

## [Hong Kong Customs seizes suspected methamphetamine worth about \\$2.5 million \(with photo\)](#)

Hong Kong Customs seized about 5.1 kilograms of suspected methamphetamine with an estimated market value of about \$2.5 million at the Kwai Chung Customhouse Cargo Examination Compound on June 25.

Through risk assessment, Customs on that day inspected a seaborne consolidated consignment, declared as carrying "Personal effects and household goods" and arriving in Hong Kong from Malaysia, at the Kwai Chung Customhouse Cargo Examination Compound. Upon inspection, Customs officers seized the batch of suspected methamphetamine concealed inside three boxes of goods in the container.

Upon a follow-up investigation, Customs officers conducted controlled delivery operations and arrested a 39-year-old male consignee, who claimed to be a driver, in To Kwa Wan yesterday (July 16).

The investigation is ongoing and the arrested man has been released on bail pending further investigation.

Customs will continue to enhance enforcement against drug trafficking activities through intelligence analysis. The department also reminds members of the public to stay alert and not to participate in drug trafficking activities for monetary returns. They must not accept hiring or delegation from another party to carry controlled items into and out of Hong Kong. They are also reminded not to carry unknown items for other people, nor to release their personal data or home address to others for receiving parcels or goods.

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](mailto:crimereport@customs.gov.hk)) or online form ([eform.cefs.gov.hk/form/ced002/](http://eform.cefs.gov.hk/form/ced002/)).



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## LCQ18: Smoking cessation services

Following is a question by Professor the Hon Chan Wing-kwong and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (July 17):

Question:

Regarding the smoking cessation services provided by the Government, will the Government inform this Council:

(1) of the respective numbers of enquiries received by the Integrated Smoking Cessation Hotline 1833 183 of the Department of Health (DH) and cases requiring further referral for receiving various types of smoking cessation services in each of the past three years and this year to date;

(2) whether it knows the cessation rate among the cases referred for receiving smoking cessation services mentioned in (1);

(3) given that DH has collaborated with a local hospital for the provision of smoking cessation programme using traditional Chinese medicine since April 1, 2010, of the number of cases that have received smoking cessation services provided under the programme since the launch of the programme and the cessation rate among those cases; the number of cases that received smoking cessation services provided under the programme in each of the past five years;

(4) given that DH first launched the Chinese Medicine Ear Points Patches for Smoking Cessation Trial Programme in May this year, of the implementation details of the programme, and whether it has assessed the response to the programme by people who wish to quit smoking; and

(5) whether the authorities will allocate more resources in the future to help smokers to quit smoking; if so, of the details; if not, the reasons for

that?

Reply:

President,

To safeguard public health, the Government has been adopting a multi-pronged and progressive approach, including legislation, taxation, publicity, education, enforcement and promotion of smoking cessation services, in a bid to reduce the hazards caused by smoking products to the public and the society. Promoting smoking cessation is an important part of the tobacco control strategy. Through tobacco control measures and publicity and education, the Government provides smokers with incentives to quit smoking and also offers free and convenient smoking cessation services to help them quit successfully as early as possible.

Having consulted the Hospital Authority (HA), the reply to the various parts of Professor the Hon Chan Wing-kwong's question in the ensuing paragraphs:

(1) to (3) The Department of Health (DH) co-ordinates the provision of smoking cessation services in Hong Kong and operates an Integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation. The DH arranges referrals to various smoking cessation services in Hong Kong, including services provided by clinics under the HA, community-based cessation programmes operated by non-governmental organisations (NGOs), and will extend the referrals to cover all Districts Health Centres (DHCs)/DHC Expresses across the city shortly, with a view to facilitating persons quitting smoking in finding the most suitable and convenient way to quit smoking. Moreover, the DH collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultation by doctors (including free postal services of smoking cessation medication) or Chinese medicine (CM) practitioners, and also targeted smoking cessation services for smokers among young people, ethnic minorities, new immigrants, as well as in the workplace.

Past experience from increasing tobacco duty shows that the greater the tax hike, the larger the number of calls received by the Quitline. According to figures from the DH, after the tobacco duty was increased last year, the number of calls received by the Quitline increased from about 7 400 calls in 2022 to about 9 700 calls in 2023, an increase of more than 30 per cent. During the period from the announcement of the tobacco duty increase in this year's Budget to July 2, the Quitline has received 4 475 calls, meaning an average of 249 calls per week, which is more than double the average number of calls per week (114) in the preceding three months before the duty increase. This demonstrates that smokers' willingness to consider to quit smoking has increased significantly in recent years as a result of various tobacco control measures implemented by the Government. The number of enquiry calls received by the Quitline from 2021 to May 2024, and the number of referrals to various smoking cessation services are set out at Annex I.

In addition to referrals through the DH's Quitline, many smokers will also choose to seek smoking cessation services directly or may receive referrals for smoking cessation services through other channels. From 2021 to 2024 (the first five months), there were respectively 25 965, 20 406, 27 715 and 11 632 (provisional figures) smokers each period receiving smoking cessation services provided by the Quitline, cessation clinics under the HA, and community-based programmes operated by NGOs.

The quit rates recorded by different smoking cessation programmes vary due to differences in target groups and treatment methods (for example counselling, pharmacotherapy and CM and acupuncture). Smokers should choose the smoking cessation service/method that best suits their personal needs in order to successfully quit smoking. Generally speaking, for users of the above smoking cessation services, the quit rates (i.e. the percentage of service users who self-reported to have stayed quit in the past seven days) at 52 weeks after the quit date ranged from 20 per cent to 60 per cent between 2021 and 2023, which were comparable to those in overseas countries. As for CM smoking cessation services, since the launch of such services by the DH and Pok Oi Hospital (POH) on April 1, 2010, free smoking cessation services with CM and acupuncture have been provided to more than 15 000 smokers, with quit rates at 52 weeks close to 25 per cent in 2022. The number of cases receiving CM smoking cessation services in each of the years from 2019 to 2023 is at Annex II.

(4) Since 2021, the DH has launched the Quit in June campaign to promote smoking cessation services and one-week nicotine replacement therapy trial packs have been distributed for free at more than 250 designated community pharmacies, smoking cessation clinics and DHCs/DHC Expresses with a view to encouraging smokers to attempt quitting. This year, a trial programme on the use of CM ear-point patches for smoking cessation is introduced under the campaign, which involves the application of ear-point patches on the surface of the smoker's ear(s) to stimulate relevant ear points. Prospective quitters may try out such service at 46 designated POH CM clinics (covering more than 200 locations).

After the rollout of the Quit in June campaign this year, the number of telephone enquiries received by the Quitline has risen sharply. So far, over 2 000 trial packs of nicotine replacement therapy and over 250 trial packs of CM ear-point patches have been distributed. Most of the smokers who have tried the ear-point patches consider them useful in relieving the withdrawal symptoms, showing a very positive response. Due to the short launch time of the service, there is no concrete evaluation data yet.

(5) Promoting smoking cessation is one of the key components of the Government's overall tobacco control strategies. Various types of smoking cessation services have been provided by the Government, with the concept of facilitating every quit attempt. Moreover, the Government has been publicising to the public the hazards of smoking and the message of smoking cessation in the hope that smokers will consider quitting smoking, thereby achieving the aim of safeguarding public health.

The Government has announced in June this year the plan to introduce 10

tobacco control measures in the short term. Among these initiatives, the Government has proposed to strengthen smoking cessation services as well as publicity and education through measures such as increasing the number of smoking cessation service points, enhancing CM smoking cessation services, offering smoking cessation services through DHCs under a case-management model, enhancing smoking cessation training for primary healthcare practitioners, using mobile applications to assist smoking cessation, and incorporating more elements related to smoking hazards into regular curriculum of schools.

In this connection, the DH has subvented two more service providers (up from two to four in total) since last year to operate smoking cessation clinics focusing on counselling and pharmacotherapy. The number of smoking cessation clinics has increased from 10 to 17, including two additional mobile clinics. The total service attendance is expected to be increased by about 40 per cent. On enhancing CM smoking cessation services, the DH will continue to collaborate with local NGOs to bring in more smoking cessation service providers of CM and acupuncture, and increase the number of service centres/clinics. The DH also plans to publish later this year a clinical guide applicable to Hong Kong on smoking cessation with CM and acupuncture, so as to provide guidance for clinical CM practitioners and professionals on the scientific knowledge, assessment and application of acupuncture for smoking cessation.

In addition, based on the framework of the Life Course Preventive Care Plan, medical professionals of DHCs/DHC Expresses in the 18 districts draw up personalised health plans for the public based on their age, gender, lifestyle, smoking habits and other factors to implement recommendations and healthy habits, such as providing smokers with smoking cessation counselling services, information on smoking cessation medication, and referral to relevant services of smoking cessation clinics for persons in need.

Besides, the HA will enhance the training of healthcare staff on the knowledge about smoking cessation, and encourage frontline healthcare staff to proactively identify patients with smoking habits and assist them to quit smoking. Manpower will also be deployed to strengthen smoking cessation counselling services as necessary to safeguard the public health.

On education, the DH has subvented the Hong Kong Council on Smoking and Health and NGOs to co-organise promotion, publicity and education programmes at schools and in the community, as well as promotion and publicity projects targeting specific populations or sectors, with a view to raising students' and the public's awareness of the hazards of smoking, second-hand smoke and third-hand smoke while fostering an atmosphere conducive to smoking cessation.

The Government will continue to step up the work on smoking cessation and explore various tobacco control measures in the medium and long term in order to eliminate the social hazards posed by tobacco products in all aspects and protect the health of the public under a progressive and multi-pronged approach.

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## LCQ13: Blood donation services of the Hong Kong Red Cross

Following is a question by Reverend Canon the Hon Peter Douglas Koon and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (July 17):

Question:

It is learnt that the blood inventories of the Hong Kong Red Cross Blood Transfusion Service have from time to time been depleted to very low levels in recent years. There are views that with the continued ageing of the population in Hong Kong, the demand for blood supply is expected to be on a continuous rise given the substantial healthcare needs. In this connection, will the Government inform this Council if it knows:

- (1) the total blood collection and the total quantities of blood used by various public and private hospitals across the territory in each of the past five years;
- (2) the respective total number of blood donors, percentage of the total number of blood donors in the population within the blood donation age bracket in Hong Kong, and percentage of the total number of regular donors in the population within the blood donation age bracket in Hong Kong in each of the past five years (with a breakdown by age group and gender);
- (3) the respective total number of blood donors, total number of first-time blood donors, and total number of blood donors who had donated blood twice or more at various donor centres in each month of the past five years (with a breakdown by age group and gender);
- (4) the total number of visits made by the Hong Kong Red Cross to (a) secondary schools and (b) tertiary institutions under the School Blood Donation Campaign in each of the past five years and, in such visits, the respective total numbers of (i) first-time blood donors and (ii) non-first-time blood donors; and
- (5) the total number of visits made by the mobile blood donation vehicles of the Hong Kong Red Cross to different locations across the territory in each of the past five years and, in such visits, the respective total numbers of first-time blood donors and non-first-time blood donors?

Reply:

President,

The Hong Kong Red Cross Blood Transfusion Service (BTS) began to promote

voluntary blood donation in Hong Kong since 1952. Under the management of the Hospital Authority (HA) since 1991, the BTS provides blood to all hospitals in Hong Kong for use by patients, and continues to be the only institution supplying blood in Hong Kong.

As the population ages and the demand for healthcare services continues to rise, the demand for blood is also increasing. However, blood collection efforts are intermittently affected by unforeseen factors, such as the COVID-19 epidemic in recent years, occasional bad weather and changes in travel habits of the public, all of which reduce the public's willingness to donate blood. In view of the above, the BTS actively encourages the public to join the league of blood donors on all fronts and through various initiatives, including introducing a range of medals and certificates to commend supportive donors who have participated in blood donation drives; designing a variety of practical souvenirs based on the mascot Captain Blood; encouraging private enterprises to arrange for their employees to participate in blood donation drives during working hours when mobile blood donation teams (MBDT) or mobile blood donation vehicles (MBDV) visit; and continuously developing more communication channels to strengthen ties with blood donors and the general public.

The Government and the HA will continue to support the work of the BTS and also call on members of the public, enterprises and organisations to fully support and participate in blood donation drives and donate blood regularly. Endeavoured to provide a stable and safe blood supply to hospitals, the BTS has set up blood donor centres (BDC) across the city and dispatches MBDT and MBDV to visit various districts in the city, offering convenience to the public to donate blood.

In consultation with the HA, the consolidated reply to the question raised by Reverend Canon the Hon Peter Douglas Koon is as follows:

(1) The annual total blood collection in Hong Kong in the past five years is set out in the table below, with over 90 per cent of the blood collected being used in public hospitals:

	Total blood collection in Hong Kong (Unit)
2019	227 334
2020	204 808
2021	210 863
2022	204 573
2023	210 103

(2) Over the past five years, the respective total number of blood donors, percentage of the total number of blood donors among Hong Kong's population within the blood donation age bracket, percentage of the total number of

regular donors among Hong Kong's population within the blood donation age bracket, and number of blood donations (with a breakdown by gender and age group) are set out below:

	No. of blood donors	Hong Kong's population within the blood donation age bracket (Note 1)	Total no. of blood donors among Hong Kong's population within the blood donation age bracket (%)	Total no. of regular blood donors among Hong Kong's population within the blood donation age bracket (%)
2019	146 200	6 099 700	2.40%	1.90%
2020	121 740	6 022 800	2.02%	1.71%
2021	121 222	6 002 400	2.02%	1.68%
2022	119 967	6 067 200	1.98%	1.64%
2023	124 503	6 070 300	2.05%	1.69%

Number of blood donations (by gender)

	No. of blood donations by male (%)	No. of blood donations by female (%)
2019	119 781 (52.69%)	107 553 (47.31%)
2020	108 623 (53.04%)	96 185 (46.96%)
2021	111 233 (52.75%)	99 630 (47.25%)
2022	109 273 (53.42%)	95 300 (46.58%)
2023	112 984 (53.78%)	97 118 (46.22%)

Number of blood donations (by age group)

	No. of blood donations by aged 16-20 (%)	No. of blood donations by aged 21-30 (%)	No. of blood donations by aged 31-40 (%)	No. of blood donations by aged 41-50 (%)	No. of blood donations by aged 51-60 (%)	No. of blood donations by aged 61-70 (%)	No. of blood donations by aged >70 (%)
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2019	22 239 (9.78%)	48 587 (21.37%)	53 222 (23.41%)	54 430 (23.94%)	39 049 (17.18%)	9 692 (4.26%)	115 (0.05%)
2020	10 266 (5.01%)	37 845 (18.48%)	50 593 (24.70%)	55 021 (26.86%)	39 825 (19.45%)	11 078 (5.41%)	180 (0.09%)
2021	10 113 (4.80%)	34 320 (16.28%)	49 037 (23.26%)	58 436 (27.71%)	44 536 (21.12%)	14 134 (6.70%)	287 (0.14%)
2022	8 896 (4.35%)	29 878 (14.61%)	45 442 (22.21%)	58 610 (28.65%)	46 839 (22.90%)	14 605 (7.14%)	303 (0.15%)
2023	11 098 (5.28%)	29 155 (13.88%)	45 474 (21.64%)	60 441 (28.77%)	48 502 (23.08%)	15 053 (7.16%)	379 (0.18%)

(3) In the past five years, the total monthly blood donations by first-time blood donors and the blood donors who have given blood twice or more, which at the respective BDC, MBDT and MBDV are set out in the following tables:

2019	No. of blood donations by first-time blood donors			No. of blood donations by blood donors who have given blood twice or more (Note 2)		
	BDC	MBDT	MBDV	BDC	MBDT	MBDV
January	864	1 941	38	12 632	2 162	327
February	1 226	1 292	24	14 305	1 947	148
March	1 140	1 356	16	14 405	2 921	95
April	843	880	76	13 065	2 483	284
May	1 015	983	49	13 590	2 752	168
June	998	622	92	13 578	2 957	294
July	946	660	60	12 408	2 808	344
August	1 131	1 129	99	13 612	2 979	478
September	796	1 493	132	12 601	3 181	588
October	908	2 685	135	13 226	3 141	379
November	2 096	1 862	71	15 460	2 024	262
December	782	1 462	135	13 053	1 964	676

2020	No. of blood donations by first-time blood donors			No. of blood donations by blood donors who have given blood twice or more (Note 2)		
	BDC	MBDT	MBDV	BDC	MBDT	MBDV
January	819	1 365	96	11 958	1 678	522

February	1 381	124	75	16 617	426	622
March	974	252	107	12 902	883	623
April	843	107	87	13 091	556	595
May	1 229	225	177	15 652	1 019	661
June	1 378	431	109	15 995	1 575	564
July	888	149	59	10 826	932	365
August	1 615	32	103	16 342	179	841
September	725	151	105	12 235	723	543
October	779	834	70	13 834	1 457	513
November	896	1 443	92	14 181	1 247	350
December	917	226	120	13 967	881	470

2021	No. of blood donations by first-time blood donors			No. of blood donations by blood donors who have given blood twice or more (Note 2)		
	BDC	MBDT	MBDV	BDC	MBDT	MBDV
January	889	84	107	14 149	439	493
February	1 728	246	110	18 456	1 480	675
March	1 131	402	65	14 147	1 313	344
April	808	169	119	12 229	1 193	490
May	839	400	99	13 121	1 117	406
June	1 133	360	136	15 490	1 442	502
July	986	280	78	12 685	1 501	297
August	928	393	90	13 683	1 772	369
September	935	630	101	13 814	1 864	552
October	1 094	1 386	223	13 014	1 681	311
November	948	1 410	195	13 345	1 249	345
December	909	1 066	116	14 369	1 477	456

2022	No. of blood donations by first-time blood donors			No. of blood donations by blood donors who have given blood twice or more (Note 2)		
	BDC	MBDT	MBDV	BDC	MBDT	MBDV
January	905	358	111	12 853	1 046	478
February	1 709	241	86	14 857	959	496
March	756	97	108	11 421	549	635

April	1 050	106	165	15 861	633	714
May	1 091	392	123	13 897	1 394	551
June	1 135	475	115	13 643	1 875	515
July	1 029	343	141	13 424	1 443	415
August	907	488	57	12 146	1 853	436
September	824	611	168	13 605	1 261	363
October	1 100	1 066	251	15 042	1 701	404
November	730	974	188	10 731	843	412
December	1 371	856	124	16 233	1 135	498

2023	No. of blood donations by first-time blood donors			No. of blood donations by blood donors who have given blood twice or more (Note 2)		
	BDC	MBDT	MBDV	BDC	MBDT	MBDV
January	1 237	645	162	13 628	1 034	463
February	1 420	1 052	131	14 445	921	507
March	1 123	1 042	244	13 820	1 369	381
April	649	607	86	12 274	1 440	406
May	1 447	792	123	15 927	1 513	500
June	977	438	103	13 868	1 984	456
July	921	537	104	12 664	1 861	500
August	816	418	118	12 865	1 948	531
September	801	472	131	13 938	1 872	406
October	769	884	209	13 521	1 220	374
November	728	1 014	225	12 919	1 407	335
December	839	610	167	15 048	1 217	499

For information on the age group and gender of blood donors, please refer to the reply to part (2) of the question above.

(4) In the past five years, the total number of visits to secondary schools and tertiary institutions under the School Blood Donation Campaign, as well as the total number of donations during these visits by first-time blood donors and blood donors who have given blood twice or more are listed as follows:

Secondary Schools

	No. of visits by MBDT or MBDV of the BTS	No. of registrations	No. of successful blood donations	No. of blood donations by first-time blood donors	No. of blood donations by blood donors who have given blood twice or more
2019	286	17 898	13 414	7 273	6 141
2020	110 (Note 3)	5 742	4 442	2 237	2 205
2021	131 (Note 3)	5 942	4 744	2 482	2 262
2022	112 (Note 3)	4 688	3 756	2 048	1 708
2023	171	7 588	5 803	3 722	2 081

#### Tertiary Institutions

	No. of visits by MBDT or MBDV of the BTS	No. of registrations	No. of successful blood donations	No. of blood donations by first-time blood donors	No. of blood donations by blood donors who have given blood twice or more
2019	60	4 042	2 887	1 009	1 878
2020	9 (Note 3)	439	318	81	237
2021	38 (Note 3)	2 067	1 664	657	1 007
2022	46 (Note 3)	2 407	1 977	1 143	834
2023	73	3 580	2 821	1 349	1 472

(5) In the past five years, the annual total number of visits by the MBDV of the BTS to different locations as well as the number of donations by first-time blood donors and blood donors who have given blood twice or more during these visits are tabulated below:

	No. of days of visits	Parking points	No. of blood donations by first-time blood donors	No. of blood donations by blood donors who have given blood twice or more

2019	157 (Note 4)	32	927	4 043
2020	314	30	1 200	6 669
2021	303	58	1 439	5 240
2022	327	62	1 637	5 917
2023	317	95	1 803	5 358

Note 1: The BTS accepts blood donations from people aged 16-75. This population data in this part is extracted from the information of the Census and Statistics Department.

Note 2: Donors who have donated blood twice or more include donors of apheresis donation. Donors of apheresis donation may donate blood more than once a month, so the figures in the table are the number of blood donations.

Note 3: The number of visits by MBDT and MBDV to secondary schools and tertiary institutions decreased due to the suspension of classes during the COVID-19 epidemic.

Note 4: In April 2019, the BTS introduced a new MBDV to increase the quantity of blood collection.

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## [Young persons in custody sit for HKDSE Examination for self-enhancement \(with photos\)](#)

The results of the Hong Kong Diploma of Secondary Education (HKDSE) Examination were released today (July 17). Young persons in custody (PICs) obtained satisfactory results in the examination this year.

A total of 14 young PICs from Sha Tsui Correctional Institution (STCI), Pik Uk Correctional Institution and Lai King Correctional Institution enrolled in the HKDSE Examination this year. They took a total of 86 examination papers and obtained level 2/"Attained" or above in 80 papers, or 93 per cent of all papers taken. Four of them met the general entrance requirements for local universities, among whom one candidate at STCI scored 22 marks in the best five subjects and obtained "Attained" in Citizenship and Social Development, with level 5 in Economics and Physics respectively.

The exams sat included the four core subjects of Chinese Language, English Language, Mathematics and Citizenship and Social Development, as well as two electives of Economics and Tourism and Hospitality Studies etc.

The Superintendent of STCI, Mr Chan Man-yat, said, "The Correctional Services Department (CSD) has strived to improve academic standards of young PICs through education. The Department encourages and assists young PICs to sit for the HKDSE Examination, enabling them to develop good character and obtain recognised academic qualifications so as to enhance their employment prospects and facilitate their further education, preparing them for reintegration into society."

Preparation of young PICs for the HKDSE Examination is not an easy task, Mr Chan added. He was glad to see that the PICs had worked tirelessly, demonstrated determination and perseverance, and overcome learning difficulties with a positive attitude throughout the process. Family support as well as guidance and assistance from the staff and teachers of the CSD also gave them great encouragement. He encouraged young PICs to maintain a proactive and positive attitude to meet the challenges ahead.

The CSD has provided education to help young PICs below 21 years of age to gain accredited qualifications and develop positive values, hoping that they can further their studies, find jobs and reintegrate into society after release.



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## [LCQ2: Medical incidents in public](#)

# hospitals

Following is a question by the Hon JoePHY Chan and a reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (July 17):

Question:

It has been reported that earlier a four-year-old girl developed cardiac arrest after she underwent wound suture at the Accident and Emergency Department of Yan Chai Hospital. During the suturing process, her head was positioned with the assistance of non-healthcare personnel. It took 18 minutes from the discovery of the girl's loss of consciousness and pulse to the return of spontaneous circulation after emergency treatment. There are views that, before the outcome of a formal investigation into the incident is available and before a full communication with the girl's family is made, the hospital is suspected of misleading the public by unilaterally convening a press conference and indicating that it will find out whether the girl has hidden diseases. In this connection, will the Government inform this Council:

(1) whether it knows if the Hospital Authority (HA) currently has sufficient mechanisms or guidelines covering different clinical procedures and specifying the duties of different personnel (including non-healthcare personnel) in carrying out such procedures; if HA has, of the details; whether HA will update the relevant guidelines after experiencing the incident; if so, of the details; if not, the reasons for that;

(2) whether it knows HA's mechanisms or guidelines for external reporting of medical incidents, and whether the mechanisms or guidelines specify the circumstances under which information on such incidents should be disseminated externally, as well as the form and material contents of the necessary communication with the affected patients and their families before the dissemination of information on such incidents; and

(3) of the measures put in place by the Government and HA to reduce medical incidents, so as to safeguard the healthcare quality of Hong Kong and maintain public confidence in the public healthcare system?

Reply:

President,

The Hon JoePHY Chan has mentioned a truly unfortunate and very upsetting incident in her speech. I am deeply saddened by the circumstances of the girl in this case of cardiac arrest. I take this opportunity to extend my deepest sympathy to the patient and her family. The Hospital Authority (HA) is making every effort to take care of the patient, and is actively providing assistance to the patient and her family in every aspect. The Chief Executive of the HA, Dr Tony Ko, had also visited the girl, met with and apologise to her family before meeting with the press the day before yesterday, i.e. July

15. Every medical incident involves patients' privacy. Out of respect for the patient and her family and to avoid causing "secondary harm" to them, and given that this case has entered investigation and enforcement proceedings, it is not suitable for public discussion at the Legislative Council. I therefore will not comment on the case in question, and I hope that everyone will refrain from going into details of the case in the question-and-answer process. The Health Bureau (HKB) had also reported and discussed the overall quality and safety issues of public hospital services at the meeting of the Panel on Health Services of the Legislative Council on July 12 last week.

In consultation with the HA, the reply to the question raised by the Hon Joeey Chan is as follows:

(1) The safety of patients and healthcare staff is the prime concern of hospital operations. As such, when planning and delivering patient-oriented services, the HA accords prime consideration to service quality and safety, and establishes a governance structure, systems, procedures and training covering different clinical services to ensure that these services meet stringent clinical standards.

At present, the Quality and Safety Division of the Hospital Authority Head Office (HAHO) is responsible for steering the establishment and implementation of the clinical quality and standard system. The quality and safety teams at all levels in hospital clusters as well as individual hospitals are responsible for implementing and monitoring relevant measures in various areas including credentialing, clinical audit, patients' safety and risk management as well as patients' relations, while maintaining close communication and collaboration with the HAHO to ensure that the HA provides quality and safe healthcare services.

With the rapid and ever-changing development of clinical medicine, the HA has put in place systems and guidelines for different clinical diagnoses, treatments and procedures, and they are continuously updated on evidence-based principle, so as to ensure that the service quality and standards are kept abreast of the times. The Coordinating Committees of various specialties and Central Committees under the HA are responsible for formulating various clinical standards, e.g. bedside application of cardiopulmonary resuscitation and clinical guidelines for treating diabetes and hypertension. They also play a key role in aspects such as clinical audit and implementation of best practice. There are also service guidelines on nursing care covering clinical nursing care procedures like blood transfusion and distribution of medications. Nursing audit is also conducted regularly to identify and improve potential issues. For supporting staff, the HA has also put in place guidelines and training requirements, e.g. caring skills for patients, workflow for procedures such as feeding and lifting patients, etc. Guidance and support will also be provided alongside introduction of modern technology and equipment to ensure that supporting staff can effectively and safely assist the work of healthcare staff.

(2) For reporting of medical incidents, the HA has established a full set of medical incident reporting and investigation procedures to cope with clinical risks. At present, all public hospitals have to report sentinel events and



serious untoward events to the HAHO, including surgeries involving wrong patients or body parts, or misidentification of patients that could have led to death or permanent harm.

When any incident occurs in a hospital, should report has been made to the HAHO by the relevant hospital afterwards, the corresponding hospital, hospital cluster and the HAHO will take various actions according to the nature of the incident, including follow-up investigation, risk assessment, review of the causes and formulation of improvement measures, which is particularly important, to prevent re-occurrence of similar incidents in the future. Meanwhile, the hospital will disclose the relevant incident to the patient and his or her family in an open and honest manner, and determine the timing, mode and content of the public announcement. Throughout the process of handling an incident, the Patient Relations Officer serves as a bridge of communication and will maintain contact with the patient and his or her family, and update them with the available information and situation in a timely manner. Relevant hospital departments will also provide appropriate treatment and different assistance as needed. The hospital will also inform the affected patient and his or her family of the relevant arrangement before disseminating to the public the incident information.

(3) To reduce the risk of recurrence of incidents, the HA regularly reviews, monitors and evaluates specific risk mitigation and preventive measures to ensure that they can achieve the expected outcomes. The HA is committed to building a culture of analysing and sharing the causes of medical incidents, as well as disseminating relevant information through various channels and actively introducing advanced technologies such as clinical artificial intelligence to further enhance patients' safety and risk management. The HA has also relaunched the hospital accreditation programme to objectively and systematically assess the risks and deficiencies in areas such as management of facilities and operation of hospitals through the assistance of external and independent professional organisations in hospital accreditation, with a view to continuously improving service quality and safeguarding patients' safety.

To further manifest the commitment of the Government and the HA in continuous improvement of the public healthcare system and address public concern on recent medical incidents, the HHB has instructed the HA to, apart from actively following up on recent individual incidents, reviewing their causes and adopting improvement measures, conduct a comprehensive and independent review of the systemic and structural issues involved in the overall management of public hospitals. The review covers multiple levels including the HAHO, hospital clusters, hospitals, service units/teams and staff, while involving multiple aspects including governance, appraisal, accountability, operations, risk control and compliance.

The Review Committee on the Management of the Public Hospital System (the Committee) has a membership comprising individuals of various backgrounds, and will complete the review and submit improvement recommendations to the HA Board within three months (i.e. before the end of September). The HA Board will consider the Committee's recommendations and submit a report to the HHB.

The HHB and the HA will consider taking appropriate follow-up actions subsequently according to on the recommendations at different levels and in various aspects in the report, so as to continuously enhance the overall quality and safety of the public healthcare system, maintaining public trust in public healthcare services.

Thank you, President.