

立法會
Legislative Council

LC Paper No. CB(2)1736/00-01
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

LegCo Panel on Health Services

Minutes of meeting
held on Monday, 14 May, 2001 at 8:30 am
in Conference Room A of the Legislative Council Building

Members Present : Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP (Chairman)
Dr Hon LO Wing-lok (Deputy Chairman)
Hon Cyd HO Sau-lan
Hon CHAN Yuen-han
Hon Bernard CHAN
Dr Hon YEUNG Sum
Hon Andrew CHENG Kar-foo
Hon LAW Chi-kwong, JP
Dr Hon TANG Siu-tong, JP
Hon LI Fung-ying, JP
Hon Michael MAK Kwok-fung

Members Attending : Hon NG Leung-sing
Hon Andrew WONG Wang-fat, JP

Public Officers Attending : All items
Mr Thomas YIU
Deputy Secretary for Health and Welfare

Mr Eddie POON
Principal Assistant Secretary for Health and Welfare 3

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Dr P Y LAM, JP
Deputy Director of Health

Miss Winsome AU
Assistant Secretary for Health and Welfare

Items IV and VI

Dr W M KO
Deputy Director, (Operations & Public Affairs)
Hospital Authority

Dr Aylwin CHAN Wing-tat
Executive Manager (Primary Care)
Hospital Authority

Item V

Miss Angela LUK
Principal Assistant Secretary for Health and Welfare 1

Item VI

Mr Ronald Y P LI
Executive Manager (Hospital Planning)
Hospital Authority

Clerk in Attendance : Ms Doris CHAN
Chief Assistant Secretary (2) 4

Staff in Attendance : Mr LEE Yu-sung
Senior Assistant Legal Adviser

Miss Mary SO
Senior Assistant Secretary (2) 8

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I. Confirmation of minutes of meeting held on 14 March 2001
(LC Paper No. CB(2)1124/00-01(01) - issued on 9 April 2001)

The minutes were confirmed.

II. Date of next meeting and items for discussion
(LC Paper Nos. CB(2)1459/00-01(01) - (02))

2. The Chairman suggested members to inform the clerk after the meeting which items they wished to discuss at the next meeting to be held on 11 June 2001. Members agreed. The Chairman further requested the Administration to inform the clerk after the meeting which items on the list of items to be considered (LC Paper No. CB(2)1459/00-01(01)) they were in a position to discuss with members at the next meeting.

III. Proposed amendments to the Smoking (Public Health) Ordinance
(LC Paper Nos. CB(2)1459/00-01(03) - (05))

3. In addition to the above papers issued to members before the meeting, the following papers were tabled at the meeting -

- (a) a submission from Hon Tommy CHEUNG Yu-yan, on behalf of the catering industry; and
- (b) marked-up copies of the proposed Smoking (Public Health) (Amendment) Bill 2001 and the Smoking (Public Health) (Amendment) (Nos.2) Bill 2001.

4. At the invitation of the Chairman, Deputy Secretary for Health and Welfare (DSHW) took members through the Administration's paper (LC Paper No. CB(2)1459/00-01(03)) which set out the Administration's proposed amendments to the Smoking (Public Health) Ordinance (the Ordinance).

5. Mr LAW Chi-kwong then introduced the proposed Smoking (Public Health) (Amendment) Bill 2001 and the Smoking (Public Health) (Amendment) (Nos.2) Bill 2001 (LC Paper Nos. CB(2)1459/00-01(04)-(05)) jointly prepared by him and Dr LO Wing-lok. Mr LAW said that the Smoking (Public Health) (Amendment) Bill 2001 sought to introduce a complete ban on smoking in all indoor workplaces and the indoor areas of certain designated premises. Mr LAW however pointed out that workplace would not include domestic premises where the only

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employees were domestic servants, a place at which only self-employed persons worked and any accommodation provided by a hotel or a guesthouse. As regards the proposed Smoking (Public Health) (Amendment) (Nos.2) Bill 2001, Mr LAW said that the Bill sought to introduce a complete ban on smoking in the indoor public areas. Dr LO Wing-lok supplemented that as the anti-smoking proposals put forward by the Administration were more extensive than those contained in the proposed Smoking (Public Health) (Amendment) Bill 2001 and the Smoking (Public Health) (Amendment) (Nos.2) Bill 2001, he and Mr LAW would withhold from introducing the aforesaid Bills into the Legislative Council (LegCo) for the time being, pending the outcome of the Administration's consultation with the relevant groups and community organizations on its anti-smoking proposals.

6. Mr Bernard CHAN expressed support for the proposals put forward by the Administration to further protect members of the public, particularly non-smokers, against passive smoking, to close loopholes identified in the existing legislation and to bring about more effective enforcement of the Ordinance. Although it was all and well that the management of individual companies would be the primary enforcement agency for the statutory smoking ban, Mr CHAN nevertheless expressed concern about how the effective implementation of the requirement could be ensured if people on the management smoked in their indoor workplaces. Mr CHAN also expressed concern that if a complete ban on smoking in all indoor workplaces was implemented, disruption to the operation of the workplaces would arise if a significant number of employees needed to venture outside to smoke frequently.

7. DSHW responded that although the management of individual companies would be the primary enforcement agency, a subordinate could always lodge a complaint with the Tobacco Control Office (TCO) if his/her superior smoked in an indoor office. As regards the concern about disruption to the operation of the workplaces if a complete ban on smoking in all indoor workplaces was implemented, DSHW said that such a situation could be managed by setting out rules such as limiting the number of people going outside to smoke at any one time and the duration for such smoking breaks. Should the management encounter difficulties in drawing up internal guidelines and implementation plans to carry out their enforcement responsibility, assistance in this regard could be provided by TCO. Dr LO Wing-lok said that Mr CHAN needed not be too worried about disruption to office operation as a result of banning smoking in all indoor workplaces, as many research studies showed that extending the no smoking areas would increase the number of people giving up smoking.

8. Mr Michael MAK expressed support for the Administration's proposed amendments to prohibit smoking in all indoor workplaces and in all restaurants regardless of their size and capacity. Mr MAK however expressed concern about

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the difficulties in enforcing compliance with the aforesaid proposed amendments. In his view, instead of relying on the management of individual companies and TCO to ensure compliance with the legislation, a better approach would be to educate the public on the health risks involved in smoking so as to discourage smoking. In this connection, Mr MAK enquired about the actions taken by the Administration to discourage smoking. Referring to paragraph 13 of the Administration's paper proposing that smoking should be prohibited in both indoor and outdoor areas of all kindergartens, primary and secondary schools, and in the indoor premises of universities and tertiary institutions, Mr MAK enquired why universities and tertiary institutions should be given the preferential treatment of only prohibiting smoking in their indoor areas.

9. DSHW concurred that education was the most effective anti-smoking effort in the long run. To this end, the Administration would step up publicity and education work on anti-smoking in collaboration with anti-smoking organizations, such as the Hong Kong Council on Smoking and Health (COSH). On the question of why smoking would only be prohibited in the indoor areas of universities and tertiary institutions, DSHW explained that as university and tertiary institution students were grown-ups, the Administration considered it appropriate to apply the no smoking requirement only to indoor premises, which would primarily aim at minimizing the harmful effect of passive smoking in indoor environment.

10. Mr LAW Chi-kwong noted the proposal to empower TCO officers with the authority to initiate prosecuting action against offences in the Ordinance as set out in paragraph 35 (a) to (m) of the Administration's paper, or refer such offences to the Department of Justice (D of J) for court action depending on the circumstances of the cases. If deemed necessary, TCO officers could also be authorised by the Secretary for Health and Welfare to mount ad hoc enforcement operation in selected malls or restaurants, with the support of the Police and the management of the premises concerned. In this connection, Mr LAW sought clarification as to whether the aforesaid ad hoc enforcement operation would be spelt out in the legislation as an action which could be taken by TCO officers, or an established operation which would be carried out by TCO officers as and when necessary. DSHW responded that the Administration was presently considering whether the two options mentioned by Mr LAW. Mr LAW hoped that ad hoc enforcement operation would be stipulated as an established operation in the legislation, so as to enable TCO officers to take swift enforcement action.

11. Noting that the management of restaurants and individual companies would be the primary enforcement agency for the statutory smoking ban, Ms LI Fung-ying enquired whether the Administration had conducted any assessment of the impact of such an arrangement on employers and employees relations. Ms LI

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further enquired whether the Administration had conducted any economic assessment of the prohibition of smoking in food and drink establishments on the affected sectors.

12. DSHW responded that the Administration would give due regard to the possible impact of the proposals on employers and employees relations, and, as such, would consult the relevant groups and community organizations in the coming months. A Regulatory Impact Assessment Study would also be conducted to assess the economic impact of the proposals on the affected sectors. Subject to the views and feedback collected, the Administration would refine the proposals as appropriate, and initiate the legislative amendments in the 2001/02 legislative session.

13. Mr Andrew CHENG said that relying on the management of indoor premises, particularly restaurants, to enforce the no smoking legislation was not workable in practice, having regard to the fact that managers generally were reluctant to offend their customers by asking them not to smoke in a no smoking area. Although Police could initiate prosecution action against people who smoked in a no smoking area, it was unrealistic to expect the Police to do so given that their main duty was to combat crimes. To strengthen the enforcement work, Mr CHENG was of the view that officers of other government departments, such as health inspectors of the Food and Environmental Hygiene Department, should also be empowered with the authority to initiate prosecution action against people who smoked in a no smoking area. Dr YEUNG Sum concurred with Mr CHENG. DSHW agreed to consider Mr CHENG's suggestion.

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14. Mr CHENG further enquired about the additional number of TCO officers which would be needed to implement the proposals contained in the Administration's paper, and the present setup and functions of TCO. Responding to Mr CHENG's first question, DSHW said that an accurate estimation on the additional TCO officers required could not be made until the proposed amendments to the Ordinance were finalised.

15. As regards the setup and functions of TCO, Deputy Director of Health (DDH) said that TCO was established under the Department of Health (DH) in February 2001. It was staffed with three lay Tobacco Control Officers supported by three Assistant Tobacco Control Officers, and two clerical staff. In addition, a doctor and a nurse provided medical input and supervision of the Office operation. The priorities of TCO included assisting managers and staff of restaurants and other public premises to comply and enforce the legislation; screening of publications for illegal tobacco advertisements; carrying out inspection of tobacco retailers for improper health warning labels and illegal tobacco advertisements; and conducting anti-smoking activities and health education, complement to those

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being undertaken COSH. DDH pointed out that according to a survey conducted by TCO, 75% of the managers and staff of restaurants and other public premises interviewed did not find the enforcement work difficult. Instead, their concern lied in not knowing how to implement the enforcement work. DDH further said that at present, if TCO received a complaint that a particular organisation failed to comply with certain provisions of the Ordinance, say, selling a tobacco product in association with a non-tobacco product, TCO would need to refer the case to the Police for follow-up actions, which was time-consuming. To rectify the situation, the Administration intended to propose legislative amendments to the Ordinance to empower TCO officers with the authority to conduct the necessary investigation, collect evidence and initiate prosecution action or refer to the case to D of J for court action depending on the circumstances of the case. DDH added that a number of Anti-smoking Ambassadors would be recruited this year to further enhance education work on anti-smoking.

16. Ms Cyd HO echoed members' concern about the effectiveness of the proposals to ban smoking in all restaurants and other public indoor premises, if the primary enforcement work rested on the management of the premises concerned. Ms HO noted that under section 3(2)(c) of the Ordinance, the manager of a no smoking area could use reasonable force if necessary to remove a person who failed to extinguish the lighted cigarette, cigar or pipe in the no smoking area and refused to give his/her name and address and to produce proof of identify. As it was very difficult to define what reasonable force meant and that allowing managers to use force, albeit reasonable, was not conducive to promoting a harmonious society, Ms HO requested the Administration to re-visit section 3(2)(c) of the Ordinance, and consider whether the wordings "use of reasonable force" should be revised or deleted. DSHW agreed.

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17. Mr Andrew WONG said that the Government's tobacco control policy was discriminatory to smokers, and gave rise to conflicts between smokers and non smokers. Moreover, to achieve 100% enforceability of the anti-smoking legislation was not feasible. In his view, a better approach was to adopt the designation of smoking areas in all public indoor premises as practised in countries such as Japan where people were noted for their long longevity despite the fact that many of them were smokers. Mr WONG further said that the way the Administration was dealing with anti-smoking was hypocritical because it did not want to give up revenue from duty on tobacco products. If the Administration considered that lung cancer and other serious ailments were caused by smoking and passive smoking, it should treat tobacco products as poisons and ban the sale of them in Hong Kong and ban smoking altogether, instead of allowing tobacco products to be sold in Hong Kong and allowing people to smoke in outdoor areas and designated indoor areas.

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18. DSHW responded that it was the Government's established policy to discourage people from smoking through legislation, administrative measures and education and publicity. As to passive smoking, the long standing policy of the Government was to reduce its impact on the public in indoor areas as much as possible through a gradual and orderly approach. The proposals put forward by the Administration to extend the no-smoking areas in public places was in line with the international anti-smoking trend to not only protect the health of people using these places, but also make sure that workers there would not be affected by passive smoking.

19. Dr LO Wing-lok remarked that banning the sale of tobacco products and smoking in Hong Kong completely all at once would be unfair to smokers, having regard to the fact that smoking was in essence a chronic disease whereby smokers would need some time to quit their reliance on the chemical substances contained in the tobacco products, notably, nicotine. Dr LO further said that the harmful effects to health due to smoking and passive smoking were well documented. There was ample evidence that public expenditure on health care had decreased as a result of the implementation of tobacco control policy. Noting the Administration's plan to conduct a consultation exercise on the anti-smoking proposals, Dr LO enquired about the timing and the parties to be consulted. Dr LO further enquired about the timing of conducting the Regulatory Impact Study to assess the economic impact of the anti-smoking proposals on the affected sectors.

20. DSHW responded that the Administration would issue a consultation document on the anti-smoking proposals shortly. The consultation period was initially planned for three months, and could be extended if necessary. All relevant groups and community organizations would be consulted. As regards the Regulatory Impact Study, DSHW said that the Business and Services Promotion Unit (BSPU) under the Commerce and Industry Bureau had been commissioned to conduct the Study simultaneously with the aforesaid consultation exercise and it would take about three months to complete. To his understanding, BSPU would enlist outside help in the Study. DSHW further said that subject to the views and feedback collected, the Administration would refine the proposals contained in the Administration's paper as appropriate, and introduce legislative amendments in the 2001/02 legislative session.

21. Miss CHAN Yuen-han declared interest as a member of a anti-smoking organization. Miss CHAN said that although stepping up on tobacco control was necessary to safeguard public health, due regard must be given to the views of smokers and the difficulties which would put on the management of food establishments to enforce the legislation. Miss CHAN further said that the Administration should step up anti-smoking education work on youths, having regard to the trend in youth smoking in recent years.

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22. DSHW responded that discouraging youths from becoming smokers was integral to building a smoke-free community. To this end, the Administration would continue to work closely with anti-smoking organisations, such as COSH, to conduct anti-smoking activities and health education. DSHW further said that to address the concern about decreasing patronage if a ban on smoking in public indoor premises was implemented, restaurants would be given a grace period of, say, six to 12 months, to implement the no smoking requirement. Bars and karaokes would be given a longer grace period if demonstrated to be necessary. As regards public indoor premises such as bathhouses, nightclubs and mahjong places, prohibition of smoking in these licensed premises would be left to a subsequent stage when prohibition of indoor smoking had been generally practised. DSHW also said that many places in Asia such as Singapore, Taiwan, Malaysia, New Zealand, Philippines and Thailand had already enacted legislation to prohibit smoking in indoor workplaces. The Administration would continue to draw reference from overseas experiences in enforcing anti-smoking laws and promoting a smoke-free culture and see how they could be adapted for use in the local context.

23. Mr NG Leung-sing expressed concern about the difficulty in enforcing the no smoking requirement, having regard to the fact that the economy had not fully recovered and the cramped environment. In this connection, he hoped that the Administration would take into account these factors when finalising its anti-smoking proposals for subsequent introduction into LegCo. Mr NG further said that as smoking was a chronic disease, more assistance should be provided to help smokers to give up smoking, say, by finding a product to replace their reliance on tobacco. Mr NG also enquired about the entry qualifications of TCO officers.

24. DDH responded that the Administration had all along devoted much efforts in helping smokers to give up smoking. For example, money had been allocated to anti-smoking organisations, such as COSH, to run programmes to help smokers to quit smoking. Money had also been provided to COSH to set up a Smoking Cessation Health Centre (SCHC), in collaboration with the University of Hong Kong, in Ruttonjee Hospital. The aim of the SCHC was to pilot smoking cessation counselling and treatment services for those who intended to quit smoking. Apart from providing participants with free counselling services, the Centre also offered smokers one week provision of free Nicotine Replacement Therapies (NRTs). Apart from the efforts of HA in public hospitals, doctors in private practice would also be encouraged to take part in smoke cessation service. As regards the entry qualifications of TCO officers, DDH said that Tobacco Control Officers were university graduates while Assistant Tobacco Control Officers were secondary school graduates.

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25. Dr LO Wing-lok expressed support for the setting up of more SCHCs in public hospitals, and urged that additional resources could be provided to HA to implement such.

26. Dr YEUNG Sum agreed with the views expressed by Panel members and emphasised the need for effective implementation of the proposals. He urged the Administration to spend more time to discuss the proposed ban on smoking with bars and karaokes to obtain their support.

IV. Pilot scheme to introduce family medicine practice in five general out-patient clinics
(LC Paper No. CB(2)1459/00-01(06))

27. DSHW introduced the Administration's paper which set out the arrangement for implementing the pilot scheme to transfer five general out-patient clinics (GOPCs) from DH to the Hospital Authority (HA).

28. Mr Andrew CHENG expressed concern that the problem of long working hours of public doctors would be worsened following the transfer of five GOPCs from DH to HA, and enquired about the number of doctors to be deployed to provide family medicine mode of services in the five pilot clinics. Mr CHENG further enquired why no GOPC of DH serving people in New Territories Northeast or Northwest had been selected for the pilot scheme.

29. Deputy Director, Hospital Authority (DDHA) said that a working group under HA was currently working out the number and mix of HA staff required to service the five pilot clinics. He however assured members that the existing doctors' workload would not be increased as a result of HA taking over the five GOPCs from DH, having regard to the fact that a total of \$75 million had been allocated to HA to fund the pilot scheme. Moreover, additional resources had been allocated to HA to increase the number of family medicine trainees from 210 to 316 in the current financial year. As regards Mr CHENG's second question, DDH explained that as the transfer of the five GOPCs from DH to HA was a pilot scheme to introduce family medicine practice in general out-patient services, no special consideration had therefore been made to ensure that the pilot clinics covered all geographical areas. In determining whether a particular GOPC was suitable to operate a family medicine-based GOPC, the main criterion was whether it had adequate number of consultation rooms to allow family medicine training to take place, having regard to the fact that each family medicine trainee had to be overseen by his/her tutor when meeting patients.

30. Mr Michael MAK enquired whether any yardsticks had been set down to

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evaluate the benefits of family medicine-based GOPCs, such as decrease in the number of attendances at hospitals and shorter stay in hospitals. Although it was mentioned by DDHA in paragraph 29 above that doctors' workload would not be increased as a result of implementing the pilot scheme, Mr MAK nevertheless expressed concern that the scheme would spread the manpower resources of other health care professionals, such as primary care nurses, too thin.

31. DDHA responded that the working group tasked to work out the number and mix of HA staffing for the pilot clinics would also look into ways to measure the outcome of the scheme. DDHA clarified that the \$75 million allocated to HA to implement the pilot scheme had already taken into account the need for HA to recruit additional staff, such as doctors and other primary care professionals to operate the pilot clinics. In this connection, DDHA said that the taking over of five GOPCs from DH should not affect the existing workload of HA staff.

32. Miss CHAN Yuen-han welcomed the pilot scheme and enquired about the re-deployment arrangement for those DH staff currently serving at the five selected clinics and other GOPCs under DH if the pilot scheme was successful.

33. DDH responded that about 150 DH staff currently serving at the five selected clinics would be retained in DH and re-deployed to other duties within the Department. Their terms of employment would remain unchanged. Briefings for these DH staff had been arranged through Departmental Consultative Committee meetings, clinic visits and department circular to explain the background of the pilot scheme and to reassure staff that all serving staff of these five clinics would be retained in DH. DDH further said that the staff affected had not raised any objection to being transferred to other posts, as they viewed such movement as normal job rotation. To ensure smooth re-deployment, training would be provided to those staff being asked to take up duties different from what they were doing at the GOPCs. As regards staffing arrangement if all GOPCs of DH were to be transferred to HA, DSHW said that DH and HA were at present separately looking into the matter. DDHA supplemented that the pilot scheme to transfer five GOPCs from DH to HA was a separate matter from the proposal to transfer all GOPCs from DH to HA. DDHA explained that the former was an initiative under Chief Executive's Policy Address 2000, the aim of which was to provide a training programme ground for family medicine trainees participating in the family medicine training run by HA since 1997/98; whereas the latter was one of the proposals contained in the Consultation Document on Health Care Reform. DDHA further said that if the proposal to transfer all GOPCs from DH to HA was implemented, there was a possibility that some DH staff might need to transfer to HA.

34. Miss CHAN Yuen-han urged DH and HA to consult their staff before

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transferring all GOPCs from DH to HA. DSHW responded that staff affected would be fully consulted. DSHW further said that as the proposal to transfer all GOPCs from DH to HA was one of the proposals contained in the Consultation Document on Health Care Reform, the Administration would consult members again before implementation.

35. Ms Cyd HO enquired whether DH had enough work for the about 150 DH staff who would be redundant as a result of transferring five GOPCs from DH to HA. Ms HO further enquired whether HA would recruit a similar number of staff to replace them, and whether the \$75 million allocated to HA to run the five pilot clinics was a one-off provision or whether the \$75 million was/would be included as part of the annual 2.2% to 2.3% increase in HA's recurrent budget.

36. Responding to Ms HO's first question, DDH said that DH had no problem in re-deploying DH staff affected by the pilot scheme to other posts within DH, as they could fill existing vacancies and vacancies arising from natural wastage. DDH further said that given that 150 staff only represented a very small percentage of the overall DH staff numbering over 7 000, there should be no difficulty in finding suitable job placements for the affected staff. On the question of whether the \$75 million was a one-off provision or otherwise, DSHW said that additional resources would continue to be provided to HA to fund the pilot scheme, at least for the coming five years. As to whether the five pilot clinics would be staffed by about 150 HA staff, DDHA responded that HA might not require the same number of staff as the mode of operation of the pilot clinics was different from that of a GOPC under DH. DDHA reiterated that HA was currently working out the number and mix of staff required to run the five pilot clinics. He would be happy to provide members with information on the number and mix of staff required to run the five pilot clinics when available. As regards whether the \$75 million was/would be included as part of the annual 2.2% to 2.3% increase in HA's recurrent budget, DDHA replied in the negative.

37. Dr LO Wing-lok enquired which portion of the \$75 million would be used for recurrent expenditure and for improvement of services. DSHW responded that how the \$75 million should be used to fund the pilot scheme rested entirely with HA. Dr LO remarked that there must be some assumptions for coming up with the sum of \$75 million to HA to fund the pilot scheme, and requested the Administration to provide such to members. DSHW agreed to provide relevant information after the meeting.

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38. Responding to Dr TANG Siu-tong's enquiry about the service level of the five pilot clinics, DDHA said that the number of discs allocated would remain unchanged for the five clinics upon their transfer to HA.

V. Oral Health Services for the Elderly
(LC Paper No. CB(2)1459/00-01(07))

39. Due to time constraint, the Chairman suggested and members agreed to defer discussion of the above matter to the next meeting to be held on 11 June 2001.

VI. Redevelopment and expansion of Pok Oi Hospital
(LC Paper No. CB(2)1459/00-01(08))

40. DSHW briefed members on the Administration's paper which detailed the progress made with regard to the redevelopment and expansion of Pok Oi Hospital (POH).

41. Dr TANG Siu-tong enquired whether POH would be given funding in one go to carry out its redevelopment and expansion works. Noting that about 270 in-patient beds would be maintained at POH during the construction period, Dr TANG enquired what type of beds they were.

42. DSHW responded that the Administration would seek funding from the Finance Committee (FC) in phases to carry out the redevelopment and expansion of POH. Namely, \$96.37 million had been sought from FC on 9 June 2000 for conducting the preparatory works for the redevelopment and expansion of POH, and a sum of about \$320 million to embark on the site formation and foundation works, and preparation of tender documentation for the main works of the project would be sought from FC in June/July 2001. Funds to launch the main works would be sought from FC at a later stage. As regards Dr TANG's second question, DDHA said that the 270 in-patient beds which would be maintained at POH during the construction period were for rehabilitation purpose.

43. Dr TANG further said that there were complaints from some POH staff that there was a shortage of manpower to perform blood tests and take X-ray at the 24-hour out-patient clinic at POH, which was maintained to treat semi-urgent and non-urgent patients during the construction period. DDHA responded that every effort had been made to ensure that appropriate resources, including manpower, were provided to POH to run the 24-hour out-patient clinic. DDHA disagreed that there were inadequate staff to perform blood tests and take X-ray as it was very easy to calculate the manpower required to perform these tasks. In this connection, DDHA said that the cause of the complaints did not really lie in inadequate manpower but due to the fact that staff working at POH during the construction period would have more limitations in areas such as arranging

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working schedules because the number of staff in each job category was small.

44. Mr Michael MAK noted that upon completion of the redevelopment project in 2006, POH would have a complement of 742 in-patient beds. In this connection, Mr MAK enquired about the additional manpower required to cope with the increased services. DDHA responded that although funding for the redeveloped POH would be based on population need, HA would set aside funding to take back the staff who had been deployed to Tuen Mun Hospital and North District Hospital while the redevelopment work was being carried out in POH.

45. Responding to Ms LI Fung-ying's enquiry about the total cost for carrying out the redevelopment and expansion of POH, DSHW said that the total cost would be in the region of about \$2 billion.

46. There being no other business, the meeting ended at 10:40 a.m.

Legislative Council Secretariat
7 June 2001