

立法會
Legislative Council

LC Paper No. CB(2)2898/05-06
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

**Minutes of special meeting
held on Monday, 15 May 2006 at 8:30 am
in Conference Room A of the Legislative Council Building**

Members present : Dr Hon KWOK Ka-ki (Chairman)
Dr Hon Joseph LEE Kok-long (Deputy Chairman)
Hon Mrs Selina CHOW LIANG Shuk-ye, GBS, JP
Hon Bernard CHAN, JP
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Hon Andrew CHENG Kar-foo

Members absent : Hon Albert HO Chun-yan
Hon Fred LI Wah-ming, JP
Hon CHAN Yuen-han, JP
Dr Hon YEUNG Sum
Hon LI Fung-ying, BBS, JP
Hon Vincent FANG Kang, JP
Hon LI Kwok-ying, MH

Members attending : Hon James TIEN Pei-chun, GBS, JP
Hon LEE Cheuk-yan
Hon TAM Yiu-chung, GBS, JP
Dr Hon Fernando CHEUNG Chiu-hung

Public Officers attending : Mr Eugene FUNG
Principal Assistant Secretary for Health, Welfare and Food
(Elderly Services and Social Security) 1

Mr Freeman HUEN
Assistant Secretary for Health, Welfare and Food
(Elderly Services and Social Security) 1

Dr CHAN Wai-man
Assistant Director of Health
(Family and Elderly Health Services)

Dr Felix CHAN
Consultant (Geriatrics)
TWGHs Fung Yiu King Hospital
Hospital Authority

Mrs Kathy NG
Assistant Director of Social Welfare (Elderly)

Mrs Kitty YUK KWOK Lai-sum
Chief Social Work Officer (Licensing)
Social Welfare Department

Deputations by invitation : The Hong Kong Medical Association

Dr CHOI Kin
President

The Pharmaceutical Society of Hong Kong

Mr Benjamin KWONG
President

The Practising Pharmacists Association of Hong Kong

Mr Billy CHUNG
President

The Society of Hospital Pharmacists of Hong Kong

Mr K W NG
President

Professor William CHUI
Education Director, Drug Education Resources Centre

Association of Hong Kong Nursing Staff

Mr CHENG Yat-loong
Education Officer

Mr CHU Yin-man
Assistant Secretary

The Hong Kong Association of the Pharmaceutical Industry

Dr Anthony CHAN
Vice President

Ms Sabrina CHAN
Executive Director

Hong Kong Association of Gerontology

Miss Stella CHEUNG
Executive Director

Miss Alice CHIU
Accreditation Officer

The Hong Kong Council of Social Service

Mr NGAI Kong-yiu
Vice Chairman of Specialized Committee on Elderly
Service

Ms Carmen NG
Chief Officer (Elderly), Service Development

Association for the Rights of the Elderly

Ms SO Kit-yin
External Vice Chairman

Ms LAM Yu-kiu
Executive Committee Member

The Against Elderly Abuse of Hong Kong

Ms Kennex YUE
Chief Executive Director

Hong Kong Private Nursing Home Owners Association

Mr CHU Kap-ning
Vice Chairman

Mr KWONG Wai-ping
Committee Member

The Hong Kong Association of the Private Homes for the Elderly

Ms WENG Lien-fen
Chairman

Mr CHAN Chi-yuk
Secretary General

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

Staff in attendance : Ms Amy YU
Senior Council Secretary (2) 3

Miss Maggie CHIU
Legislative Assistant (2) 4

I. Handling of drugs in residential care homes for the elderly
(LC Paper Nos. CB(2)1991/05-06(01) to (06), CB(2)2023/05-06(01) to (04) and CB(2)2151/05-06(01))

At the invitation of Dr KWOK Ka-ki, Chairman of the Panel on Health Services, Principal Assistant Secretary for Health, Welfare and Food (Elderly Services and Social Security)¹ (PASHWF (ES&SS)¹) briefed members on the Administration's paper (LC Paper No. CB(2)1991/05-06(01)) which set out the follow-up actions taken by the Administration regarding the nine cases involving

alleged wrong dispensation of drugs in residential care homes for the elderly (RCHEs), and the measures taken to enhance the capability of RCHEs in handling drugs.

Views of deputations

The Hong Kong Medical Association
(LC Paper No. CB(2)1991/05-06(02))

2. Dr CHOI Kin, President of the Association, said that as the elderly brought their drugs from multiple sources to the RCHEs, it was important to put in place a proper drug management system in RCHEs. Furthermore, there should be extra manpower in RCHEs for double-checking the procedures for dispensing medicine, and a Visiting Medical Officer for each RCHE to help look after the elderly residents. It was also important to upgrade the drug handling skills of RCHE staff through training programmes.

The Pharmaceutical Society of Hong Kong
(LC Paper No. CB(2)2023/05-06(01))

3. Mr Benjamin KWONG, President of the Society, highlighted the following points –

- (a) given that the dispensing of medicines was a high risk process, it was unacceptable that there was little emphasis on risk management in the working guidelines drawn up by the Administration on drug management in RCHEs;
- (b) the Administration should put in place a proper drug management system in RCHEs and strive for continuous improvement of the system;
- (c) it was unacceptable that RCHEs were not required, on a mandatory basis, to keep proper records and documentation on dispensation of medicines in RCHEs; and
- (d) as many elderly residents were suffering from chronic illnesses, RCHEs were like mini-hospitals. Consideration should be given to hiring professionals such as visiting pharmacists in RCHEs to enhance the quality of drug management in RCHEs.

The Practising Pharmacists Association of Hong Kong
(LC Paper No. CB(2)2023/05-06(02))

4. Mr Billy CHUNG, President of the Association, said that the Administration had been ignoring the importance of drug safety in the community. To enhance the general public's awareness of the importance of drug safety, members of the Association had, over the past three years, initiated a programme to disseminate knowledge on drug safety among residents and staff of RCHEs in local communities such as Wong Tai Sin and Chuk Yuen. In view of its success, the programme would be extended to Tseung Kwan O next month. Furthermore, under a public-private partnership pilot project commenced earlier this year in the Hong Kong West Cluster, the Association worked closely with the pharmacists in the Queen Mary Hospital to follow up the medication profiles of those residents of RCHEs who had been discharged from hospitals. 10 RCHEs in the area, eight of which did not have any enrolled nurse, had participated in the project and benefited from the pharmaceutical services provided by community pharmacists.

5. Mr CHUNG urged the Administration to raise the general public's awareness of the importance of safe administration of drugs for elders, and to incorporate drug management system as a prerequisite for granting licences to RCHEs.

The Society of Hospital Pharmacists of Hong Kong
(LC Paper No. CB(2)2023/05-06(03))

6. Referring to paragraphs 8(a) to (c) of the Administration's paper, Mr K W NG, President of the Society, said that the measures taken by the Administration, such as compiling working guidelines for RCHE staff on drug safety, doubling the training hours of Health Workers (HWs) from six to 12 hours, and raising the minimum educational requirement for enrollees of the HW training courses from F.3 to F.5, were not long-term solutions to the problem. Instead, the Administration should put in place a drug management system in RCHEs and ensure that there was a sufficient number of professionally trained personnel, such as nurses, to dispense medicine in RCHEs. In the absence a proper drug management system, it would be unfair to impose penalties on RCHEs involved in wrong dispensation of medicines.

7. Professor William CHUI, Education Director of Drug Education Resources Centre, said that there should be a transparent mechanism for reporting incidents involving wrong dispensation of medicines in RCHEs.

Association of Hong Kong Nursing Staff
(LC Paper No. CB(2)1991/05-06(03))

8. Mr CHENG Yat-loong, Education Officer of the Association, said that in view of their professional qualifications and training, nurses could provide better care services to elders in RCHEs than HWs. To enhance the quality of services in RCHEs, he proposed that the Administration should –

- (a) review its existing funding mechanism for RCHEs to ensure that there would be adequate manpower resources in RCHEs;
- (b) stipulate a minimum ratio of nurses to HWs in RCHEs;
- (c) ensure that RCHEs keep proper records of the storage and distribution of drugs to elders; and
- (d) devise guidelines on drug management in RCHEs and ensure that such guidelines were adhered to.

The Hong Kong Association of the Pharmaceutical Industry
(LC Paper No. CB(2)2151/05-06(01))

9. Dr Anthony CHAN, Vice President of the Association, said that dispensing of medication in RCHEs should be carried out by professionally trained pharmacists rather than HWs. The Administration should consider enhancing collaboration between community pharmacists and RCHEs so as to improve the quality of drug management in RCHEs. To prevent the recurrence of mishaps involving wrong dispensation of drugs, the Administration should also put in place a proper system for management and issuance of drugs in RCHEs and ensure the compliance of RCHEs with the relevant procedures for dispensing drugs.

Hong Kong Association of Gerontology
(LC Paper No. CB(2)1991/05-06(04))

10. Miss Stella CHEUNG, Executive Director of the Association, said that the solutions to the problem lay in assisting RCHEs to set up a drug management system and an effective monitoring mechanism to ensure staff compliance with the proper procedures, as well as enhancing the knowledge of RCHE staff on safe handling of drugs. The Administration should allocate adequate resources to RCHEs for implementation of these measures. She further said that consideration should be given to establishing a system for accreditation of RCHEs, which, according to overseas experience, had been shown to be effective in enhancing the quality of services provided by RCHEs.

The Hong Kong Council of Social Service
(LC Paper No. CB(2)1991/05-06(05))

11. Mr NGAI Kong-yiu, Vice Chairman of Specialized Committee on Elderly Service, highlighted the problem of acute shortage of nurses, which had seriously affected the quality of services in RCHEs. According to a survey conducted by the Hong Kong Council of Social Service (HKCSS) in 2005, there was a shortage of 300 nurses, and it was anticipated that there would be an additional shortage of 200 nurses by 2008. In the past three years, it took an organisation an average of 6.5 months to employ a nurse. Ms Carmen NG, Chief Officer (Elderly), Service Development, supplemented that the Administration should reopen the nursing schools to ensure a steady supply of nurses to work in RCHEs.

12. Mr NGAI further said that apart from the shortage of nurses, the Administration should also address the problem of poly-pharmacy among the elderly.

Association for the Rights of the Elderly
(LC Paper No. CB(2)2023/05-06(04))

13. Ms SO Kit-yin, External Vice Chairman of the Association, drew members' attention to the following points made in its written submission –

- (a) there should be a drug management system in RCHEs, with guidelines on areas such as storage of drugs and distribution of drugs. The Administration should be vigilant in monitoring the drug management of RCHEs;
- (b) because of the shortage of nurses, the dispensing of drugs in many RCHEs had to be carried out by HWs rather than nurses;
- (c) SWD, which was responsible for granting licences to RCHEs, should take punitive actions against RCHEs which were found to have committed mistakes repeatedly. An effective incident reporting mechanism should be put in place;
- (d) SWD and the Consumer Council should raise the awareness of elders residing in RCHEs and their families on their rights as consumer of services provided by RCHEs; and
- (e) training to staff in RCHEs on drug management and drug safety should be enhanced.

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The Against Elderly Abuse of Hong Kong
(LC Paper No. CB(2)1991/05-06(06))

14. Ms Kennex YUE, Chief Executive Director of the organisation, expressed dissatisfaction with the Administration's refusal to disclose the name of the RCHE which was confirmed to have given wrong medication to an elder. Dispensing wrong medication was a serious matter, and prosecution should be brought against the RCHE concerned. She further said that dispensing medication was a high-risk task which should be undertaken by professionally trained nurses.

Hong Kong Private Nursing Home Owners Association

15. Mr KWONG Wai-ping, Committee Member of the Association, said that consideration should be given to extending the application of SWD's Service Quality Standards (SQSs) to non-subsidised private RCHEs with a view to upgrading the service standard of these homes through enhanced service requirements. Aside from putting in place a drug management system, it was also important to ensure the compliance of RCHE staff with the relevant guidelines and procedures for handling drugs. Proper staff training also played an important role in this regard.

The Hong Kong Association of the Private Homes for the Elderly

16. Mr CHAN Chi-yuk, Secretary General of the Association, said that resources and professional participation were two key factors in enhancing the quality of service of RCHEs. While he agreed that it was important to put in place a good drug management system in RCHEs, its implementation required adequate manpower resources. He further said that the crux of the problem was the serious shortage of nurses. There were only some 340 nurses working in the 570-odd private RCHEs serving more than 40 000 elders. Most young nurse graduates were unwilling to work in RCHEs, which faced great difficulties in hiring nurses and other care workers. This acute shortage of nurses had adversely affected the quality of service of RCHEs.

Discussion

17. Mrs Selina CHOW said that there could be big differences in the quality of service offered by different types of RCHEs, including subvented, self-financing and private RCHEs. In view of the ageing of the population, the Administration should look squarely at the need to improve the quality of service of RCHEs. She further said that instead of taking piecemeal remedial actions in response to individual incidents involving wrong dispensation of medicine, the Administration should address the root of the problem from the macro perspective. She asked what measures the Administration planned to take, at the macro level, to enhance

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the capability of RCHEs in handling drugs.

18. PASHWF (ES&SS)1 replied that many of the measures stated in the Administration's paper were in fact initiatives taken cumulatively over the past few years to improve the drug-handling capability of RCHEs, rather than merely actions taken in response to the recent incidents. Following the incidents, the Administration had taken actions to further strengthen the notification mechanism for reporting cases involving elders in RCHEs taking hypoglycaemic medication by mistake. The Department of Health (DH), the Hospital Authority (HA), and SWD were also working on strengthening their tripartite partnership in this respect.

19. PASHWF (ES&SS)1 further said that the Administration adopted multiple measures to improve the quality of service of RCHEs. In terms of legislation, the Residential Care Homes (Elderly Persons) Ordinance set out the minimum service standards which must be complied with by the RCHEs. To encourage and assist the RCHEs in providing better service beyond the minimum statutory requirements, the Administration provided nurses and HWs in RCHEs with appropriate training and working guidelines on drug management. Apart from regular surprise inspections, the Licensing Office of Residential Care Homes for the Elderly (LORCHE) of SWD also conducted surprise inspections on top of regular ones upon receipt of complaints. He further told members that the Working Group on Long Term Care Model had been set up under the Elderly Commission to study means to further enhance long term care services for the elderly with a view to facilitating "ageing in place" and enhancing the quality of residential care homes for the elderly.

20. PASHWF (ES&SS)1 acknowledged that professionals could help in enhancing the drug handling capability of RCHEs. He said that the Administration would strengthen its co-operation with the relevant professional organisations in this regard. Assistant Director of Social Welfare (ADSW(E)) supplemented that the Administration had arranged to meet with the various associations representing the local pharmacist profession and the RCHE sector shortly to explore possible means to enhance the drug management capability and know-how of RCHEs.

21. ADSW(E) further said that, to alleviate the shortage of nurses in RCHEs, SWD had commissioned HA to run a two-year Enrolled Nurse Training Programme for the welfare sector in March 2006 to provide 110 enrolled nurse (EN) training places. Tuition fees were fully subsidized by SWD. Graduates were required to work as ENs in the welfare sector for no less than two years upon completion of the course. She further said that, in view of the continuing demand for ENs by the welfare sector, SWD had commissioned HA to organise a second round of the Programme in November 2006 to provide another 110 EN training

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places. As for registered nurses, the Administration understood from the HA that there would be a few hundred graduates from the nursing degree programme of local universities for each of the forthcoming years.

22. ADSW(E) further said that LORCHE had close co-operation with the Elderly Health Services of DH and the Community Geriatric Assessment Team (CGAT) of HA in respect of the mutual notification and referral mechanism for problems identified in RCHEs, including the notification of elderly residents in RCHEs suspected to have taken wrong medication by mistake. The referral mechanism with DH was set up in 2003, while that with HA was formalised in March 2006. She added that a meeting between the three parties would be held in late May 2006 to discuss how to further strengthen the notification and referral mechanism in respect of drug management.

23. Dr Joseph LEE criticised that the measures stated in the Administration's paper failed to address the crux of the problem, which was the lack of effective long-term planning in the provision of residential home care services for the elderly. A case in point was the shortage of nurses which had been plaguing the welfare sector for some 10 years, but was as yet unresolved. He further pointed out that, with the increased dependency level of the elders and poly-pharmacy becoming more common among the elders, the Administration failed to appreciate the growing complexity in the provision of elderly care services. He asked whether the Administration had any long-term solutions for resolving the drug management problems in RCHEs.

24. In response, ADSW(E) reiterated that the Working Group on Long Term Care Model under the Elderly Commission was looking into means to enhance the existing services of RCHEs and formulate long term policies on elderly services. In response to the Chairman, PASHWF (ES&SS)¹ said that the Administration expected that the Working Group would complete its study in around eight to 10 months.

25. Dr Joseph Lee said that as RCHEs were like mini-hospitals, their licensing system should be administered by DH rather than SWD. ADSW(E) responded that LORCHE of SWD comprised four professional inspectorate teams, namely the Fire Safety Inspectorate Team; the Building Safety Inspectorate Team; the Health Inspectorate Team; and the Social Work Inspectorate Team, of which the inspectors of the Health Inspectorate Team were professionally trained nurses.

26. Dr Joseph LEE said that the Administration should shoulder the responsibility for the drug management problems in RCHEs and HWs should not be made the scapegoats. Dispensing drugs was not a simple matter. Apart from the act of distributing the medicine, it also involved assessment of patients' needs and physical conditions and effect of the medication on the patients. Doubling

the training hours of HWs from six to 12 hours on drug management was no solution to the problem. Dr LEE asked representatives of the associations of private RCHEs whether there was any drug management system in private RCHEs.

27. Mr CHAN Chi Yuk of the Hong Kong Association of the Private Homes for the Elderly responded that the drugs of most elderly residents of RCHEs came from dispensaries in public hospitals, and there were clear dosage instructions on the labels of drug containers. The Administration had also stipulated clear guidelines on documentation and distribution of drugs to elders in RCHEs, which should be carried out by trained personnel such as nurses or HWs. He further said that the training course for HWs included a module on drug management and it was unfair to say that HWs were unqualified and incompetent to distribute drugs. He considered that a more serious problem faced by RCHEs was the shortage of nurses. In response to Mr Joseph LEE, Mr CHAN confirmed that there were drug management systems in private RCHEs.

28. Ms Carmen NG of HKCSS told members that the subsidised RCHEs had to follow the 16 Service Quality Standards in their provision of service. There were also drug management systems in place in subsidised RCHEs covering areas such as drug storage, dispensing of drugs, documentation on drug administration and staff training, and the sector welcomed professional input in upgrading the systems. Ms NG further said that in face of acute shortage of nurses, she hoped that the Administration would provide RCHEs with resources for hiring dispensers to distribute drugs to elderly residents.

29. Mrs Selina CHOW said that she agreed with the view expressed by some deputations that in the absence of a system for handling and dispensing medicines in RCHEs, it would be unfair and ineffective to rely solely on punitive measures as a means to improve drug management in RCHEs. She further said that enhancing the drug management capability of RCHEs was not only the responsibility of the Government. Community participation and professional input also played an important role in improving the drug management of RCHEs. She invited the professional organisations representing the pharmacists to give further views on how to improve the drug handling capability of RCHEs.

30. Mr Billy CHUNG said that he agreed that the responsibility for enhancing the drug management system in RCHEs did not only lie with the Government, which was the reason why members of the Practising Pharmacists Association of Hong Kong had taken the initiative to launch a programme to step up drug safety education in RCHEs. He further said that around three years ago, the Pharmaceutical Society of Hong Kong had helped set up a dispensing department in the RCHE run by the Chi Lin Nunnery. He added that it was important to keep proper and update records on the storage, handling and distribution of drugs

in RCHEs.

31. Mr K W NG concurred with Mr Billy CHUNG that it was essential to have proper documentation on drug administration. He said that in the report on drug-related problems in RCHEs in Hong Kong submitted by the Society of Hospital Pharmacists of Hong Kong to the Administration in 2003 (attachment to its submission), five problem areas relating to drug management in RCHEs had been identified, namely (i) physical storage, (ii) quality of storage, (iii) drug administration system, (iv) documentation and (v) drug knowledge of staff of RCHEs. Given the rapid pace of development in the pharmaceutical field, he added that it was important that RCHE staff kept abreast of update information on drugs.

32. Mr LEE Cheuk-yan said that the gist of the problem was the absence of a proper drug management system in RCHEs. He asked whether the Administration had taken any actions to tackle the problems identified in the 2003 report submitted by the Society of Hospital Pharmacists of Hong Kong.

33. Consultant (Geriatrics), TWGHs Fung Yiu King Hospital, HA, responded that the report had been discussed at a meeting between SWD and CGAT of HA in late 2001. In response to the report, the Administration had issued a revised edition of the Code of Practice for RCHEs in October 2005 which stipulated, in Chapter 11, clear guidelines on drug storage and management. PASHWF (ES&SS)¹ supplemented that under the revised Code of Practice, RCHEs were advised to increase the number of scheduled visits by registered medical practitioners to RCHEs, in addition to visits from the relevant health authorities such as CGAT of HA and Visiting Health Team of DH.

34. In response to Mr LEE Cheuk-yan, Professor William CHUI of the Society of Hospital Pharmacists of Hong Kong said that after the presentation of the report to the Administration, the Administration had not invited them to further participate in discussions on improving drug management in RCHEs. He further said that the recent incident involving wrong dispensation of drugs in RCHEs was only the tip of an iceberg. He also pointed out that drug management was a professional discipline which involved more than the distribution of drugs to patients, as shown by the fact that it took five years and three years respectively to complete studies in pharmacy and dispensing of medicine.

35. Mr LEE Cheuk-yan asked the Administration what actions would be taken against RCHEs which failed to follow the Code of Practice, given that the guidelines stated therein were not statutory provisions.

36. ADSW(E) responded that under the Residential Care Homes (Elderly Persons) Ordinance, the Administration could order the RCHEs concerned to take

specified remedial measures to rectify the problem, failing which the Administration could institute prosecution against the non-compliant RCHEs or refuse to renew their licence. In response to the Chairman's enquiry on the number of cases whereby RCHEs had been prosecuted or had their application for renewal of license turned down for problems relating to drug management, ADSW(E) said that for non-compliance with the provisions in code of practice on drug management, the Administration would normally refer the RCHEs to the Elderly Health Services under DH for provision of training. Advisory or warning letter would also be issued to the RCHEs concerned.

37. Dr Fernando CHEUNG said that as pointed out by many deputations attending the meeting, increasing the training hours of HWs and the training places for EN were not adequate solutions to the drug management problems in RCHEs, given the growing complexity in the provision of residential care services for the elders. Dr CHEUNG pointed out that in other countries, RCHEs would not normally hire new nurse graduates with little experience. He further criticised that over the past years, there had been no planning on the part of the Administration on the provision of residential care services for the elderly. He considered that the Administration should form a formal working group, comprising representatives from the Administration, the professional organisations concerned and the RCHE sector, to tackle the drug management problems in RCHEs.

38. PASHWF (ES&SS)1 reiterated that the Health, Welfare and Food Bureau, DH and HA had arranged to meet with the various professional organisations concerned and the RCHE sector to discuss how to strengthen the drug-handling capability of RCHEs, and that the Administration was willing to report the outcome of the discussions to the Panel. Dr CHEUNG said that one meeting would not be able to solve all the drug management problems, and maintained his view that a working group should be formed to deal with the issue.

39. Mrs Sophie LEUNG said that in a knowledge-based society, emphasis should be placed on assisting and encouraging RCHEs to upgrade their drug management, rather than on enforcing compliance through rigorous monitoring and punitive measures. Referring to the "Handbook on Drug Management for RCHEs (2006 Edition)" prepared by the Pharmaceutical Society of Hong Kong, Mrs LEUNG said that the Administration should take the lead in disseminating good practices on drug management to the RCHE sector on a regular basis, say annually, and it was important that all RCHE staff, rather than just the pharmacists and nurses, were equipped with knowledge on drug management.

40. The Chairman criticised the Administration for neglecting the development of residential care services for the elderly, as evidenced by the shortage of qualified health care staff in RCHEs and the inadequate supply of subsidised

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Admin RCHE places. He further said that the Administration's paper was unacceptable as it failed to address the root of the problem. In view of the urgency and seriousness of the problem, he requested the Administration to provide, within one to two months, a timetable for expeditiously improving drug management in RCHEs and a report detailing the improvement measures to be taken. Otherwise, he would suggest to the Panel that a subcommittee be formed to follow up the matter.

Admin 41. PASHWF (ES&SS)1 responded that the Administration's paper had listed out the measures taken by the Administration to tackle the problem over the past few years. He reiterated that the Administration was willing to discuss with the professional organisations concerned on enhancing the drug handling capability of RCHEs, and would report to members the outcome of such discussions.

42. There being no other business, the meeting ended at 10:47 am.

Council Business Division 2
Legislative Council Secretariat
3 August 2006