WSD-registered consumer convicted of failing to provide relevant information or documents for suspected case of overcharging for water

The Water Supplies Department (WSD) announced that a WSD-registered consumer of a subdivided flat in To Kwa Wan, Kowloon, was convicted today (March 26) of failing to comply with the Water Authority's request to provide relevant information or documents for a suspected case of overcharging for water, in contravention of regulation 47A of the Waterworks Regulations. The consumer pleaded guilty to the offence at the Kowloon City Magistrates' Courts.

A spokesman for the WSD said that the Waterworks (Amendment) Ordinance (amended WWO) 2024 has strengthened the power of the Water Authority in evidence collection and information disclosure during the investigation of suspected cases of overcharging for water. The Water Authority can request the landlords, their agents, etc, to provide the tenancy agreement, receipt or payment record for charges for water. Failure to comply with such a request can be an offence and the offender is liable on conviction to a maximum fine of $10,000 and a further fine of up to $1,000 for each day the offence continues. It is anticipated that there will be more prosecution cases. The maximum penalty for overcharging tenants of subdivided units (SDUs) for water has been raised to $25,000 to deter this illegal act. Moreover, providing false or misleading information to the Water Authority is also an offence with a maximum penalty of a $25,000 fine and six months' imprisonment.

The WSD spokesman strongly appealed to landlords to apply for the installation of separate water meters for their SDUs, which can greatly reduce the risk of contravening the amended WWO. The WSD encourages the public to report any illegal act of overcharging SDU tenants for water for follow up and investigation by the department. The public can call the WSD Hotline 3468 4963 or WhatsApp 5665 5517 to apply for the installation of separate water meters for SDUs. The WhatsApp hotline also handles matters relating to water overcharging in SDUs. Alternatively, the public can call the WSD Customer Enquiry Hotline 2824 5000 to report water overcharge cases. After calling the hotline and choosing a language, they can press "7" for reporting to staff directly.

LCQ14: Introduction of cutting-edge technological medical devices

Following is a question by the Hon Paul Tse and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (March 26):

Question:

It has been reported that a businessman has earlier on donated two non-invasive, no-radiation histotripsy medical devices specifically designed for liver cancer treatment (the Device) to two teaching hospitals. However, it is suspected that the Device has been left idle and failed to benefit patients as the Hong Kong Special Administrative Region Government has all along failed to include it in the scope of services available to members of the public. The Device has ended up being transferred to private hospitals, and only private hospitals can use it to treat liver cancer patients. There are views pointing out that the incident has deprived grass-roots patients of the opportunity to use cutting-edge technologies for low-cost cancer treatment in an efficient manner. A Member of this Council has explicitly indicated that the situation has led to unfavourable perception among patients. In this connection, will the Government inform this Council:

(1) of the respective numbers of new cases of liver cancer diagnosed and deaths from liver cancer in Hong Kong in each of the past three years;

(2) whether private hospitals are required to register with or report to the Government in respect of the introduction of cutting-edge technological medical devices and techniques; of the Government's regulatory measures and system for the introduction or use of new technological medical devices by private hospitals, so as to ensure patient safety;

(3) as the private hospitals that have obtained the Device have already offered pricing packages for the use of the Device with coverage provided by insurance companies, and the Hospital Authority (HA) has pointed out that the Device is still at the clinical research/trial stage and is not yet qualified for use in clinical services, whether the Government has assessed if the aforesaid practice of the private hospitals is safe and whether it is contradictory to the public healthcare policy; and

(4) as a former Director of HA has pointed out in a newspaper that the length of time taken by HA to introduce a new technology depends on its complexity, and that six months' time is a bit short in the case of histotripsy, which is a cutting-edge technology, whether the Government will review if the time taken to introduce new technological medical devices is too long; whether it has policies to shorten the time for introducing new technological medical devices, so as to develop a high-end healthcare service economy (especially in the light of the huge demand from a large number of Mainlanders who intend

to come to Hong Kong for the use of new technologies in liver cancer treatment), and encourage more capable members of the community to invest in introducing and donate more cutting-edge technological medical devices, thereby benefiting patients (especially grass-□roots patients); if it has, of the details; if not, whether a study can be conducted expeditiously?

Reply:

President,

The Government of the Hong Kong Special Administrative Region is committed to complementing technological innovation with institutional innovation. Through a series of measures such as the setting up of the Hong Kong Centre for Medical Products Regulation for the purpose of implementing the "primary evaluation" and the establishment of the Greater Bay Area Clinical Trial Collaboration Platform, the Government has been enhancing Hong Kong's drug and medical device approval and clinical trial capabilities on all fronts, facilitating the translation of biomedical research results into clinical applications, expediting patients' access to advanced diagnostic and treatment services, and fostering new quality productive forces in biomedical technology, thereby promoting Hong Kong's development into an international health and medical innovation hub.

However, innovative medical products must be scientifically proven, including via clinical trials, with the support of reliable data to ascertain their safety and efficacy, and also compared with known standards before they may be approved for registration or made available for clinical application by healthcare professionals like medical practitioners. Clinical trials should be distinguished from clinical services – the former should not be arbitrarily marketed as clinical services before reaching their primary endpoints with analysed results. Currently, Hong Kong has implemented the Medical Device Administrative Control System, and the use of medical devices is subject to the clinical decisions of healthcare professionals like medical practitioners. The Health Bureau is expediting the study on legislating for the statutory regulation of medical devices for approval and registration purposes. Citizens who need to seek medical services due to illnesses should consult professionals including medical practitioners, and should not be influenced by other online advertisements or publicity through endorsements.

Multiple effective treatment methods for liver cancer are now available, including surgical local liver resection, minimally invasive local treatment (such as radiofrequency ablation, microwave ablation, stereotactic body radiation therapy (SBRT in short)), interventional therapy, anti-cancer drugs (such as chemotherapy, targeted therapy, immunotherapy), or a combination of the above therapies, while some liver cancer patients may also need and are suitable for liver transplantation. All these therapies are available in the public healthcare system. Medical teams of the Hospital Authority (HA) will provide appropriate treatment options according to individual patients' actual clinical conditions (such as cancer pathological classification and staging, tumour size and location, presence of extrahepatic metastasis, liver function grading, and the patient’s physical condition etc.).

As for the histotripsy medical device in question, it is a new technology in minimally invasive local treatment which is now undergoing clinical trials for local treatment of liver cancer. Its scope of application under research is limited to early primary small liver cancer (such as hepatocellular carcinoma, cholangiocarcinoma, neuroendocrine tumours) and locally treatable metastatic liver tumours. Not all liver cancer patients are suitable for this new therapy. Moreover, the US Food and Drug Administration's approval for this device as a new option for liver-directed therapy was based on animal model experiments as well as clinical trial data with postoperative complications and short-term (30-day) tumour ablation rate as primary endpoints to support the safety and efficacy of this therapy. The clinical trials have neither provided data on long-term local tumour recurrence/metastasis rates and patient survival rates, nor compared the therapy with existing standard minimally invasive local treatments. In this connection, this new therapy can be regarded as another new technological option for liver-directed minimally invasive local treatment at this very stage, yet its comparability or even superiority requires further clinical evidence. Attending medical practitioners have the responsibility to provide patients with recommendations on various appropriate treatment options including their benefits and risks in view of the best interests of the patients, especially when other existing standard treatment options that have been scientifically proven to be safe and effective are suitable for the patients' conditions. Inappropriate use of new technologies that have not yet been proven to be more effective may result in patients missing the opportunity for adopting existing standard treatment options.

The HA will be considering the safety and efficacy of the relevant device for the Asian population (especially for Hong Kong patients) subject to the evaluation of data to be obtained from clinical trials. The comparability and superiority of this new therapy in clinical use vis-à-vis existing standard treatment options still need to be ascertained through more clinical trials. Furthermore, the cost of consumables under this therapy is higher than that of existing standard minimally invasive local treatments (such as radiofrequency ablation). At this stage, there is no plan for the HA to introduce this therapy into its clinical service. The HA wishes to emphasise that this therapy is not the only option available to liver cancer patients, and thus there is no issue of public hospital patients "missing out treatment opportunities". As for private hospitals which have introduced this device for research or services, the attending medical practitioners will need to make clinical decisions based on their professional judgment on whether or not to use this new technology as the most appropriate treatment for patients.

In response to the various parts of the question raised by the Hon Paul Tse, our reply in consultation with the Department of Health (DH) and the HA is as follows –

(1) Based on the available data from the DH and the Hong Kong Cancer Registry of the HA, the number of new cases and registered deaths for liver cancer in the past three years are tabulated below –

Year	Number of New Cases	Number of Registered Deaths
2020	1 735	1 530
2021	1 771	1 447
2022	1 612	1 412

(2) and (3) Whether in public or private hospitals, clinical trials carry a certain degree of risk to the participants and should be conducted by registered healthcare professionals after informing the participants of the associated risks and obtaining their explicit informed consent. At present, even though there is no statutory provision prohibiting healthcare professionals from using new medical devices on patients, healthcare professionals have the professional responsibility to act in the best interests of patients when providing treatment, and ensure that all clinical trials are conducted with the explicit informed consent of patients.

At present, private hospitals must comply with a series of requirements including those under the Private Healthcare Facilities Ordinance (Cap. 633) (the Ordinance) and the Code of Practice for Private Hospitals (the Code of Practice) when conducting clinical research (including clinical trials).

Pursuant to the Ordinance, the licensee of a private hospital must appoint a chief medical executive to take charge of the day-to-day administration of the facility, as well as establish and keep in operation a Medical Advisory Committee (MAC); on the other hand, the Code of Practice stipulates that the MAC provides advice to the licensee on whether to permit the introduction of new clinical techniques. Apart from the latest medical evidence on the safety and efficacy of the clinical technique concerned, factors including the equipment required as well as training and clinical experience of healthcare and other supporting clinical staff must also be considered. Both the licensee and the chief medical executive of a private hospital have the responsibility to ensure that the advice of the MAC is properly implemented.

The Code of Practice also stipulates that equipment (including medical devices) used in private hospitals should be appropriately procured and properly installed, operated, maintained and calibrated in accordance with the manufacturer's recommendations. Staff using the medical devices should receive training on the safe and proper use of the relevant devices. For conducting clinical research, private hospitals are required to establish relevant policies, set up ethics committees for monitoring, and comply with the requirements of the Code of Professional Conduct for the Guidance of Registered Medical Practitioners issued by the Medical Council of Hong Kong regarding clinical research and other applicable laws.

Compliance with the Ordinance and the Code of Practice is a condition for issuance and renewal of licence for private hospitals. Private hospitals

that fail to comply with the relevant requirements may face regulatory actions.

(4) The HA has established robust mechanisms for evaluating and deciding on the introduction of new drugs, devices and other innovative treatments for public healthcare services. The safety of the treatment methods, whether there is sufficient evidence supporting their therapeutic effectiveness, the cost-effectiveness of such introduction, as well as comprehensive comparisons with existing treatment services have to be considered. When making consideration according to these mechanisms, the HA must ensure fairness and objectivity as well as prudent use of public resources. Also, the consideration process will not and should not be influenced by whether the treatment method is provided or sponsored by individual pharmaceutical or device manufacturers.

The HA will closely monitor medical technology developments, with experts regularly studying and reviewing treatment options for patients and the latest developments in clinical and scientific evidence of related technologies, while considering healthcare professionals' opinions and overseas developments to plan for the introduction of medical technologies. Meanwhile, the availability of relevant expertise, manpower and facilities, as well as complementarity with government policy directions, will also be taken into account. The application in the public healthcare system of new drugs and medical devices, and methods for treatment that are still in the clinical trial phase without sufficient clinical data should be handled in a very careful and prudent manner.

Government appoints members of Standing Committee on Directorate Salaries and Conditions of Service

The Government announced today (March 26) that the Chief Executive has reappointed Mrs Ann Kung Yeung Yun-chi as the Chairperson of the Standing Committee on Directorate Salaries and Conditions of Service (the Directorate Committee) and Ms Margaret Cheng Wai-ching, Mr Kevin Lam Sze-cay and Ms Jacqueline Ng Wai-kwan as members. The above appointments will be for a term of two years from April 1, 2025, to March 31, 2027.

The Directorate Committee tenders advice to the Chief Executive on matters relating to the structure, pay and conditions of service of directorate ranks in the civil service. Other serving members are Mr Jack Chan Hoi and Ms Zabrina Lau Shing-yan.

Online auction of vehicle registration marks to be held from April 10 to 14

The Transport Department (TD) today (March 26) said that the next online auction of vehicle registration marks (VRMs) will be held from noon on April 10 (Thursday) to noon on April 14 (Monday) through the auction platform E-Auction (e-auction.td.gov.hk). Interested bidders can participate in the online auction only after they have successfully registered as E-Auction users.

A spokesman for the TD said, "A total of 100 Ordinary VRMs will be available at this online public auction. The list of VRMs (see Annex) has been uploaded to the E-Auction website. Applicants who have paid a $1,000 deposit to reserve the Ordinary VRM for auction should also register as an E-Auction user in advance in order to participate in the online bidding, including placing the first bid at the opening price of $1,000. Otherwise, the VRMs reserved by them may be bid on by other interested bidders at or above the opening price. Auctions for VRMs with "HK" or "XX" as a prefix, special VRMs and personalised VRMs will continue to be carried out through physical auctions by bidding paddles, and their announcement arrangements remain unchanged."

Members of the public participating in the online bidding should take note of the following important points:

(1) Bidders should register in advance as an E-Auction user by "iAM Smart+" equipped with the digital signing function; or by using a valid digital certificate and an email address upon completion of identity verification. Registered "iAM Smart" users should provide their Hong Kong identity card number, while non-Hong Kong residents who are not "iAM Smart" users should provide the number of their passport or other identification documents when registering as E-Auction users.

(2) Bidders are required to provide a digital signature to confirm the submission and amount of the bid by using "iAM Smart+" or a valid digital certificate at the time of the first bid of each online bidding session (including setting automatic bids before the auction begins) to comply with the requirements of the Electronic Transactions Ordinance.

(3) If a bid is made in respect of a VRM within the last 10 minutes before the end of the auction, the auction end time for that particular VRM will be automatically extended by another 10 minutes, up to a maximum of 24 hours.

(4) Successful bidders must follow the instructions in the notification email issued by the TD to log in to the E-Auction within 48 hours from the issuance of email and complete the follow-up procedures, including:

- completing the Purchaser Information for the issuance of the Memorandum of Sale of Registration Mark (Memorandum of Sale); and
- making the auction payment online by credit card, Faster Payment System (FPS) or Payment by Phone Service (PPS). Cheque or cash payment is not accepted in the E-Auction.

(5) A VRM can only be assigned to a motor vehicle registered in the name of the purchaser. Relevant information on the Certificate of Incorporation must be provided by the successful bidder in the Purchaser Information of the Memorandum of Sale if the VRM purchased is to be registered under the name of a body corporate.

(6) Successful bidders will receive a notification email around seven working days after payment has been confirmed and can download the Memorandum of Sale from the E-Auction. The purchaser must apply for the VRM to be assigned to a motor vehicle registered in the name of the purchaser within 12 months from the date of issue of the Memorandum of Sale. If the purchaser fails to do so within the 12-month period, in accordance with the statutory provision, the allocation of the VRM will be cancelled and a new allocation will be arranged by the TD without prior notice to the purchaser.

The TD has informed all applicants who have reserved the Ordinary VRMs for this round of auction of the E-Auction arrangements in detail by post. Members of the public may refer to the E-Auction website or watch the tutorial videos for more information. Please call the E-Auction hotline (3583 3980) or email (e-auction-enquiry@td.gov.hk) for enquiries.

EPD’s technological achievement reaffirmed as Hong Kong Environmental Database wins international innovation award

The Hong Kong Environmental Database (HKED) (hked.epd.gov.hk/), developed by the Environmental Protection Department (EPD), has been awarded the International Association for Impact Assessment (IAIA) 2025 "Corporate Initiative Award". The recognition highlights the Hong Kong Special Administrative Region (HKSAR) Government's efforts and achievements in leveraging innovative technology to support the environmental impact assessment (EIA) process.

The HKSAR Government implemented several measures in 2023 to optimise

the EIA process, including the establishment of the HKED. The database utilises geographic information system and three dimensional mapping platforms to integrate over 100 types of environmental baseline survey data, significantly reducing the data collection time for preparing EIA reports. The HKED not only tracks changes in the environment over time and with development projects but also provides a range of online tools and datasets, such as air quality, water quality and traffic noise. These resources enable project proponents to effectively carry out project planning and simulation assessments, improving the accuracy and consistency of EIA studies.

The Director of Environmental Protection, Dr Samuel Chui, said, "The database is a cornerstone of our efforts to optimise the EIA process by utilising advanced smart technology and a robust data system to support the entire EIA process and significantly shorten the time needed for EIA. The recognition from the IAIA reaffirmed the international community's acknowledgement of the HKSAR Government's innovative thinking and technological achievements. The EPD will remain committed to environmental protection and sustainable development, leveraging cutting-edge technology to contribute to environmental efforts in Hong Kong and globally."

Dr Chui added that the EPD will continue to enhance the HKED's functions and integrate artificial intelligence to support EIA studies. The department is currently collaborating with the Hong Kong Generative AI Research and Development Center (HKGAI) to develop and integrate a new AI-powered application into the foundation of the HKED. This application will utilise large language models such as DeepSeek and HKGAI V1, combined with the HKED's rich data, with a view to further boosting the efficiency and quality of the EIA process.

Since its launch, the HKED has recorded over 20 000 users annually and has received positive feedback from various sectors, including government departments, industry stakeholders, consulting firms, and academia. To date, more than 100 EIA and planning projects have benefited from the application of the HKED.

The IAIA's Corporate Initiative Award honours outstanding individuals or institutions that have made significant contributions to EIA, management or policy practice. The award ceremony will be held on May 1, 2025, at the 44th IAIA's Annual Conference in Bologna, Italy. An EPD delegation will attend the ceremony to accept the award and share insights on how the HKED's spatial data and information technology support the EIA process, promoting transparency and efficiency in environmental governance.

Last December, the EPD also won the Best Environmental Innovation Award at the 2024 Southeast Asia Forum International Conference for the HKED. In addition, EPD representatives will attend the 7th Ecological and Environmental Protection Industry Innovation and Development Conference in Beijing in mid-April to share the positive impact of smart technology on EIA with Mainland experts.

The EPD continues to promote the application of innovative technology in environmental protection. One of the notable initiatives is the Territory-

wide Sewage Surveillance Programme, which detects the viral concentration of the SARS-Co V-2 virus in the sewage network through a non-intrusive approach, assisting in effectively tracking the source of the virus in different anti-epidemic phases and serving a sentinel surveillance function. It has also received regional and international awards.