立法會
Legislative Council

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LC Paper No. CB(2)1936/07-08
(These minutes have been seen by the Administration)

Panel on Health Services

Minutes of meeting
held on Monday, 14 April 2008, at 8:30 am
in Conference Room A of the Legislative Council Building

Members present	:	Hon LI Kwok-ying, MH, JP (Chairman) Dr Hon Joseph LEE Kok-long, JP (Deputy Chairman) Hon Fred LI Wah-ming, JP Hon Mrs Selina CHOW LIANG Shuk-yee, GBS, JP Hon CHAN Yuen-han, SBS, JP Hon Mrs Sophie LEUNG LAU Yau-fun, GBS, JP Dr Hon YEUNG Sum, JP Hon Andrew CHENG Kar-foo Hon Audrey EU Yuet-mee, SC, JP Hon Vincent FANG Kang, JP Dr Hon KWOK Ka-ki Dr Hon Fernando CHEUNG Chiu-hung
Member attending	:	Hon WONG Kwok-hing, MH
Member absent	:	Hon LEUNG Kwok-hung
Public Officers attending	:	Items III, IV & V Mr Thomas CHAN Deputy Secretary for Food and Health (Health) Projects Items III, IV, V & VI Mr Bruno LUK Principal Assistant Secretary for Food and Health (Health) 3

Items III & IV

Dr Heston KWONG
Assistant Director of Health (Special Health Services)

Mr CHEUNG Wai Man, Anthony
Senior Systems Manager
Hospital Authority

Items V & VI

Mrs Ingrid YEUNG
Deputy Secretary for Food and Health (Health) 2

Dr S Y AU
Service Director (Community Care)
New Territories West Cluster
Hospital Authority

Item V only

Dr W L CHEUNG
Director (Cluster Services)
Hospital Authority

Dr K M CHOY
Chief Manager (Service Transformation)
Hospital Authority

Item VI only

Dr Raymond CHEN
Chief Manager (Strategy & Service 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

Ms Sandy HAU
Legislative Assistant (2)5

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I. Confirmation of minutes
(LC Paper No. CB(2)1525/07-08)

The minutes of the meeting held on 10 March 2008 were confirmed.

II. Information paper issued since the last meeting
(LC Paper No. CB(2)1526/07-08(01))

2. Members noted a submission dated 2 April 2008 from 香港兒童健康疫苗關注組, and did not raise any queries.

III. Discussion items for the next meeting
(LC Paper Nos. CB(2)1527/07-08(01) and (02))

3. Members agreed to discuss the following issues at the next regular meeting to be held on 19 May 2008 at 8:30 am -

(a) Expansion of Tseung Kwan O Hospital;

(b) Further discussion on mental health policy; and

(c) Undeclared blood sugar lowering drug in products for male sexual dysfunction.

4. Members further agreed to -

(a) hold special meeting(s) in May 2008 to receive views from the public on the Healthcare Reform Consultation Document;

Admin (b) circulate the Administration's paper on "Progress report on registration of Chinese Medicine practitioners" for members' consideration; and

(c) discuss the issue of review of childhood immunisation programme at the regular meeting in June 2008.

Admin 5. Members noted a letter dated 11 April 2008 from Dr Joseph LEE requesting to hold a special meeting to discuss standard of care of convalescence/rehabilitation centres under the Hospital Authority (HA), arising from a recent incident of elders being abused by staff of such a centre (LC Paper No. CB(2)1612/07-08(01) tabled at the meeting). Members agreed to defer discussion on the matter, pending HA's report on the aforesaid incident.

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IV. Elderly health care voucher pilot scheme
(LC Paper Nos. CB(2)1527/07-08(03) & (04))

6. Deputy Secretary for Food and Health (Health) Projects (DSFH(Health) Projects) and Assistant Director of Health (Special Health Services) (ADH(SHS)) briefed members on the arrangements for implementing the Elderly Health Care Voucher Pilot Scheme (the Scheme) with the aid of a powerpoint, details of which were set out in the Administration's paper (LC Paper No. CB(2)1527/07-08(03)).

Implementation date of the Scheme

7. Mr Andrew CHENG urged the Administration to speed up the development of the electronic health care voucher system, so that the Scheme could be implemented before the first quarter of 2009.

8. DSFH(Health) Projects responded that the reason for setting the date of launching the Scheme in the first quarter of 2009 was to allow time for eligible healthcare providers who wished to participate in the Scheme to register with the Department of Health (DH) and for DH staff to train participating providers on the use of the electronic health care voucher system.

Value of health care voucher

9. Mr Andrew CHENG said that providing five health care vouchers of $50 each to elders aged 70 or above annually was far from adequate to enable elders to use primary care services provided by the private sector.

10. Dr YEUNG Sum said that the value of each voucher should be increased to $150, which was the average consultation fee charged by doctors in the private sector, and the number of vouchers provided should also be increased to 10.

11. Mrs Selina CHOW said that the Liberal Party also considered subsidising elders with $250 annually to seek healthcare services from the private sector inadequate, and urged that this be increased.

12. DSFH(Health) Projects responded that the Scheme was to implement the "money follows patient" concept on a trial basis, enabling elders to choose their own primary care services in their local communities that suited their needs most, thereby piloting a new model for subsidised primary care services in the future. By providing partial subsidy, the Scheme sought to encourage elders to establish a long term healthcare relationship with family doctors to better safeguard their health.

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13. Ms Audrey EU said that to better safeguard the health of elders, the Administration should provide full subsidy to elders for undergoing annual physical and dental check-ups, in addition to providing them with health care vouchers.

14. Mr Fred LI said that the Scheme would fail to achieve its intended aims, as many elders would either continue to use public healthcare services or return to use public healthcare services after using up their five vouchers in two to three visits to private providers with no co-payment on their part. Mr Vincent FANG expressed similar concern.

15. DSFH(Health) Projects responded that a review of the Scheme would be conducted upon completion of the three-year pilot period. The review would cover the utilisation rate of health care vouchers, the types of services used by elders with the subsidy of vouchers, the operational cost and arrangements of the Scheme, and the use of public healthcare services by the elders after the implementation of the Scheme. DSFH(Health) Projects further said that a review of the Scheme would also be conducted in the interim to fine-tune the Scheme in light of operational experience.

Elders eligible to participate in the pilot scheme

16. Mr Andrew CHENG, Dr YEUNG Sum, and Mr Fred LI said that the scope of the Scheme should be extended to elders aged 65 or above, having regard to the fact that the eligible age for receiving Old Age Allowance was 65 or above. Miss CHAN Yuen-han was however of the view that the eligible age for receiving health care vouchers should be 60 or above, as 60 years old was the general retirement age in Hong Kong.

17. DSFH(Health) Projects responded that as the Scheme to implement the "money follows patient" concept was new, it was necessary to proceed with caution by confining the Scheme to a smaller population group at the outset.

Review of the Scheme

18. Mrs Selina CHOW said that she did not see why a review of the Scheme had to be conducted upon the completion of the three-year pilot period to decide whether or not to increase the value of the health care voucher and extend the scope of the Scheme to cover more elders, as the Administration should have a full grasp of whether the Scheme had achieved the desired effect one year after the implementation of the Scheme through the information captured by the electronic health care voucher system. Dr KWOK Ka-ki and Miss CHAN Yuen-han expressed similar views.

19. DSFH(Health) Projects reiterated that a review of the Scheme would be conducted in the interim to fine-tune the Scheme in light of operational experience.

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The timing of the interim review would be subject to the availability of sufficient relevant information.

Healthcare providers eligible to participate in the Scheme

20. Dr Fernando CHEUNG asked about the number of private healthcare providers eligible to participate in the Scheme.

21. DSFH(Health) Projects responded that western medical practitioners, Chinese medicine practitioners, dentists, chiropractors, nurses and enrolled nurses, physiotherapists, occupational therapists, radiographers and medical laboratory technologists who were registered in Hong Kong were eligible to participate in the Scheme. There were currently about 35 000 such healthcare professionals in the private sector. Among them, some 20 000 were well poised to participate in the Scheme. The remaining 15 000 were registered and enrolled nurses and most of them did not practise independently.

22. Mr Vincent FANG said that it would be useful if a list of participating healthcare providers and the fees they charged could be made available to elders participating in the Scheme.

23. DSFH(Health) Projects responded that the Administration had been in discussion with the regulatory bodies of the healthcare professions concerned on the possibility of publicising the names of their members participating in the Scheme. DSFH(Health) Projects further said that even if it was not possible for all or some participating providers to publicise their names for reasons such as it was against their code of practice to advertise their services, providers would be issued the Scheme logo to be displayed outside their practices for identification and encouraged to increase the transparency of their fees and charges to elders participating in the Scheme.

Service monitoring

24. Mrs Selina CHOW enquired whether there was any measure to prevent participating healthcare providers from charging users of the vouchers a fee higher than people who did not use the vouchers to pay the bill.

25. DSFH(Health) Projects responded that participating healthcare providers were not required to inform DH the fees they charged for their services. However, as these providers would not provide services exclusively for elders participating in the Scheme, it would be difficult for them to raise fees only for elders with vouchers. Nevertheless, a review would be conducted to see whether the situation cited by Mrs CHOW in paragraph 24 above did occur, and if so, appropriate follow-up action would be taken.

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26. Responding to Dr Fernando CHEUNG's enquiry about the measures that would be taken to prevent misuse of the Scheme, ADH(SHS) referred members to the measures to ensure that the health care vouchers were used by eligible elders only and for health care services in compliance with the requirements set out in paragraphs 16 and 17 of the Administration's paper.

Financial implication

27. Mr WONG Kwok-hing noted that a sum of $30 million would be provided to HA for developing the electronic health care voucher system and maintaining it in operation during the pilot period. In addition, the Food and Health Bureau and DH had earmarked $38 million to cover the additional non-recurrent staff cost and operational expenditure arising from the implementation of the Scheme. Mr WONG was of the view that such money would be better spent on extending the scope of the Scheme to cover more elders and increasing the value of the vouchers.

28. DSFH(Health) Projects responded that $20 million of the $30 million earmarked for the electronic health care voucher system was the capital cost for developing the IT system including hardware and software which could be used to support similar initiatives in the future. DSFH(Health) Projects further said that other recurrent staff cost and operational expenditure would be strictly controlled with a view to ensuring that they would be kept within 10% of the total expenditure of the pilot project. DSFH(Health) Projects also pointed out that recurrent staff cost and operational expenditure of the Scheme would be higher if the issue and usage of vouchers and calculation of reimbursement to providers were not through the electronic health care voucher system but done manually, having regard to the fact that there were about 660 000 to 690 000 eligible elders. If the scheme or similar initiatives continued in the future, such recurrent cost would amount to a significantly higher proportion of the cost than the current arrangements based on an electronic system.

Protection of personal data stored in the electronic health care voucher system

29. Ms Audrey EU asked what measures would be taken to protect the privacy of the personal data stored in the electronic health care voucher system.

30. DSFH(Health) Projects responded that the Administration had exchanged views with the Privacy Commissioner for Personal Data on the electronic health care voucher system, especially in respect of protection of personal data. An external consultant would be engaged to conduct an assessment on the privacy impact and security of the electronic health care voucher system.

Motion

31. Mr Andrew CHENG moved the following motion -

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"本委員會強烈要求就長者醫療券試驗計劃的工作，作出以下要求：

(1) 爲65歲或以上長者提供醫療券；

(2) 增加醫療券的面值至最低限度每張港幣一百元；

(3) 加快於二零零八年內推出醫療券試驗計劃；及

(4) 每位長者每年至少有十張醫療券。"

(Translation)

"That this Panel strongly requests the following for the Elderly Health Care Voucher Pilot Scheme -

(a) providing health care vouchers to elders aged 65 or above;

(b) increasing the value of each health care voucher to at least HK$100;

(c) expediting the launching of the health care voucher pilot scheme within 2008; and

(d) providing each senior citizen with at least 10 health care vouchers a year."

32. Mrs Selina CHOW proposed amendments to Mr CHENG's motion as follows -

"本委員會強烈要求就長者醫療券試驗計劃的工作，作出以下要求：

(1) 為65歲或以上長者提供醫療券；

(2) 增加醫療券的面值至最低限度每張港幣一百元；

(3) 加快於二零零八年內推出醫療券試驗計劃；

(4) 每位長者每年至少有十張醫療券；及

(5) 採取措施，防止服務提供者趁機加價，侵蝕給予長者的資

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助。"

(Translation)

"That this Panel strongly requests the following for the Elderly Health Care Voucher Pilot Scheme -

(a) providing health care vouchers to elders aged 65 or above;

(b) increasing the value of each health care voucher to at least HK$100;

(c) expediting the launching of the health care voucher pilot scheme within 2008;

(d) providing each senior citizen with at least 10 health care vouchers a year; and

(e) adopting measures to prevent service providers from raising their fees opportunistically, which will erode the subsidies provided to the elderly. "

33. The Chairman put Mrs Selina CHOW's amendments to Mr Andrew CHENG's motion to vote. All members present voted in favour of Mrs CHOW's amendments to Mr CHENG's motion. The Chairman declared that Mr CHENG's motion, as amended by Mrs CHOW, was carried.

V. Pilot project to purchase primary care services from the private sector in Tin Shui Wai

(LC Paper No. CB(2)1527/07-08(05))

34. Director (Cluster Services) HA briefed members on the pilot project to be implemented by HA to purchase primary care services from the private sector in Tin Shui Wai (TSW) for specified patient groups with the aid of a powerpoint, details of which were set out in the Administration's paper.

35. Dr KWOK Ka-ki and Mrs Selina CHOW asked why the pilot project would only be conducted in TSW, as other districts were also in need of enhancing their public general out-patient (GOP) services.

36. Deputy Secretary for Food and Health (Health) 2 (DSFH(H)2) responded that as it was the first time public funds would be used to purchase primary care services from the private sector, it was necessary to proceed with caution before rolling out the project to other districts. Should the pilot project prove to be beneficial to patients after the three-year trial period, due consideration would be

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given to implementing the project, including expanding its scope to cover other types of patients and to other districts.

37. Dr KWOK Ka-ki said that some private doctors practising in TSW had reflected to him that HA had refused to discuss with the Hong Kong Medical Association (HKMA) on the service mode of the pilot project and that HA intended to pay each participating private doctor $150 for each consultation when the cost for providing the same at a public GOP clinic (GOPC) was $240.

38. Director (Cluster Services), HA responded as follows -

(a) as the pilot project was targeted at chronically-ill patients residing in TSW North, consultation with regard to the service mode of the project was in the main with private doctors practising in TSW. Nevertheless, HA had been exchanging views with HKMA and various doctors' unions on the operation details of the project; and

(b) the fee to be paid to each participating private doctor for each consultation would be decided by the end of this month. Regardless of whether the fee would be set at $150 or otherwise, the fee should be comparable to the cost for providing consultation only at a public GOPC. Unlike a public GOPC whose consultation fee was inclusive of drugs, drugs for chronic illnesses for participating patients would be provided by HA based on its Standard Drug Formulary and the established guidelines for GOPCs. Participating patients would not need to collect their drugs at the dispensaries of public GOPCs, as HA would arrange for the drugs for chronic illnesses to be delivered to clinics of participating private doctors in advance for doctors' direct prescription. Moreover, pathological tests and diagnostic radiological services would be provided by HA upon referral by private doctors concerned.

39. Mr WONG Kwok-hing urged the Administration to expedite the construction of a new public GOPC in TSW Area 109. Mr WONG pointed out that if the new GOPC in TSW Area 109 could be put in place earlier, there would be no need for the Administration to purchase private primary care services to enhance GOP services in TSW.

40. DSFH(H)2 pointed out that the pilot project was not merely to enhance GOP services in TSW, but to also explore the feasibility of public-private partnership in providing primary care services. As mentioned earlier at the meeting, depending on the outcome of the pilot project after a three-year trial period, purchasing primary care services from the private sector might become a permanent measure in enhancing GOP services in Hong Kong. DSFH(H)2 further said that in order that the new GOPC in TSW Area 109 could serve residents in the district as early as possible, the Administration had been exploring

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with the Architectural Services Department and other relevant departments on ways to expedite the work subject to the relevant legal and administrative procedures.

41. Miss CHAN Yuen-han expressed concern about the quality of care that would be received by participating patients would be lower than what they had received from public GOPCs. Mr WONG Kwok-hing also expressed concern about continuity of care to participating patients after the implementation period of the pilot project.

42. Director (Cluster Services), HA responded that to ensure that participating patients would continue to receive quality care in the private sector, HA would provide clinical protocols and guidelines on diagnostic examination for reference by participating private doctors. Moreover, under the service contract, participating doctors would have to input the diagnosis of and prescription for patients into HA patient record database through the Electronic Patient Record Sharing Pilot System provided by HA. The purposes were to allow HA to keep track of the clinical outcomes and conduct monitoring, and to facilitate the provision of continuous care to participating patients when they sought consultations at public GOPCs.

43. DSFH(H)2 supplemented that HA planned to conduct a review about one year after the implementation of the project to assess its effectiveness. Factors to be taken into account included service utilisation, clinical outcomes, clinical guideline compliance and patient satisfaction. HA would also conduct surveys among participating patients and private doctors to gauge their views on the project.

44. Dr YEUNG Sum asked the following questions -

(a) whether findings of the review to be conducted about one year after the implementation of the project would be reported to this Panel;

(b) whether participating patients could change to another participating private doctors if they were not satisfied with their attending private doctors; and

(c) whether participating patients had to pay for the drugs for episodic illnesses to be provided by private doctors.

45. DSFH(H)2 responded as follows -

(a) it was the Administration's intention to report to members the findings of the interim review on the project;

(b) HA would monitor the seeking of consultations from participating

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private doctors and public GOPCs by participating patients through the Electronic Patient Record Sharing Pilot System. If necessary, HA would contact the patient concerned and his attending private doctor to understand the situation and take appropriate follow-up actions, including arranging that patient to be transferred back to public GOPCs or to another participating private doctor for further care. At the same time, a participating patient could ask for transferring to another private doctor during the pilot period if necessary; and

(c) participating patients should pay participating private doctors the same fee as charged by public GOPCs, i.e. $45 inclusive of drugs, for each consultation they sought under the subsidy scheme. Patients who were recipients of Comprehensive Social Security Allowance or had been given a waiver of GOPC fee could enjoy full or partial exemption of the fees in accordance with their exemption status. HA would pay the subsidised amount to participating private doctors for each consultation they had provided under the project in accordance with the agreed service contract.

46. Dr Fernando CHEUNG asked the following questions -

(a) whether the Electronic Patient Record Sharing Pilot System and the electronic health care voucher system would share a common electronic platform;

(b) what were the criteria of inviting patients to participate in the pilot project;

(c) whether there was adequate supply of private doctors in TSW to participate in the pilot project;

(d) what measures would be taken to ensure against uneven distribution of participating patients among participating private doctors, and against any private doctors concerned from offering services which were outside the scope of the subsidy scheme; and

(e) how much of the about $6.5 million expenditure of the project in 2008-2009 was administrative cost.

47. DSFH(H)2 and Director (Cluster Services), HA responded as follows -

(a) the Electronic Patient Record Sharing Pilot System and the electronic health care voucher system would not share a common electronic platform as they were two separate systems. Specifically, the former was an extension of HA's Electronic Patient Record System

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to facilitate shared care and patient information sharing because the participating patients were HA patients, whereas the latter was a new system for creating voucher accounts, recording usage and processing claims for the use of vouchers;

(b) patients residing in TSW North who were suffering from specific chronic illnesses, such as hypertension and diabetes, and had been patronising the public GOPC in TSW South for the past 12 months with stable conditions would be invited in phases to participate in the pilot project;

(c) there were enough private doctors with the necessary experience and qualifications in TSW to look after the some 1 000 patients expected to participate in the pilot project;

(d) in the matching process of participating patients to participating doctors, HA would adjust the preference of patients for a particular private doctor with the consultation services to be provided by private doctors where necessary;

(e) private doctors were not prohibited from offering services which were outside the scope of the subsidy scheme to participating patients. Participating patients had the choice to receive such services, albeit they had to pay the fees charged by the private doctors. However, patients could still seek medical consultations at public GOPCs where necessary; and

(f) administrative cost only accounted for some $3 million of the about $6.5 million of the expenditure of the project in 2008-2009. Such administrative cost mainly entailed the capital cost of developing the Electronic Patient Record Sharing Pilot System and the setting up of a help desk and a hotline at the TSW Health Centre to answer enquiries from members of the public, patients and private doctors on operation details of the project and to provide support to those who had participated in the project. The administrative cost of the project in the subsequent years would be significantly smaller.

48. Ms Audrey EU expressed dissatisfaction that HA's Electronic Patient Record System was not extended to the electronic health care voucher system, as it was important for healthcare providers eligible to participate in the Elderly Health Care Voucher Pilot Scheme to know the clinical conditions of and prescription for the elders under their care.

49. DSFH(Health) Projects pointed out that the development of a territory-wide electronic health record system proposed in the on-going Healthcare Reform Consultation would enable patient information sharing by all healthcare

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professionals in both public and private sectors. To that end, a Steering Committee on Electronic Health Record Sharing, comprising members from the healthcare professions in both the public and private sectors, had been set up to plan and steer for the development of the system. DSFH(Health) Projects further said that although the electronic health care voucher system presently would not provide access to HA's Electronic Patient Record System, healthcare providers participating in the Elderly Health Care Voucher Pilot Scheme would also be invited to participate in HA's Public/Private Interface-Electronic Patient Record (PPI-ePR) pilot project. Should these healthcare providers join the PPI-ePR pilot project, they could retrieve the medical records of the elders under their care if those elders had been HA patients. Eventually both the electronic voucher system to be used in the elderly health care voucher pilot scheme and the Electronic Patient Record Sharing Pilot System to be used in the current purchase pilot project should be part of the integrated electronic health record system.

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50. At the request of Ms EU, the Administration undertook to provide responses in writing on the progress made on the development of the territory-wide electronic health record system, and the reasons why HA's Electronic Patient Record System could not be extended to the electronic health care voucher system at this stage.

51. In closing, the Chairman said that members were generally supportive of the pilot project.

VI. Provision of general out-patient clinic in Tin Shui Wai Area 109
(LC Paper No. CB(2)1527/07-08(06))

52. DSFH(H)2 briefed members on the Administration's plan to build a GOPC in TSW Area 109, details of which were set out in the Administration's paper.

53. Dr Fernando CHEUNG and Dr YEUNG Sum noted the Administration's plan to construct the proposed GOPC in mid-2009 for completion by end-2011. They urged the Administration to expedite the construction of the proposed GOPC, so that the new facilities concerned could serve residents in TSW as early as possible.

54. DSFH(H)2 responded that the Administration would endeavour to expedite the project where feasible. DSFH(H)2 further said that with the implementation of the pilot project to purchase primary care services from the private sector in TSW in mid-2008, about 10 000 consultation quotas would be freed up each year to cope with demand for public GOP services in the district.

55. Dr Fernando CHEUNG noted that the proposed GOPC could provide about 55 000 attendances of GOP consultation services each year. Dr CHEUNG asked whether such a figure was in addition to the about 163 000 attendances presently

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provided by the TSW Health Centre located in TSW South and the GOPC located in Tin Wah Estate in TSW North each year. DSFH(H)2 replied that the 55 000 attendances of GOP consultation services that could be provided by the proposed GOPC each year would be in addition to the number of attendances of GOP consultation services that could be provided by the TSW Health Centre located in TSW South each year. Service Director (Community Care) New Territories West Cluster, HA (SD(CC) NTWC, HA) supplemented that the GOPC in Tin Wah Estate provided a total of some 4 100 attendances of GOP consultation services in 2007 against its planned attendances of about 4 900.

56. Dr Fernando CHEUNG enquired whether HA would close down the GOPC located in Tin Wah Estate in TSW North after the proposed GOPC had come into operation. In response, DSFH(H)2 said that upon the commissioning of the proposed GOPC in TSW Area 109, a review would be conducted on the need for retaining the GOPC in Tin Wah Estate. DSFH(H)2 pointed out that the operation of the GOPC clinic in Tin Wah Estate was not ideal, as it was not supported by a pharmacy due to physical constraint. The GOPC in Tin Wah Estate was inside an existing Chinese medicine clinic.

57. Whilst expressing support for the project, Dr KWOK Ka-ki said that it would be unacceptable if doctors in the proposed GOPC could only spend four to five minutes on each consultation, as was the case in many other GOPCs.

58. SD(CC) NTWC, HA responded that HA was well aware of the problem of the short consultation time spent on each patient in GOPCs and was actively working on ways to address the problem. He further said that the new GOPC in TSW Area 109 would have six consultation rooms, and would also have an Integrated Clinic with six consultation rooms and a Community Multi-specialty Clinic with two consultation rooms. It was envisaged that with the provision of these facilities, quality of GOP services in TSW should be greatly enhanced.

VII. Any other business

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

Council Business Division 2
Legislative Council Secretariat
16 May 2008