

立法會
Legislative Council

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LC Paper No. CB(2)1043/06-07
(These minutes have been seen
by the Administration)

Panel on Health Services

Minutes of meeting
held on Monday, 8 January 2007, at 8:30 am
in Conference Room A of the Legislative Council Building

Members present : Dr Hon Joseph LEE Kok-long, JP (Chairman)
Dr Hon KWOK Ka-ki (Deputy Chairman)
Hon Fred LI Wah-ming, JP
Hon Mrs Selina CHOW LIANG Shuk-ye, GBS, JP
Hon CHAN Yuen-han, JP
Hon Bernard CHAN, GBS, JP
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Dr Hon YEUNG Sum
Hon Andrew CHENG Kar-foo
Hon LI Fung-ying, BBS, JP
Hon Audrey EU Yuet-mee, SC, JP
Hon Vincent FANG Kang, JP
Hon LI Kwok-ying, MH, JP
Dr Hon Fernando CHEUNG Chiu-hung

Public Officers attending : Items III to VII

Mr Patrick NIP, JP
Deputy Secretary for Health, Welfare and Food (Health)1

Items III and IV

Miss Pamela LAM
Principal Assistant Secretary for Health, Welfare and Food
(Health)

Dr Regina CHING
Assistant Director of Health (Health Promotion)

Items V to VII

Ms Ernestina WONG
Principal Assistant Secretary for Health, Welfare and Food
(Health)

Items V and VI

Dr W L CHEUNG
Director (Cluster Services), Hospital Authority

Dr Beatrice CHENG
Senior Executive Manager (Professional Services), Hospital
Authority

Item VII only

Dr Raymond CHEN
Chief Manager (Strategy & Service Planning), Hospital
Authority

Dr Helen TINSLEY
Hospital Chief Executive, Caritas Medical Centre and Our
Lady of Maryknoll Hospital

Mr Donald LI
Senior Architect (Facility Planning), Hospital Authority

**Clerk in
attendance** : Miss Mary SO
Chief Council Secretary (2)5

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

Miss Kiwi NG
Legislative Assistant (2)5 (Atg)

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I. Confirmation of minutes
(LC Paper No. CB(2)763/06-07)

The minutes of meeting held on 11 December 2006 were confirmed.

II. Information paper(s) issued since the last meeting

2. There was no information paper issued since the last meeting.

III. Items for discussion at the next meeting
(LC Paper Nos. CB(2)761/06-07(01) and (02))

3. Members agreed to discuss the following items proposed by the Administration at the next regular meeting to be held on 12 February 2007 at 8:30 am -

- (a) Review of the Quarantine and Prevention of Disease Ordinance (Cap. 141);
- (b) Organ donation registry; and
- (c) Centre for Health Protection's Strategic Plan on Prevention and Control of Communicable Diseases 2007-2009.

4. The Chairman noted from the "List of follow-up actions" (LC Paper No. CB(2)761/06-07(02)) that a number of responses from the Administration to the issues raised by members at previous meetings, some as far back as 2004, were still outstanding. In the light of this, the Chairman requested the Administration to expeditiously provide the responses, and, if not possible, to at least provide a timeframe for providing such. Deputy Secretary for Health, Welfare and Food (Health) 1 (DSHWF(H)1) agreed.

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IV. Progress report on promoting healthy eating habit among school children
(LC Paper Nos. CB(2)761/06-07(06), CB(2)271/06-07(06) and CB(2)816/06-07)

5. At the invitation of the Chairman, DSHWF(H)1 introduced members to the Administration's paper (LC Paper No. CB(2)761/06-07(06)) detailing the progress of promoting healthy eating habit among school children.

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6. Dr KWOK Ka-ki noted the following findings from the "Baseline Assessment of Promoting Healthy Eating in Primary School" conducted by the Department of Health (DH) in 44 primary schools from February to March 2006, covering school representatives and over 9 000 Primary Four and Five Students with their parents -

- (a) over 60% of the school lunch recipes contained food categorised as "Limited Food Items" or "Strongly Discouraged Food Items" according to DH's Nutritional Guidelines on School Lunch for Primary School Students;
- (b) only about 40% of the school lunch recipes provided an adequate amount of vegetable; and
- (c) most of the snack items supplied in the school tuck shops were those categorised as "Snacks to Choose in Moderation" and "Snacks to Choose Less" according to DH's Nutritional Guidelines on Snacks for Primary School Students.

To address such deficiencies, Dr KWOK requested DH to -

- (a) come up with effective measure(s) to ensure that nutritious school meals were provided by food suppliers;
- (b) consider the programme of having a nutritionist stationed in each school, as practised in some overseas places; and
- (c) restrict the sale of unhealthy food in school tuck shops.

7. Assistant Director of Health (Health Promotion) (ADH(HP)) responded as follows -

- (a) to rely on food suppliers to instill a healthy eating habit among children, say, by requiring food suppliers to strictly follow the nutritional guidelines in preparing school meals, might not necessarily be the best way forward. This was evidenced by such incidents whereby parents complained to the schools over an increase in the price of school lunch charged by food suppliers because of the healthier food items in the recipes or that healthy food did not taste good. As the fostering and the nurturing of healthy eating habits among school children required the concerted efforts of schools, parents, food suppliers and the community at large, DH considered a better approach was through the multi-pronged strategies covering research and evaluation, education and support,

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creation of a supportive environment and publicity and advocacy set out in the Administration's paper;

- (b) although schools played a strong role in shaping dietary patterns of children and adolescents, requiring schools to hire nutritionist was not the only solution to help students develop healthy eating habits. DH considered the 'School "NutriAgent" Project' (SNAP), referred to in paragraph 10 of the Administration's paper, which aimed at empowering teachers and parents of primary schools with confidence and self-efficacy to implement healthy eating policy and activity, to create and enhance healthy eating environment and culture, and to nurture healthy eating habit for children could serve the same purpose; and
- (c) in order to restrict the sale of unhealthy food in school tuck shops, some time was needed for schools to establish healthy snack policy and make contractual agreement with their tuck shop operator.

8. Dr Fernando CHEUNG asked whether school children from low-income families or on public assistance would be provided with financial assistance to enable them to purchase nutritious school lunch boxes.

9. ADH(HP) responded that the price of a nutritious school lunch box generally cost under one dollar more than a lunch box containing less healthy food items, if at all, due to greater amount of vegetables and lesser amount of meat used and the portion was made smaller to suit the dietary intake of children. ADH(HP) further said that although no special fund had been set up to provide financial assistance to needy school children to enable them to purchase nutritious school meals, it was understood that individuals schools had funds to be used at their discretion to aid needy students to meet their special needs.

10. Dr Fernando CHEUNG hoped that DH would discuss with relevant Government departments on the difficulties faced by needy children to adopt a healthy eating habit due to lack of means, as the adoption of such went beyond the school environment. Dr YEUNG Sum said that the Administration should not shy away from providing financial assistance to needy children to enable them to eat healthily, having regard to the significant economic burden caused by obesity and obese children tended to remain obese in adulthood.

11. Dr YEUNG Sum, Mrs Selina CHOW and Mr Fred LI were of the view that the existing strategies adopted by DH in promoting a healthy eating habit among school children were too passive and far from adequate. Dr YEUNG suggested making legislation to prohibit the sale of unhealthy food by school tuck shop and vending machine providers and revoke the licence of food suppliers who provided

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school meals containing unhealthy food items. Mrs CHOW suggested that nutritionists should be involved in the creation and vetting of school lunch recipes and more concrete measures should be formulated to help children adopt a healthy diet. Mr Fred LI suggested that schools should report to the parents if their children brought unhealthy snacks to school and increase sports activities in the school curriculum.

12. Ms Audrey EU said that the focus of promoting healthy eating among school children should be on adopting a healthy lifestyle, as the threat to public health posed by being too thin was equally serious as being overweight. In this connection, Ms EU said that school children should be weighed regularly so that timely remedial actions could be taken.

13. DSHWF(H)1 responded that the Administration would closely monitor the participation of all stakeholders, and where necessary, adjust the working strategies. DH would also conduct an evaluation study at the end of the 2006-2007 school year for a comprehensive review and evaluation of the campaign to promote healthy eating habit among school children.

Admin 14. In closing, the Chairman requested the Administration to report to members after it had completed an evaluation study of the campaign to promote healthy eating habit among school children at the end of the 2006-2007 school year and to take into account members' views and suggestions in the comprehensive review of the campaign. DSHWF(H)1 agreed.

V. Impact of use of obstetric services by Mainland women on resources of public hospitals

(LC Paper No. CB(2)761/06-07(03))

15. DSHWF(H)1 and Director (Cluster Services), Hospital Authority (D(CS), HA) briefed members on the measures to be taken by HA to address the pressure on obstetric services due to workload generated by Mainland women in public hospitals, details of which were set out in the Administration's paper.

Impact of babies born to Mainland women in Hong Kong

16. Dr YEUNG Sum welcomed the measures to be taken by HA to ensure that local expectant mothers would be accorded priority in the use of obstetric services in public hospitals. Dr YEUNG however pointed out that in view of the downward trend in the number of babies born to local mothers and the longer life expectancy, it was crucial to sustain the development of Hong Kong as a knowledge-based economy if children born in Hong Kong to Mainland women could settle in Hong Kong while they were young. To this end, Dr YEUNG

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urged the Administration to discuss with the Mainland authorities on the possibility of them expediting and granting more One Way Permits to this group of children.

17. Dr YEUNG further said that to better complement HA's measures to deter dangerous behaviour by Mainland pregnant women in seeking last-minute hospital admission before delivery through the Accident and Emergency Departments (A&EDs) with little antenatal care as mentioned in paragraph 13 of the Administration's paper, the Mainland authorities should also be requested to raise the awareness of Mainland expectant mothers who planned to deliver their babies in Hong Kong on the importance of undergoing antenatal examinations, so as to reduce risks of labour for the mothers, unrecognised congenital anomalies for the babies and infection for healthcare workers.

18. DSHWF(H)1 responded that the long term impact of the issue of Mainland women giving birth in Hong Kong on the demand for services in areas such as housing, education, social welfare, and medical and health required further study. If these babies remained in the Mainland, they would not be counted as part of Hong Kong's population. If they came to live in Hong Kong afterwards, they would be counted towards Hong Kong's population. To allow the relevant Government bureaux/departments to grasp the relevant statistical data to facilitate their assessment, the Census and Statistics Department (C&SD) conducted a population census/by-census and a population projection for Hong Kong regularly. The latest population figures based on the results of the 2006 Population By-census would be released by C&SD in mid-2007. DSHWF(H)1 further said that the Secretary for Health, Welfare and Food and the Secretary for Security would explain the Government's policy and measures for dealing with this issue in a motion debate on "Non-local pregnant women giving birth in Hong Kong" at the Council meeting on 10 January 2007.

19. Ms LI Fung-ying expressed dissatisfaction about the slow reaction of the Administration in addressing the surge of Mainland women giving birth in Hong Kong on the demand for obstetric services of public hospitals, although the problem had already surfaced several years ago.

20. DSHWF(H)1 responded that the Administration and HA had all along been closely monitoring the impact of Mainland women giving birth in Hong Kong on the obstetric services of public hospitals. In view of the rising trend of Mainland women accessing public medical services in Hong Kong, an Obstetric Package Charge for Non-eligible Persons (NEPs) pitched at the minimum amount of \$20,000 was introduced in all public hospitals in September 2005. The introduction of the NEP Obstetric Package Charge had been effective in reducing the use of obstetric services of public hospitals by Mainland women. In the first 11 months of 2006, there had been a decrease of about 15.1% in the number of

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Mainland women giving birth in public hospitals as compared to the same period in 2005. However, a review conducted by HA a few months ago found that the current rate of the NEP Obstetric Package Charge was still on the low side when compared to charges for similar services by private hospitals. It was also found that a majority of Mainland women continue to seek hospital admission through A&EDs with little antenatal care or unable to produce satisfactory evidence of such care. As a measure to rectify the situation, the HA Board decided that the minimum amount of the NEP Obstetric Package Charge should be increased to \$39,000 for those with a booking and \$48,000 for those without one.

21. Responding to Mrs Selina CHOW's enquiry on the basis for determining the revised NEP Obstetric Package Charge, D(CS), HA said that it was made with reference to the charges for similar services at the higher end by private hospitals.

22. Dr Fernando CHEUNG shared Dr YEUNG Sum's view that Mainland women giving birth in Hong Kong was not just an issue concerning medical services, having regard to its impact on the demand for services in areas such as housing, education, social welfare, and medical and health. Dr CHEUNG further said that the approach adopted by the Administration in dealing with the issue appeared to be contradictory in that obstetric charge for NEPs would be increased to discourage Mainland women from using the obstetric services of public hospitals, while obstetric service in public hospitals would be expanded and manpower strengthened.

23. DSHWF(H)1 disagreed that the approach adopted by the Administration in dealing with the issue of Mainland women giving birth in Hong Kong was contradictory. DSHWF(H)1 pointed out that the objectives of the measures taken/would be taken by HA to address the issue were to ensure that local expectant mothers would be given proper and priority service and have access to the use of obstetric services in their own hospital cluster, to restrict the number of non-local pregnant women giving birth in Hong Kong to within a level that could be supported by Hong Kong's healthcare system, and to deter dangerous behaviour by NEP women in seeking last-minute admission before delivery through A&EDs.

24. Miss CHAN Yuen-han enquired whether the Chief Executive (CE) had discussed with the Central Government about the issue of Mainland women giving birth in Hong Kong during his recent duty visit to the Mainland, in particular the rising trend of such babies fathered by non-Hong Kong residents. DSHWF(H)1 replied in the positive, adding that, as mentioned by the CE at the press briefing, the Central Government was very concerned about the impact of the issue on Hong Kong and would strive to complement any new measures to be taken by Hong Kong at their end.

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25. Mr Fred LI noted from paragraph 5 of the Administration's paper that according to HA's projection, the number of births that public hospitals were expected to handle in 2007 would grow to between 44 000 and 45 600 cases, representing an increase between 7.3% and 11.2% over 2006. Mr LI asked about the basis for such projection.

26. DSHWF(H)1 responded that HA's projection on the number of births that public hospitals were expected to handle was based on the actual number of births in public hospitals in recent years. It was however difficult to give a projection on the number of births in public hospitals by NEP women, as there were many factors affecting their coming to Hong Kong to give birth.

Effectiveness of HA central booking system

27. Ms LI Fung-ying, Dr KWOK Ka-ki, Mr LI Kwok-ying and Mrs Selina CHOW queried about the effectiveness of the central booking system for antenatal services in giving priority to local expectant mothers in the use of obstetric services in public hospitals, having regard to the last-minute hospital admission before delivery through A&EDs sought by many Mainland pregnant women. Dr KWOK also queried how the central booking system could ensure priority service to local pregnant women, if Mainland pregnant women were willing to pay a higher fee to get the obstetric services in public hospitals without a booking.

28. D(CS), HA responded that under HA central booking system, all pregnant women, including Mainland women planning to give birth in Hong Kong, must make prior arrangements with hospitals and undergo satisfactory antenatal examinations. Sufficient places would be reserved for local expectant mothers, and bookings by non-local pregnant women would only be accepted if extra places were available. Once service capacity was filled, bookings for non-local pregnant women would be stopped. D(CS), HA further said that information of all confirmed bookings for obstetric services by Mainland women would be forwarded to the Immigration Department for appropriate follow-up action.

29. DSHWF(H)1 supplemented that not only would the HA central booking system give priority to local expectant mothers in the use of obstetric services in public hospitals, it would also allow HA to better assess the demand for obstetric services and plan service expansion, if necessary, in advance. In this connection, HA was discussing with private hospitals on ways to further enhance communication and co-ordination to avoid double bookings with a view to making the most effective use of available resources for obstetric services.

Service expansion and additional manpower

30. Dr KWOK Ka-ki sought information on the existing number of midwives

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in HA and the number of additional midwives HA planned to recruit to meet increasing service demand.

31. D(CS), HA responded that there were currently some 800 midwives working in the obstetric units of HA. To cope with the increasing demand for obstetric services in public hospitals, HA would launch a recruitment drive for midwives this month through multiple channels and with more flexible employment terms, such as part-time employment. HA would also augment the supply of midwives by organising extra training courses on midwifery in that 70 such training places would be provided this year and next year respectively. DSHWF(H)1 supplemented that to boost the morale of midwives and improve retention, HA would provide salary increment for those with midwifery qualification and practicing midwifery, grant overtime allowance and provide relief from non-nursing duties with the recruitment of more supporting staff.

32. Responding to Dr KWOK Ka-ki's suggestion on introducing obstetric services to the North District Hospital, the Tseung Kwan O Hospital and the Pok Oi Hospital to better increasing demand for such services, D(CS), HA said that priority would be given to increasing the number of beds for obstetric patients and strengthening the manpower of midwives to hospitals, such as the United Christian Hospital, the Queen Elizabeth Hospital and the Princess Margaret Hospital, which were presently facing heavy demand for their obstetric services. Consideration would be given to introducing obstetric services to the hospitals which had such complementary facilities in planning, such as the Alice Ho Miu Ling Nethersole Hospital and the Pok Oi Hospital, should there be a sustained surge in the demand for obstetric services.

33. Mr Andrew CHENG expressed dissatisfaction that despite the heavy pressure exerted by Mainland pregnant women on the obstetric services of public hospitals, the Administration was still adopting a wait-and-see attitude towards introducing obstetric services to the public hospitals in the New Territories East and West clusters. Mr CHENG wondered why the Prince of Wales Hospital was not earmarked for expansion of its obstetric services when the hospital was equally hard hit by the influx of Mainland women.

34. DSHWF(H)1 responded that there was no question of the Administration adopting a wait-and-see attitude on ways to cope with increased demand for the obstetric services in public hospitals, as evidenced by the measures taken/to be adopted by HA set out in the Administration's paper. The Government and HA would continue to closely monitor the use of obstetric services in public hospitals. If there was further sustained surge in the demand for obstetric services, HA would consider opening new obstetric units in public hospitals and seek for the provision of more midwifery courses in order to ensure that priority service would be provided to local expectant mothers.

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35. Mr Vincent FANG asked whether, apart from midwives, HA also planned to recruit more neonatal intensive care nurses, having regard to the fact that neonatal services were presently not provided by private hospitals. In view of the increased demand for obstetric services, Mr FANG expressed concern whether HA had the capability to compete with private hospitals for midwives and other supporting staff.

36. DSHWF(H)1 responded that it was HA's plan to recruit additional neonatal intensive care nurses to cope with the rising trend of births in Hong Kong. DSHWF(H)1 hoped that with enhanced communication and co-ordination between HA and private hospitals with a view to making the most effective use of available resources for such services, the phenomenon of public and private hospitals competing fiercely for midwives and other supporting staff should not arise.

Impact of Mainland women giving birth in Hong Kong on the financial situation of HA

37. Dr KWOK Ka-ki was of the view that HA should be allowed to keep all of the revenue generated from obstetric services for NEPs, in order to better help HA meet the additional costs required for expanding and strengthening its obstetric services. Mr Vincent FANG concurred.

38. Mr LI Kwok-ying expressed the view that additional funds should be allocated to HA to meet the costs required for expanding and strengthening, in order to avoid undermining the quality of its other existing services.

39. DSHWF(H)1 responded that to change the existing arrangements whereby revenue generated from all HA fees and charges was shared equally between HA and the Administration warranted detailed discussion between the two sides, having regard to the effect of such change on the long-term funding arrangements of HA. DSHWF(H)1 further said that additional funding would be provided to HA to meet its service expansion and additional manpower in coping with the increased demand for its obstetric services where justified.

Collection of outstanding medical fees

40. Mr Fred LI said that increasing obstetric charges for NEPs alone would not be adequate to restrict the number of Mainland women giving birth in Hong Kong, if some of them planned on not settling their medical bills. Mr LI asked whether consideration would be given to refusing re-entry of NEP women from the Mainland who had defaulted payment of charges after giving birth in public hospitals in Hong Kong. Mr Andrew CHENG echoed similar views.

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41. DSHWF(H)1 said that in response to the Report of the Director of Audit on HA's Management of Outstanding Medical Fees, a number of measures to enhance the collection of medical fees, as set out in Annex B to the Administration's paper, had already been implemented by HA. To complement the introduction of the revised NEP Obstetric Package Charge, a number of improvement measures, such as only providing Eligible Persons and NEPs with outstanding fees with emergency services and imposing administrative charge for late payments, had recently been endorsed by HA for implementation. DSHWF(H)1 further said that the rate of default by Mainland pregnant women in using obstetric services in public hospitals was not significant in terms of the total amount of medical fees in default to HA.

Supplementary information on Mainland women giving birth in Hong Kong

42. The Chairman requested the Administration to strive to provide the following information requested by members before the motion debate at the Council meeting on 10 January 2007 -

- (a) total number of births in Hong Kong in the whole of 2006;
- (b) Government's estimate on the fertility rate in Hong Kong on the assumption that local women would have three children as advocated by CE;
- (c) operation of the companies offering services to arrange for Mainland pregnant women to come to Hong Kong to give birth;
- (d) breakdown of the births by private and public hospitals from 2001 to 2006;
- (e) breakdown of the births by local and NEP women fathered by Hong Kong and non-Hong Kong residents in each public hospital from 2001 to 2006; and
- (f) behaviour of Mainland pregnant women using the obstetric services of public hospitals as revealed in the review mentioned in paragraph 20 above.

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DSHWF(H)1 agreed.

43. In closing, the Chairman suggested and members agreed to request the Administration to report the effectiveness of the new measures taken by HA to address the increased demand for its obstetric services to the Panel in three

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months' time. DSHWF(H)1 agreed.

VI. Mode of supply of self-financed item drugs in public hospitals

(LC Paper Nos. CB(2)761/06-07(04), CB(2)797/06-07(01), CB(2)2654/05-06(01) and CB(2)3054/05-06(01))

44. Referring to the submission from “藥房同業反對醫管局外判醫院藥房大聯盟” (LC Paper No. CB(2)797/06-07(01)) expressing objection to HA's plan to invite private sector participation by tender for the setting up of community pharmacies in public hospitals to supply self-financed items (SFI) drugs, the Chairman sought members' view on whether they wished to further discuss the issue of mode of supply of SFI drugs.

45. Dr Fernando CHEUNG, Dr YEUNG Sum, Miss CHAN Yuen-han, Ms LI Fung-ying and Mr Vincent FANG agreed that a special meeting should be held, preferably before February 2007, to listen to the views of deputations before deciding which mode of supply of SFI drugs should be supported. Mrs Sophie LEUNG said that in deciding the date of the special meeting, consideration should be given to allowing sufficient time for the HA Board to discuss the issue again.

46. In closing, the Chairman requested the clerk to liaise with the Administration and members after the meeting to fix the date of the special meeting.

(Post-meeting note: The special meeting to further discuss the issue of the mode of supply of SFI drugs in public hospitals was scheduled for 23 January 2007 at 10:45 am.)

VII. Redevelopment of Caritas Medical Centre, Phase 2

(LC Paper No. CB(2)761/06-07(05))

47. The Chairman said that subject to members' support, the Administration intended to seek funding support from the Finance Committee (FC) of the Legislative Council in May 2007 for the proposed main works of phase 2 redevelopment of the Caritas Medical Centre (CMC) at an estimated cost of some \$1,300 million in money-of-the-day prices.

48. Dr YEUNG Sum and Dr Fernando CHEUNG expressed support for the proposed project. Dr CHEUNG further asked whether improvement work would also be made to the Wai Yee Block of CMC where the Developmental Disabilities Unit (DDU) of its Paediatrics Department was located, having regard to the past record of several outbreaks of respiratory illness occurred at the DDU.

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49. Hospital Chief Executive, CMC (HCE, CMC) replied in the negative to Dr CHEUNG's question in paragraph 48 above, as Wai Yee Block was not included in the proposed project. She however pointed out that Wai Yee Block had had some refurbishment and extension in 1993, and its infection control facilities had undergone significant upgrading last year.

50. Dr KWOK Ka-ki remained of the view that opportunity should be taken through the proposed project to improve Wai Yee Block as well as the adjacent Lok Yan School which were dilapidated and lack of capacity to meet service need.

51. HCE, CMC reiterated that the infection control facilities of Wai Yee Block had been significantly upgraded last year. Through the addition of three isolation rooms on each floor of Wai Yee Block, making a total of five isolation rooms on each floor, the infection control problems had since improved. HCE, CMC further said that it was not possible to include Lok Yan School in the proposed phase 2 redevelopment of CMC, as the School was not within the compound of CMC and was managed by Caritas Hong Kong and funded by the Education and Manpower Bureau.

Clerk 52. The Chairman suggested that the issue of improving the Lok Yan School be included in the outstanding list of items for discussion by the Panel. Members agreed.

Admin 53. Dr Fernando CHEUNG suggested making a site visit to both Wai Yee Block and Lok Yan School to gain first-hand information on the condition of these two buildings. Members agreed.

Admin 54. Ms LI Fung-ying requested the Administration to provide the following information prior to seeking funding support from FC -

- (a) whether, and if so, how the proposed project could cope with the increase in service demand from the growing population in the Sham Shui Po district;
- (b) what was the delineation of role and service provision of hospitals among the Kowloon West cluster to which CMC belonged upon the completion of the proposed project; and
- (c) what was the additional manpower required for the redeveloped CMC.

DSHWF(H)1 agreed to include the requested information in its funding proposal to FC.

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55. In closing, the Chairman said that members were generally supportive of the proposed redevelopment project of CMC.

VIII. Any other business

Date of regular meeting in April 2007

56. The Chairman requested the clerk to issue a questionnaire to seek members' view on whether the date of the regular meeting in April 2007 should be held on 2 or 16 April, as the second Monday in April 2007 was a public holiday.

57. There being no other business, the meeting ended at 10:37 am.

Council Business Division 2
Legislative Council Secretariat
8 February 2007