Dedicated 100% Loan Guarantee Scheme for Battery Electric Taxis to encourage transition to electric taxis (e-taxis). Meanwhile, the Government is extending the e-taxis charging network, including setting up dedicated e taxi quick charging facilities and mobile quick charging systems, as well as identifying suitable locations across the city, such as petrol filling stations, government premises and short-term tenancy sites, for installing dedicated e-taxi quick chargers. The NET Fund has also newly included trial projects on e-taxi charging mode to support the trade to set up dedicated e-taxi quick charging facilities. In addition, \$50 million has been earmarked under the NET Fund to subsidise the trade in purchasing wheelchair accessible e-taxis.

The Government is pleased to see that public buses has embarked on the green transformation journey. Next year, the Government will formulate a citywide green transformation roadmap and timetable for public buses and taxis to set out further policy measures and directions for phasing out diesel buses and liquefied petroleum gas taxis.

2023 District Council Ordinary Election – registration figure for voting at Near Boundary Polling Stations

The 2023 District Council Ordinary Election will be held on December 10 (Sunday). Registration for voting at Near Boundary Polling Stations (NBPSs) began at 9am on November 20 and ended at 6pm yesterday (December 5). During the registration period, the Registration and Electoral Office (REO) has received a total of 12 976 registrations.

Electors registered to vote at NBPSs via the online registration system can cast their votes at the relevant polling stations upon receipt of the notification of registration result confirming their successful registration via SMS and email (if applicable). Electors can check the information of the final polling station assigned to them on the Online Voter Information Enquiry System (vr.gov.hk).

Registrants who have to change their itineraries on the polling day may contact the REO at 2891 1001 to make appropriate arrangements. For details of the NBPS arrangement, members of the public can visit the dedicated election

website (www.elections.gov.hk/dc2023/eng/nbps.html). They can also email to reoeng@reo.gov.hk or call the election hotline (2891 1001) for enquiries.

LCQ9: Regulation of medical devices

Following is a question by Dr the Hon David Lam and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (December 6):

Question:

Earlier on, an insufflation device, which is mainly used for laparoscopic or endoscopic surgeries, was linked to a number of accidents in the United States causing 1 death and 10 serious injuries. After learning the incident, the Hospital Authority immediately suspended the use of 142 insufflation devices of the same model under its management. However, it is learnt that due to the absence of a specific legislation to regulate medical devices at present, the Government has no way to mandatorily require private hospitals to suspend the use of the relevant insufflation devices. In this connection, will the Government inform this Council:

(1) given that while the Medical Device Division (formerly known as the Medical Device Control Office) was established by the Department of Health in 2004 to be responsible for implementing the voluntary Medical Device Administrative Control System (MDACS) and developing a long-term statutory regulatory framework for medical devices, the voluntary MDACS has yet to achieve transition to a mandatory statutory control regime after almost 20 years of implementation, whether the Government has conducted a review in this regard; if so, of the details; if not, the reasons for that;

(2) given that while the Government indicated in January 2017 its plan to introduce a new bill setting up the regulatory framework on specific medical devices into this Council in the latter half of the 2016-2017 legislative session, it is learnt that no such action has been taken so far, whether the Government has set a specific timetable for the legislative amendment exercise; if not, of the reasons for that; if so, the details, and whether it will undertake to include the relevant bill in the 2024 Legislative Programme; and

(3) whether it will enact legislation to provide that medical devices (especially high-power or potentially hazardous devices) must only be operated by healthcare personnel?

Reply:

President,

The consolidated reply to the question raised by Dr the Hon David Lam is as follows:

While there is not yet specific legislation to regulate medical devices in Hong Kong, some products are already regulated by existing pieces of legislation, such as the Pharmacy and Poisons Ordinance (Cap. 138), the Radiation Ordinance (Cap. 303), the Trade Descriptions Ordinance (Cap. 362), the Consumer Goods Safety Ordinance (Cap. 456) and the Electrical Products (Safety) Regulation (Cap. 406G), depending on the characteristics and features of the products concerned.

Making reference to the recommendation of the Global Harmonization Task Force (GHTF, now known as the International Medical Device Regulators Forum (IMDRF)) (Note), the Department of Health (DH) has introduced a voluntary Medical Device Administrative Control System (MDACS) since 2004, under which a listing system for medical devices and traders as well as a post-market monitoring system are in place to ensure that medical devices supplied in Hong Kong can meet the requirements on safety, quality and performance. The DH has fully implemented a strategy of priority procurement of listed medical devices since June 2023, and set up a working group with the Health Bureau (HKB) and the Hospital Authority (HA) to promote the early implementation of similar procurement arrangements by public healthcare facilities under the HA in phases, which will encourage and incentivise traders of medical devices to apply for listing under the MDACS.

Moreover, under an established mechanism, the DH has been closely monitoring safety alerts of medical devices issued by relevant regulatory authorities, including the local ones and those in other regions, as well as the World Health Organization, and taking appropriate actions according to actual circumstances. These include contacting local suppliers to follow up on necessary arrangements, notifying relevant stakeholders (e.g. the HA, private hospitals and professional healthcare institutions) through different means, and publishing safety alert summaries and special alerts on its website.

Taking the incident mentioned in the question involving insufflation devices as an example, the DH has, upon noting the relevant overseas safety alert, promptly made an announcement on its website and taken the initiative to inform stakeholders including the HA and relevant private healthcare facilities (e.g. private hospitals). As a preventive measure, all public and private healthcare facilities have temporarily suspended the use of the devices in question to safeguard patient safety.

For private hospitals, pursuant to the Private Healthcare Facilities Ordinance (Cap. 633), the DH has promulgated the Code of Practice for Private Hospitals (the Code) which sets out various requirements on the use of medical devices by hospitals. This includes, each hospital must keep a register in respect of all medical equipment; all equipment must be appropriately procured, and properly installed, operated, maintained, and calibrated according to the manufacturer's recommendation; all equipment must conform to health and safety requirements; there must be procedures for cleaning, disinfection, packaging, sterilisation, transportation and storage

of reusable medical equipment; and staff using medical equipment must have completed training. Compliance with the Code is a condition for issuance and renewal of licence to a private hospital. The Director of Health will take appropriate regulatory actions for non-compliance with the Code (including requirements related to the use of medical devices).

As stated in the 2023 Policy Address, the Government will set up a preparatory office next year to study the potential restructuring and strengthening of the current regulatory and approval regimes for medicine, medical devices and medical technology. The office will put forward proposals and steps for the establishment of the Hong Kong Centre for Medical Products Regulation (CMPR) which will be a step towards the transition to the "primary evaluation" approach in approving applications for registration of pharmaceutical products, and explore the upgrading of the CMPR as a standalone statutory body in the long run. This will help accelerate the launching of new drugs and medical devices to the market, and foster the development of research and development and testing of medical products and related industries. Looking ahead, the regulation of medical devices will fall within the scope of the CMPR's work. The Government will consider the legislative timetable for regulating medical devices in tandem with the progress of establishing the CMPR, thereby further enhancing the overall regulatory regime for medical products in Hong Kong.

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To prepare for these related tasks, the HHB and the DH are now conducting a comprehensive review of the proposed legislative framework having regard to the latest international trends in regulation of medical devices in recent years, and will study various aspects of the regulation of high-risk medical devices, including traceability, maintenance and operation procedures, such that the legislative proposal may be introduced in due course. The DH will continue to promote and enhance understanding of the public, users and the industry on the MDACS, with a view to having more medical devices listed under the system and making better preparations for the transition to a statutory regulatory regime in future.

Note: The GHTF was established in 1992 by regulatory authorities and trade representatives of the United States of America, Canada, Australia, Japan and the European Union to harmonise the standards and principles for the regulation of medical devices. It was disbanded in 2011, and a new IMDRF was formed to build on the work of the GHTF. The IMDRF aims to accelerate international medical device regulatory harmonisation and convergence, and its current members include China, Australia, Brazil, Canada, the European Union, Japan, Russia, Singapore, South Korea, the United Kingdom and the United States of America.

LCQ20: Guangdong-Hong Kong-Macao Greater Bay Area Healthcare Talents Visiting Programmes

Following is a question by the Hon Chan Pui-leung and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (December 6):

Question:

The Hospital Authority (HA) has launched the Guangdong-Hong Kong-Macao Greater Bay Area (GBA) Healthcare Talents Visiting Programmes (the Programmes), with the aim to deepen professional exchanges of healthcare workers in Hong Kong and the Guangdong Province and foster the development of public healthcare services in Hong Kong and the Mainland. It has been reported that the first batch of healthcare professionals (i.e. 83 healthcare professionals from the Guangdong Province) came to Hong Kong for exchanges in April this year, and the second batch of healthcare professionals is expected to arrive in Hong Kong at the end of this year. In this connection, will the Government inform this Council:

(1) as it is learnt that HA has alleviated the manpower pressure on the public healthcare system with the launch of the Programmes, but the relevant healthcare professionals only come to Hong Kong for short-term exchanges, whether it knows how HA alleviates the problem concerned through the Programmes;

(2) whether it knows the number of the second batch of healthcare professionals coming to Hong Kong for exchanges and their healthcare professions;

(3) whether it knows when HA expects to arrange for Hong Kong healthcare professionals to go on exchanges to public hospitals in the Guangdong Province, and of the relevant details; and

(4) as it is learnt that HA hopes to regularise the Programmes in the future in order to establish a talent pool of healthcare professionals in GBA, of the relevant details and implementation timetable?

Reply:

President,

In consultation with the Hospital Authority (HA), the consolidated reply to the various parts of the question raised by the Hon Chan Pui-leung is as follows:

The Government of the Hong Kong Special Administrative Region (HKSAR) and the HA have all along been actively exploring various collaboration

models with stakeholders to drive the exchange and co-operation of healthcare talents in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA), with a view to enhancing the professional standard of clinical healthcare and its development in the GBA in a collective manner. With support from the Health Commission of Guangdong Province and the Health Bureau of the HKSAR Government, the HA launched the Greater Bay Area Healthcare Talents Visiting Programmes in the fourth quarter of 2022. It aims to establish a sustainable exchange mechanism to foster the professional exchange among healthcare workers of the public healthcare systems in the GBA. The first phase of the programmes, with Guangdong Province as the pilot, covers various clinical healthcare professions such as doctors, nurses, Chinese medicine practitioners and radiographers. With the progressive implementation of the exchange programmes, interactions among healthcare workers in different areas of the GBA will be strengthened, such that they will become familiar with the operation of the healthcare systems in other areas. This will be conducive to the building of an overall healthcare manpower pool in the GBA and enhancement of its standard.

As at end of October 2023, a total of 10 doctors, 70 nurses, seven Chinese medicine practitioners and five radiographers from different cities in Guangdong Province have come to Hong Kong and commenced exchange of different forms in the hospitals of the HA. The duration of exchange in Hong Kong of the healthcare professionals from Guangdong Province is determined and arranged correspondingly having regard to the exchange format and actual circumstances of the respective healthcare professions. Taking doctors as an example, the 10 doctors from Guangdong Province who participated in the first phase of the exchange will be in Hong Kong for a period of one year. They have been approved by the Medical Council of Hong Kong to practice with limited registration. Generally speaking, the maximum duration of limited registration is three years. Upon expiry of the registration, one can apply for renewal. During the exchange period, apart from training programmes, a number of those healthcare professionals participate in clinical services in a co-ordinated manner. This provides a good opportunity for mutual learning and enhancement of clinical work standards for healthcare professionals of both places, and helps alleviate the pressure of manpower shortage in the HA. Healthcare professionals of both places involved in the relevant programmes have expressed positive response to the programmes, indicating that anticipated outcomes have been achieved.

Based on the successful implementation of talent exchange and co-operation with Guangdong Province in the first phase, "The Chief Executive's 2023 Policy Address" has put forward the strengthening of two-way training and exchange of healthcare talents between Hong Kong and the Mainland. On this, the HA is committed to progressively driving various visiting programmes, further extending the depth and breadth of talents exchange. Specifically, the HA will continue with the Greater Bay Area Healthcare Talents Visiting Programmes and is planning the second batch of exchange programmes with the Health Commission of Guangdong Province. Under the co-ordination of the Health Commission of Guangdong Province, it is anticipated that over 100 healthcare professionals from different cities of Guangdong Province will come to Hong Kong for exchange in the first quarter of 2024.

More professional healthcare disciplines will also be covered in the second batch of exchange programmes, e.g. ophthalmology. On the other hand, the HA has reached consensus with the Health Bureau of Macao to launch the Macao Specialist Trainee Programme. The first batch of doctors from Macao is expected to come to Hong Kong for training in the first quarter of 2024.

In the meantime, the HA is actively exploring with the Health Commission of Guangdong Province and relevant units on sending its staff to the public hospitals in Guangdong Province for learning and exchange, including arranging the HA's radiographers to visit Tier III Class A hospitals in Guangdong Province for technical exchange for mutual benefits. In addition, the HA is also gradually planning to actively explore with other regions or cities of the Mainland, such as Beijing and Shanghai, to establish two-way talent exchange, including studying the feasibility of sending outstanding healthcare professionals from Hong Kong to the Mainland for learning and exchange in the latter's public healthcare system. Relevant arrangements are expected to be gradually in place next year.

LCQ21: Providing treatment for patients suffering from depression

Following is a question by the Hon Lam So-wai and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (December 6):

Question:

It is learnt that there are over 300 000 people in Hong Kong suffering from depression. Among them, those with mild symptoms are affected in their daily lives, and those with severe symptoms have strong suicidal tendencies. However, if patients receive appropriate treatment early, most of them can recover. In this connection, will the Government inform this Council:

(1) given that according to the statistics of the Hong Kong Jockey Club Centre for Suicide Research and Prevention of the University of Hong Kong, the suicide rate of young people aged 15 to 24 surged from 6.2 in 2014 to 12.2 in 2022, hitting a record high, whether the Government has (i) examined, among such persons who had committed suicide, the number of those suffering from depression, and (ii) reviewed the adequacy of the support as well as diagnostic and treatment services provided to young people suffering from depression;

(2) as it is learnt that medications and psychotherapy have insignificant effects on some patients suffering from depression, and more and more studies have confirmed that Transcranial Magnetic Stimulation (TMS) has a curative effect, and that the efficacy of TMS would be enhanced when complemented by

psychotherapy, whether the Government will request the Hospital Authority (HA) to fully introduce TMS to provide patients suffering from depression with treatment carrying a better curative effect; if so, of the details; if not, the reasons for that; and

(3) given that as of May this year, TMS is available in seven hospitals under the HA, and at present, some websites under the HA also provide information relating to TMS, but no relevant information is provided on the website of the "Shall We Talk" mental health promotion and public education initiative under the Government, of the relevant reasons for that?

Reply:

President,

In consultation with the Security Bureau, the Department of Health and the Hospital Authority (HA), the consolidated reply to the question raised by the Hon Lam So-wai is as follows:

(1) The HA provides mental health services in an integrated and multi-disciplinary approach. Psychiatrists, psychiatric nurses, clinical psychologists, occupational therapists and medical social workers provide comprehensive medical services to patients with mental health needs (including patients with depression) according to their medical conditions and clinical needs.

In 2022-23, about 1 810 of the psychiatric patients diagnosed with depression in the HA (including in-patients as well as specialist out-patient clinic and day hospital patients) are below the age of 18. Relevant international and local studies have pointed out that suicide is a complex problem caused by the interaction of multiple risk and protective factors. The Government currently does not maintain statistics on depression among young people who committed suicide. The Government will review cases of youth suicide this year to understand the underlying factors, including the involvement of mental health issues.

The HA has all along been closely monitoring the level of services provided to ensure the current support, diagnostic and treatment services for young people with depression (including in-patient services, out-patient services, day rehabilitation training and community support services) can meet their needs, such as maintaining the median waiting time for new cases triaged as Priority 1 (Urgent) and Priority 2 (Semi-urgent) categories at psychiatric specialist out-patient clinics at no longer than one week and four weeks respectively. Furthermore, the mental health support, diagnostic and treatment services for specific groups (including adolescents) will be enhanced, such as strengthening nursing manpower for psychiatric services and allied health support, with a view to ensuring that psychiatric services in public hospitals can meet the needs of patients.

(2) Transcranial Magnetic Stimulation (TMS) therapy has been introduced by phases to psychiatric services of the HA in all clusters since 2016-17. It should be noted that TMS therapy is not suitable for all patients with

depression. Psychiatric healthcare professionals in HA hospitals will refer suitable patients with depression to receive TMS therapy according to their medical conditions and clinical needs. At present, TMS equipment is available in psychiatry services in each cluster for treating depression. The HA will continue to review relevant services and consider the need of extending relevant services to more hospitals.

(3) "Shall We Talk" is a mental health promotion and public education initiative launched by the Advisory Committee on Mental Health since July 2020. "Shall We Talk" aims to (1) step up public engagement in promoting mental well-being; (2) enhance public awareness of mental health with a view to encouraging help-seeking and early intervention; and (3) reduce stigma towards people with mental health needs. In general, "Shall We Talk" does not directly introduce specific medical interventions for mental illnesses. A hyperlink to the website of the HA has been included in the "Shall We Talk" webpage about depression to provide convenient access for members of the public to browse relevant information.