立法會
Legislative Council

LC Paper No. CB(2)2936/02-03
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of special meeting
held on Thursday, 5 June 2003 at 8:30 am
in the Chamber of the Legislative Council Building

Members present	:	Dr Hon LO Wing-lok (Chairman) Hon Michael MAK Kwok-fung (Deputy Chairman) Hon Cyd HO Sau-lan Hon Albert HO Chun-yan Hon CHAN Kwok-keung Hon CHAN Yuen-han, JP Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP Hon Andrew CHENG Kar-foo Dr Hon LAW Chi-kwong, JP Dr Hon TANG Siu-tong, JP Hon LI Fung-ying, JP
Member absent	:	Dr Hon YEUNG Sum
Members attending	:	Dr Hon David CHU Yu-lin, JP Hon LAU Kong-wah Hon Albert CHAN Wai-yip Hon WONG Sing-chi
Public Officers attending	:	Mr Thomas YIU, JP Deputy Secretary for Health, Welfare and Food (Health) Miss Eleanor JIM Assistant Secretary for Health, Welfare and Food (Health) 7

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Dr P Y LEUNG, JP
Deputy Director of Health (1)

Dr Thomas TSANG
Consultant (Community Medicine)
Department of Health

Dr W M KO, JP
Director (Professional Services & Public Affairs)
Hospital Authority

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

Staff in attendance : Miss Mary SO
Senior Assistant Secretary (2) 8

The Chairman ordered all persons to rise and observe a moment of silence in mourning for Dr Thomas CHEUNG, Dr CHENG Ha-yan and Ms WONG Kang-tai who sacrificed their lives in caring for Severe Acute Respiratory Syndrome (SARS) patients.

2. The Chairman said that he had received a complaint about the lack of insurance cover for members of the St John's Ambulance who might contract SARS in the course of delivering SARS patients. In the light of this, the Chairman requested the Administration to provide a response on insurance cover for volunteers and private medical practitioners participating in the Visiting Medical Officers Scheme for residential homes for the elderly at the next meeting. Deputy Secretary for Health, Welfare and Food (DSHWF) agreed to look into the matter.

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3. The Chairman said that as the next special meeting scheduled for 11 June 2003 at 8:30 am would coincide with the funeral of Dr Thomas CHEUNG, he sought members' view as to whether they wished to re-schedule the meeting. Members agreed to reschedule the next special meeting to 12 June 2003 at 1:00 pm.

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I. Update on Severe Acute Respiratory Syndrome
(LC Paper Nos. CB(2)2314/02-03(01) and (02))

4. At the invitation of the Chairman, DSHWF updated members on the latest development of SARS as set out in the Administration's paper (LC Paper No. CB(2)2314/02-03(02)) tabled at the meeting. DSHWF also informed members that the United States Centers for Disease Control and Prevention (CDC) had lifted the travel advisory against non-essential travel to Hong Kong the day before. In place of the travel advisory, CDC had issued a travel alert on Hong Kong which did not advise against travel, but informed travellers of a health concern and provided advice about specific precautions.

5. The Chairman sought clarification from the Administration as to whether it had come to a decision that it would not set up an independent Commission of Inquiry in or before October 2003 to look into the handling of the SARS outbreak as requested by the House Committee of the Legislative Council. DSHWF responded that he did not have any information that the Government had formally refused to do so.

Infection control

6. Mr LAU Kong-wah noted from table 2 of LC Paper No. CB(2)2314/02-03(02) that health care workers was the largest single occupational group contracting SARS, representing 23.9% of all of the 1 602 SARS cases. In the light of this, Mr LAU requested the Administration to provide information on the daily number of cases involving health care workers after 16 May 2003, as the daily number of newly confirmed SARS cases had fallen below five for 18th consecutive day since 16 May 2003 and the average number of newly confirmed cases in the past week was three per day. Mr LAU also asked why there were still health care workers coming down with SARS, despite the fact that the number of new cases was declining and the supply of protective gear to health care workers had been enhanced.

7. Deputy Director of Health (1) (DDH(1)) replied that the number of cases involving health care workers after 16 May 2003 was 10. As to how these workers had contracted the disease, more time would be needed to find and ascertain the source of infection.

8. Director (Professional Services & Public Affairs), Hospital Authority (Director, HA) said that every effort would be made to find out where and how health care workers had contracted SARS, but to get the answer was invariably time-consuming and not always possible in each and every case. Director, HA further said that one of the greatest challenges in the infection control of SARS

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was due to the fact that not all patients who contracted the disease displayed SARS symptoms at the onset of the disease, such as in the case of elderly patients and patients with weak body immunity. To this end, actions had been made to step up infection control at all non-SARS wards in public hospitals. For instance, following a minor outbreak of SARS at the North District Hospital (NDH) recently, all clinical areas of NDH which had admitted suspected SARS cases were identified and put under medical surveillance for at least 10 days. Movements in and out of the affected clinical areas were stopped during the surveillance period. Other improvement measures included the opening of more wards to improve segregation, the reduction in the number of beds in each ward to ease congestion, the segregation of each bed with curtain, the strengthening of infection control measures as well as the increase in audit frequency to ensure compliance of such measures.

9. The Chairman remarked that apart from the difficulty of detecting patients with SARS which had led to infection amongst health care workers, other reasons why there were still health care workers coming down with the disease included long working hours and uneven distribution of workload.

10. Referring to the comments made by Director, HA in paragraph 8 above, Mr LAU Kong-wah asked whether it was no longer valid to say that all SARS patients would have fever. Director, HA clarified that in the overwhelming number of cases, patients with SARS had fever. The variation was that those with weak body immunity would usually not have fever at the onset of the disease. Nevertheless, there was no evidence to confirm that SARS patients who did not have fever would not infect others.

11. The Chairman said that the key factor for eradicating SARS in Hong Kong was how well HA could prevent its health care workers from contracting SARS while on duty. In the light of this, the Chairman requested the Administration to provide information of the occupation of newly confirmed SARS patients since 4 May 2003, which was the day when the number of newly confirmed cases had dropped to single digit, and whether these patients had contracted the disease in the community or in hospitals. DSHWF agreed.

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12. Mr WONG Sing-chi shared the Chairman's view that how fast Hong Kong could eradicate SARS would depend on how well HA could prevent its staff from contracting the disease in hospitals. Unfortunately, this was not yet attainable for various reasons. For instance, NDH had failed to exercise stringent infection control after it was designated to receive acute patients from Alice Ho Miu Ling Nethersole Hospital upon the temporary closure of the latter's accident and emergency (A&E) department on 25 April 2003. According to his observation, NDH patients were found wandering around the hospital with no face masks on. Another example was that NDH had delayed in notifying the Department of

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Health (DH) of a highly suspected SARS case related to a health care assistant working in ward 4B referred to in paragraph 10 of LC Paper No. CB(2)2143/02-03(02). Mr WONG said that although such notification was made on 24 May 2003, he had been told by some NDH staff that the patient concerned had in fact displayed SARS symptoms days earlier. The patient concerned subsequently died, and was confirmed by the post-mortem result to have contracted SARS. Mr WONG further pointed out that it was totally unacceptable that NDH had not transferred the patient concerned, once suspected of contracting SARS, to another hospital in the NTE cluster designated to receive SARS patients, i.e. Alice Ho Miu Ling Nethersole Hospital. The fact that NDH had failed to do so and had treated the patient concerned as a typical pneumonia case had lowered the alertness of NDH staff. As a result, a total of 12 confirmed cases related to the NDH cluster were identified. In addition, three patients were suspected to have contracted SARS. In view of the incubation period of SARS, Mr WONG asked about the measures which had been or would be taken by HA to ensure that elderly patients would not infect others in their elderly homes after their discharge from hospitals. This was important, given that the elderly was a high-risk group for SARS.

13. Director, HA disagreed that NDH had not been vigilant in preventing patients from spreading SARS in the hospital. He hoped that members would appreciate, for example, that it was very difficult to make each and every patient to wear a face mask at all times. Director, HA further said that with hindsight, it was easy to say that the patient concerned had clearly shown symptoms of SARS. However, the various symptoms did not appear all at once and he believed that the reason why NDH did not transfer the patient concerned to Alice Ho Miu Ling Nethersole Hospital was because the initial diagnosis did not conclude that the patient was a suspected SARS case. On preventing elderly patients from infecting others in their elderly homes after their discharge from hospitals, Director, HA said that HA hospitals would put the elderly patients under a longer period of observation after they recovered from their diseases. In addition, HA's Community Geriatric Assessment Teams and/or the Visiting Medical Officers would give advice to operators of elderly homes on ways to isolate or segregate the elderly patients returning from their stay in hospitals.

14. Mr WONG Sing-chi remarked that HA should not use the fact that many SARS patients did not develop any SARS symptom at the onset of the disease as an excuse to explain the spread of the disease in hospitals, as HA should have learnt how to deal with such an situation by now.

15. The Chairman queried whether the outbreak at NDH was due to the fact that it could not cope with the additional workload brought about by the temporary closure of the A&E department at Alice Ho Miu Ling Nethersole Hospital on 25 April 2003. To ascertain the aforesaid, the Chairman requested HA to provide information on the number of confirmed cases in each of the hospitals under the

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NTE and other hospital clusters following the temporary closure of the A&E department at Alice Ho Miu Ling Nethersole Hospital.

16. Director, HA responded that he could provide the information requested by the Chairman in paragraph 15 above. He, however, pointed out that the outbreak of SARS was not caused by additional workload brought about by the temporary closure of the A&E department at Alice Ho Miu Ling Nethersole Hospital, but was caused by three unsuspected SARS patients who happened to seek treatment at NDH. Director, HA further said that it was inevitable that the workload of a hospital would be increased if another hospital in the same cluster had SARS patients. Nevertheless, HA management would see to it that no one hospital would be over stretched to a point where it could not cope with its workload.

17. Mr Michael MAK asked whether the Administration would explore the feasibility of applying the infection control measures, in particular the isolation measures adopted by Macau in Hong Kong, having regard to the fact that Macau only had one imported confirmed case to date.

18. DSHWF responded that the infection control measures adopted by Macau might not be applicable to Hong Kong because the environment and the population density of Macau were vastly different from Hong Kong. DDH(1) supplemented that reason why Macau could effectively isolate the SARS patient was because it had only one case.

19. Mr MAK remarked that the Administration should not lightly treat even one single SARS case, as evidenced by the fact that one super-spreader case in Hong Kong had infected a large number of people. Mr MAK further said that segregating each bed with plastic curtain was not adequate in preventing cross-infection, and urged HA to implement more effective measure.

20. Director, HA admitted that segregating each bed with plastic curtain was not the most effective way to prevent cross-infection, but it was an appropriate solution given the constraints. Moreover, such segregation could raise the awareness of the health care workers on infection control. Director, HA further said that it would only be possible to put all SARS patients under one roof in one hospital if the number of cases had dropped to a low figure for a sustained period of time.

21. Ms Cyd HO expressed concern about the transparency of the Administration and HA in handling the SARS outbreak. According to an article in Ming Pao, HA had formed a task force on 11 February 2003 to assess the risk of outbreak of infectious diseases in Hong Kong. However, the existence and the work of such a task force were not made known to frontline health care workers in both the public and private sectors, and that the HA Board was only informed of

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them recently. Ms HO was of the view that if frontline health care workers were made aware of the existence of the task force and its work, they would not be caught off-guard at the outset of the SARS outbreak, resulting in over 380 cases of infection involving health care workers and wide spread of the disease in the community.

22. The Chairman said that the date of 11 February 2003 was a significant one, as it was one day after the Guangdong health authorities had announced to the press about the situation of the outbreak of atypical pneumonia in Guangdong, with a total of 305 cases and five deaths.

23. Director, HA responded that HA attached great importance to the impact of the outbreak of atypical pneumonia in Guangdong on Hong Kong. Hence, a task force was formed to monitor the situation of serious pneumonia cases in the community to see whether there was any abnormality comparing with past years. Basic guidelines drawn up by the task force had been made known to hospital staff. He would be happy to provide members with these guidelines. Director, HA further said that it was unfair to say that HA was not alert to the possibility of a SARS outbreak in Hong Kong, as very little was known about the disease in February 2003, save the information mentioned by the Chairman in paragraph 22 above, and not even in early March 2003 when a cluster of SARS cases occurred in the Prince of Wales Hospital.

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24. At the request of Ms HO and the Chairman, DSHWF undertook to provide the guideline produced by the HA task force, and information relating to the outbreak of the disease between 11 February and 10 March 2003 to prevent the outbreak of the disease.

25. Mrs Sophie LEUNG hoped that members would not be overly critical in reviewing the whole incident, as SARS was a new disease and little was known about the disease. Mrs LEUNG further said that the Administration should actively consider the feasibility of adopting various proposals to combat SARS put forward by a number of professional groups, such as improvement to the ventilation of hospital wards, and revert to members on the progress made.

26. Dr TANG Siu-tong asked about the number of health care workers who contracted SARS in Intensive Care Units (ICUs). Noting that retirees and housewives were the top two largest non-working groups with SARS, Dr TANG asked why this was the case.

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27. Director, HA responded that quite a number of health care workers contracted SARS while working in ICUs at the peak of the epidemic, but the number had gone down significant lately. At the request of Dr TANG, Director, HA undertook to provide information on the number of health care

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workers who contracted SARS while working in ICUs after the meeting. As to Dr TANG's second question, Director, HA said that he did not have the answer.

Compensation arrangements for HA staff who contracted SARS in the course of their duties

28. Mr Andrew CHENG noted from the Administration's written response to questions raised by members at the special meeting on 21 May 2003 (LC Paper No. CB(2)2143/02-03(01)) tabled at the meeting that the HA Task Force on SARS would discuss the compensation arrangements for HA staff who contracted SARS in the course of their duties on 6 June 2003. Mr CHENG expressed dissatisfaction about the lack of progress made in this regard, since the need to improve the compensation for affected HA staff was first raised by members on 23 April 2003.

29. Director, HA clarified that 6 June 2003 was not the first meeting of the HA Task Force on SARS to discuss the compensation arrangements in question. On the contrary, HA had been working on ways to improve the compensation for affected staff since the matter was raised by members in April 2003. As mentioned at the previous meeting, the biggest difficulty was in procuring additional insurance coverage for HA staff. HA would provide members with details of the compensation arrangements for HA staff who contracted SARS in the course of their duties once they were available.

30. Mr CHENG urged the Administration and HA to expeditiously come up with a compensation package for HA staff who contracted SARS in the course of their duties. He pointed out that if the Administration was willing to spend $11.8 billion to revive the economy affected by the SARS outbreak, it should also be willing to provide better protection for HA staff who cared for SARS patients if the insurance industry refused to undertake such coverage. The Chairman concurred with Mr CHENG, and pointed out that after the 11 September 2001 terrorist attacks in the United States, guarantees were provided by the Government to indemnify Hong Kong-based airlines, the Airport Authority and, through the Airport Authority, its related service providers, for third party liabilities arising from war, hijacking and other perils for a period of six months commencing GMT 0000 on 25 September 2001 subject to certain principles being followed.

Construction of an infectious disease hospital with isolation facilities

31. Mr Andrew CHENG expressed dissatisfaction that the Secretary for Health, Welfare and Food (SHWF) had again failed to attend the meeting. Mr CHENG then sought clarification from the Administration whether it had abandoned the idea to construct a hospital dedicated to treating patients suffering from infectious diseases. Mr CHENG pointed out that the Chief Executive of HA had advocated

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the construction of such a hospital, but SHWF seemed to hold a different view.

32. DSHWF responded that SHWF valued members' views and would strive to attend the special meetings as far as possible. On the construction of a hospital dedicated to treating patients suffering from infectious diseases, DSHWF said that a working group, formed under the Health, Welfare and Food Bureau, was presently at work in formulating short, medium and long-term measures in handling patients with infectious diseases. For instance, in the light of the recent SARS outbreak, consideration was being made to further expand the existing infectious disease facilities of the public hospital system in the context of the current organisation of public hospital services and possible emergence of new infectious diseases which Hong Kong might encounter in future. As it would take time to build the infectious disease facilities, as a short-term measure, HA would improve the ventilation and isolation facilities of existing hospitals to improve their ability to handle infectious diseases. It was the Administration's intention to brief members once it had come up with a view on the way forward.

33. Mr CHENG further said that as SARS was likely to occur in Hong Kong later in the year when the weather was cool, the Administration should not dither on whether a hospital dedicated to treating patients suffering from infectious diseases should be constructed. He requested the Administration to revert to members at the next special meeting its stance on the matter. Miss CHAN Yuen-han echoed similar view.

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Patients' right to know

34. Mr Andrew CHENG said that the Administration had applied a double standard in criticising the way in which the management of the Baptist Hospital had denied the patients' right to know about the SARS outbreak in the hospital. Mr CHENG pointed out that DH had also not done its part, as a regulator of private hospitals, to disclose to the public about the SARS outbreak at Baptist Hospital. To his understanding, DH first received a complaint about the alleged cover-up of the SARS outbreak at Baptist Hospital on 13 May 2003, but waited nine days to give a simple response to the complainant on 22 May 2003 that it would follow up the matter. DH completed its investigation of the complaint and announced the findings in early June 2003. Unfortunately, a total of 13 persons had contracted SARS at the Baptist Hospital during the intervening period between 13 May and early June 2003. Mr CHENG further pointed out that this was unacceptable as even for a residential building, DH would immediately dispatch a team to investigate the building if one or two residents were found to have contracted SARS.

35. DSHWF responded that the Administration respected patients' right to know, and there was no question of double standard applied by the Administration

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in treating this aspect between private hospitals and DH. A case in point was that DH had been very transparent in updating the public on the latest situation in the fight against SARS through its daily press briefing and the SARS bulletin which was available on the Internet.

36. DDH(1) clarified that the complaint mentioned by Mr CHENG in paragraph 34 above was about the failure of the Baptist Hospital to inform the complainant about people contracting SARS at the hospital, and should not be construed as nothing had been done by DH prior to that day to contain the spread of the disease in the hospital. For instance, upon notification by the Baptist Hospital on 2 May 2003 of one confirmed case, DH immediately traced the patients who had stayed in the affected ward. DDH(1) further said that DH had informed the public at its daily press briefing on 6 May 2003 there was a minor SARS outbreak at Baptist Hospital. Notwithstanding the aforesaid, Mr CHENG requested DH to provide a paper before the next meeting on the actions which had been taken by DH upon receipt of the complaint against the Baptist Hospital and the reasons for not disclosing to the public about the outbreak of SARS cases at the hospital. DDH(1) agreed.

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Setting up of an independent Commission of Inquiry

37. Mr Andrew CHENG said that it was incumbent upon the Administration to set up an independent Commission of Inquiry to find out the truth and whether any persons should be held responsible for the spread of SARS in the community. Mr CHENG pointed out that even the Baptist Hospital had decided to set up a similar body chaired by a retired judge. Mr CHENG further said that whilst waiting for the Administration's response on the setting up of an independent Commission of Inquiry in or before October 2003, it was necessary for the Panel to come up with recommendations on fighting the disease before the expiry of the current legislative session given that the disease was likely to hit Hong Kong again during the autumn/winter season.

Measuring of body temperature of passengers at border points

38. Ms LI Fung-ying said that, with the lifting of travel advisory against Hong Kong by the World Health Organization and CDC, more and more people would be visiting Hong Kong. In the light of this, Ms LI queried whether the existing manpower and infection control measures were adequate to cope with the growing number of visitors to Hong Kong in the coming months; and if not, whether consideration would be given to increasing the manpower and/or implementing more infection control measures at all border points.

39. DDH(1) responded that apart from installing more infra-red devices at various border points and providing more training to staff in handling passengers

with fever and suspected to have SARS, consideration was being given to setting up a dedicated office to enhance surveillance and response to SARS.

Cluster of SARS cases in Wing Shui House, Lek Yuen Estate

40. Ms LI Fung-ying noted that post-disinfection swabs taken from two neighbouring units in Wing Shui House, Lek Yuen Estate which detected traces of virus genetic material before disinfection were all negative. The Administration concluded that there was no evidence to suggest that the disease had been transmitted in the building by structural factors. However, it was likely that person-to-persion transmission occurred. In the light of this, Ms LI asked about the basis for making the conclusion that the cluster of SARS cases was caused by person-to-person transmission.

41. DDH(1) responded that since there was no evidence to suggest that the disease had been transmitted in the building by structural factors, the only plausible cause of the cluster of SARS cases at Wing Shui House was therefore person-to-person transmission.

Expert Committee on SARS

42. Dr LAW Chi-kwong hoped that that in reviewing the whole incident of combating the SARS outbreak in Hong Kong, due regard would be given to preventing elderly patients from contracting other respiratory tract infections in hospitals. Dr LAW then asked about the work plan and timetable of the Expert Committee on SARS, such as whether it would hold public hearings and disclose minutes of its meetings to the public, and its communication with the Legislative Council, such as whether it would come before the Panel to report progress made.

43. DSHWF responded that the Expert Committee on SARS would start work in June 2003. As many members of the Expert Committee were from overseas, it was envisaged that the three meeting sessions scheduled to be held in Hong Kong next month would be attended in separate groups. Nevertheless, video conferencing would be arranged to enable those members who could not be in Hong Kong to join the discussion. DSHWF further said that the review would mainly be in two areas, namely, the public health angle and hospital management and operations angle. Although the Expert Committee had not yet met, he surmised that it was highly likely that Committee members would meet with people, and would also be glad to discuss with members of the Panel. As to disclosing the minutes of the Expert Committee to the public, DSHWF said that he was not certain on this point at this stage, but informed that the report of the Expert Committee was for submission to the Chief Executive.

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44. Dr LAW hoped that the modus operandi of the Expert Committee would follow that of the Expert Group formed to study the Strategic Sewage Disposal Scheme in Hong Kong, such as holding public hearings, meeting with concern groups and Members of the Legislative Council, and conducting site visits. Dr LAW further said that he had drawn up a list of areas which the Expert Committee should look at, and would forward it to the Administration for consideration shortly. Ms Cyd HO also hoped that the Expert Committee on SARS would not be a public relations ploy by the Administration, having regard to the fact that the Administration had ignored many recommendations put forward by various sectors of the community on ways to combat the disease. DSHWF assured members that the reason for setting up the Expert Committee on SARS was to find out what lessons could be learnt from the recent outbreak and to formulate ways to better combat SARS and other infectious diseases. DSHWF also assured members that the work of the Expert Committee would be made as transparent as possible.

Handling of patients' complaints

45. Mr Albert CHAN proposed that HA should set up an independent body to handle complaints of SARS patients or their family members. Alternatively, the Panel should organise several public hearings prior to the expiry of the current legislative session to hear grievances from SARS patients or their family members. Mr CHAN further said that the latter arrangement would provide useful information for the review of the whole incident.

46. In response, Director, HA said that he saw no need for HA to set up an independent body to handle complaints of SARS patients or their family members, as HA already had in place a two-tier complaints system. In particular, the Public Complaints Committee was established under the HA Board to independently consider and decide on all appeal cases and referred complaints.

47. On the proposal of the Panel holding public hearings to hear grievances from SARS patients or their family members, the Chairman said that this could be considered.

Transfer of DH's general out-patient clinics to HA

48. The Chairman requested the Administration to revert to members at the next special meeting the timetable for transferring the remaining DH's general out-patient clinics to HA. DSHWF agreed.

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49. There being no other business, the meeting ended at 10:45 am.

Council Business Division 2
Legislative Council Secretariat
31 July 2003