

**立法會**  
**Legislative Council**

Ref : CB2/PL/HS

LC Paper No. CB(2)1739/08-09

(These minutes have been  
seen by the Administration)

**Panel on Health Services**

**Minutes of meeting  
held on Monday, 20 April 2009, at 10:45 am  
in the Chamber of the Legislative Council Building**

**Members present** : Dr Hon Joseph LEE Kok-long, JP (Chairman)  
Dr Hon LEUNG Ka-lau (Deputy Chairman)  
Hon Albert HO Chun-yan  
Hon Fred LI Wah-ming, JP  
Hon Andrew CHENG Kar-foo  
Hon Albert CHAN Wai-yip  
Hon Audrey EU Yuet-mee, SC, JP  
Hon Vincent FANG Kang, SBS, JP  
Hon Alan LEONG Kah-kit, SC  
Hon Cyd HO Sau-lan  
Hon CHAN Hak-kan  
Hon IP Kwok-him, GBS, JP  
Dr Hon PAN Pey-chyou

**Members attending** : Hon James TO Kun-sun  
Hon Tommy CHEUNG Yu-yan, SBS, JP

**Public Officers attending** : Items III-V  
Professor Gabriel M LEUNG, JP  
Under Secretary for Food and Health

Item III

Miss Gloria LO  
Principal Assistant Secretary for Food and Health (Health) 2

Dr LO Su-vui  
Director (Strategy & Planning)  
Hospital Authority

Dr Nancy TUNG  
Cluster Chief Executive, Kowloon West Cluster  
Hospital Authority

Mr Donald LI  
Senior Architect (Facility Planning)  
Hospital Authority

Item IV-V

Miss Anita CHAN  
Principal Assistant Secretary for Food and Health (Health) SD

Item IV

Mr Y C WU  
General Engineering Services Manager  
Electrical & Mechanical Services Department

Mr WONG Chi-leung  
Building Services Engineer  
Electrical & Mechanical Services Department

Professor Christopher CHAO  
Hong Kong University of Science and Technology

Professor L L YEUNG  
Hong Kong University of Science and Technology

Item V

Dr Cindy LAI  
Assistant Director (Health Adm & Planning)  
Department of Health

Dr Ronald LAM  
Head, Tobacco Control Office  
Department of Health

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

**Staff in attendance** : Ms Maisie LAM  
Senior Council Secretary (2) 7

Ms Sandy HAU  
Legislative Assistant (2) 5

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**I. Information paper(s) issued since the last meeting**

There was no information paper issued since the last meeting.

**II. Items for discussion at the next meeting**

(LC Paper Nos. CB(2)1324/08-09(01) & (02))

2. Members agreed to discuss the following items proposed by the Administration at the next meeting scheduled for 11 May 2009 -

- (a) Relocation of Siu Lam Hospital to Block B of Castle Peak Hospital; and
- (b) Interim review outcome of pilot Doctor Work Reform programmes.

3. The Chairman suggested and members agreed to discuss the mode of supply of self-financed item drugs to patients of public hospitals in May 2009. Under Secretary for Food and Health (USFH) agreed to revert to the Secretariat after the meeting whether the Administration was in a position to discuss the item in May 2009.

*(Posting-meeting note: The Administration would provide updates on the Drug Formulary of the Hospital Authority (HA) at the regular meeting scheduled for 8 June 2009.)*

**III. Redevelopment of Caritas Medical Centre, Phase two**

(LC Paper Nos. CB(2)1324/08-09(03) and (04))

4. USFH briefed Members on the current status of the capital works project on the phase two redevelopment of the Caritas Medical Centre (the Project) and the revised procurement strategy to be adopted for its delivery, details of which were set out in the Administration's paper (LC Paper No. CB(2)1324/08-09(03)).

5. Mr James TO noted that HA invited tenders for the works contract of the Project on 5 July 2007 and received eight tenders on 12 September 2007. The actual tender prices of all the five conforming tenders were significantly higher than the original estimate for the works contract by between \$508 million and \$600 million (48% to 56% of the original estimate for the works contract). As the potential of lowering the tender price significantly was limited, HA cancelled the tender exercise on 20 November 2007. To avoid higher-than-expected tender outturn price, the Project would be divided into three works packages to be tendered in a sequential manner for Foundation, Main Building Works and Remaining Works. As a result, the completion dates for the new ambulatory/rehabilitation block and the rehabilitation garden would be revised from August 2011 and March 2012 respectively to March 2013 and December

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2013 respectively. Mr TO expressed dissatisfaction about the aforesaid arrangements, as the Administration/HA should not speculate which was the best timing for inviting tenders to implement a capital works project approved by the Finance Committee (FC) of the Legislative Council, but to implement the capital works project according to the timetable indicated in the funding proposal to FC. Mr TO was of the view that the Administration/HA should seek additional funding from FC, if the tender outturn price was significantly higher than the approved project estimate (APE) of the capital works project.

6. USFH responded as follows -

- (a) it was incumbent on the Administration to exercise prudence in using public money. Hence, it was necessary for the Administration to identify the factors leading to the higher-than-expected tender outturn price before taking forward the Project;
- (b) having identified the factors leading to higher-than-expected tender outturn price, as set out in paragraph 7 of the Administration's paper, decision was made to split up the single works contract spanning a total construction period of 56 months into three works packages to be tendered out separately to increase the competitiveness of the tenders on the one hand and minimise the likelihood of tenderers building in additional premium for extensive contract periods on the other;
- (c) in order to implement the Project without further delay, HA had invited tenders for the Foundation contract on 16 March 2009, which were due for return on 27 April 2009. HA intended to award the Foundation contract in May 2009, albeit the likelihood of the tender price exceeding the sum allowed in the APE by a wide margin;
- (d) the Administration would re-assess the financial position of the Project nearer the time when the Main Building Works, which accounted for 74% of the total construction cost, were due to be tendered in around two years. If additional funding was found to be required then, the Administration would secure the approval of FC for an increase in the APE for the Main Building Works in good time to ensure adherence to the revised completion dates; and
- (e) the revision of the completion dates of the Project would not undermine service demand in the Kowloon West (KW) Cluster, as the Project was aimed at meeting the medium and long-term service demand in KW Cluster.

7. Mr James TO asked the Administration whether there was any precedent case whereby a capital works project, to be implemented under one single works

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contract, approved by FC was subsequently divided into smaller contracts due to higher-than-expected tender outturn price. USFH agreed to check and revert to members after the meeting. Senior Architect (Facility Planning), HA (Senior Architect (FP), HA) advised that no HA capital works projects had been split up into smaller works packages in the past due to higher-than-expected tender outturn price.

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8. Mr James TO asked whether the decision to split up the works contract of the Project into three works contracts was solely made by the Food and Health Bureau (FHB). USFH responded that this was a collective decision of the Government. Mr TO requested the Administration to provide the names of the government officials involved in making the decision.

9. Dr PAN Pey-chyou considered it justifiable for HA to divide the works contract of the Project into three works packages, having regard to the global financial turmoil and the uncertainties about the duration of the impact on the market. Mr IP Kwok-him expressed a similar view.

10. Ms Audrey EU asked whether the reason for the higher-than-expected tender outturn price was due to inaccurate project cost estimate by HA's consultants, and if so, whether the consultants would be penalised. Dr PAN Pey-chyou raised similar questions.

11. USFH responded that HA's consultants might not have adequately gauged the rapid upsurge in construction prices and fully reflected the prevailing market sentiments in its project cost estimate, which was understandable given the unprecedented rapid price inflation under a booming construction industry in 2007 and marking up of tender price by bidders to provide safety cushions against the risks of a long construction period.

12. Mr Albert CHAN cautioned that to split up a works contract into several works packages could give rise to claims from contractors for delay of works caused by other contractors in other works packages, as happened in the construction of the Hong Kong International Airport.

13. Ms Cyd HO queried why it had taken the Administration more than 17 months to revert to the Panel on the current status of the Project since the cancellation of the tender exercise for the Project in November 2007. USFH advised that four months were spent to identify the factors leading to the higher-than-expected tender outturn price, a further five months were spent to explore the strategies for the delivery of the Project, and another nine months were spent to conduct a design review exercise which included an intensely interactive consultation process involving the hospital end-users.

Design of the new ambulatory/rehabilitation block

14. Ms Audrey EU noted that HA had conducted a critical review process of the original building design, material specifications and construction details. As

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a result of the exercise, a number of adjustments to the original design had been made, including the construction floor area of the new ambulatory/rehabilitation block had been reduced from around 59 100m<sup>2</sup> to 54 000m<sup>2</sup> and the number of storeys from 15 to 12. In the light of this Ms EU asked -

- (a) whether the reason for making adjustments to the original design was to rectify flaws in the original design;
- (b) whether the number of beds to be provided in the new ambulatory/rehabilitation block would be reduced; and
- (c) whether the redeveloped CMC would have adequate external signage and other facilities leading patients to its Accident and Emergency Department (A&ED).

15. USFH and Senior Architect (FP), HA responded as follows -

- (a) the design review process aimed at updating the design to reflect the latest environmental and operational considerations, with opportunity taken to enhance the area efficiency of the new ambulatory/rehabilitation block while maintaining the scope of the project at the same time;
- (b) reducing the construction floor area of the new ambulatory/rehabilitation block and the number of storeys from 15 to 12 would not affect the planned facilities, including the number of beds, to be provided in the new building. This was made possible by changing the building form from a taller building with a smaller floor plate to a shorter one with a larger floor plate; and
- (c) there would be five high-speed lifts bringing people from Wing Hong Street to the new ambulatory/rehabilitation block and a link bridge connecting the new block to Wai Shun Block where A&ED was located. Adequate external signage would also be installed to lead patients to A&ED and other medical facilities within CMC.

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16. Mr Albert CHAN requested the Administration to provide a detailed comparison of the original and updated building designs of the new ambulatory/rehabilitation block in terms of floor area.

17. Ms Cyd HO said that HA's project consultants should be penalised, having regard to the fact that the updated building design of the new ambulatory/rehabilitation block could accommodate all planned facilities, despite a reduction in the construction floor area of the new ambulatory/rehabilitation block and the number of storeys from 15 to 12.

18. Senior Architect (FP), HA reiterated that updating the design of the new new ambulatory/rehabilitation block was to reflect the latest environmental and

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operational considerations, with opportunity taken to enhance the area efficiency of the new ambulatory/rehabilitation block. For instance, each ward cubicle would be provided with its own washroom, a feature which was recommended as an enhanced infection control measure after the design of the new building had been completed. Ms Cyd HO remarked that infection control standards should have all been developed having regard to the SARS experience in 2003. Senior Architect (FP), HA explained that since SARS, a series of enhancements to the design standards for infection control had been introduced. The improvement was a continuous process, taking account of the evolving medical knowledge on infection control. In response to Ms HO's further enquiry about the distance between inpatient beds in the new ambulatory/rehabilitation block, Senior Architect (FP), HA said that it would be more than three feet apart.

19. Mr Alan LEONG asked whether contractors of the Project would be required to keep noise and other environmental disturbances to a minimum during construction, and if so, whether this would lead to higher project cost.

20. Senior Architect (FP), HA responded that contractors had to comply with stringent environmental rules and regulations during construction and compliance of such would not entail significant increase to the project cost.

Decanting works for demolition of Wai Ming Block

21. Mr Albert CHAN noted that HA intended to carry out decanting works for demolition of Wai Ming Block to proceed using HA's Term Contractor. Mr CHAN asked why no tender would be invited for carrying out such works.

22. Senior Architect (FP), HA explained that the Term Contractor was selected through open tender in 2007.

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23. Mr Albert CHAN requested HA to provide more details in writing on the appointment of the Term Contractor to carry out decanting works for demolition of Wai Ming Block.

Service needs of KW Cluster

24. In response to Dr PAN Pey-chyou's enquiry on whether the Project could cope with increase in service demand in KW Cluster upon completion by 2013, USFH replied in the affirmative.

Conclusion

25. In closing, the Chairman urged the Administration to take into account members' views/concerns raised at the meeting and to expeditiously implement the Project to meet service demand in the long run.

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**IV. Report on findings of technical feasibility study on smoking room**  
(LC Paper Nos. CB(2)1324/08-09(05) and (06))

26. USFH briefed members on the findings of the study on the technical feasibility and overseas experience of smoking rooms, details of which were set out in the Administration's paper (LC Paper No. CB(2)1324/08-09(05)).

27. Mr CHAN Hak-kan noted that the model smoking room used in the study was maintained at a negative pressure level of at least 5 Pa. Mr CHAN asked whether such a level was comparable to that applied by isolation rooms in hospitals and biology laboratories. Mr CHAN further asked whether the design and engineering standards of the model smoking room were comparable to those applied to smoking rooms overseas.

28. Professor Christopher CHAO responded as follows -

- (a) - 5 negative air pressure was generally used in isolation rooms of hospitals, whereas a higher -25 to -30 negative air pressure was generally used in high bio-hazard grade laboratories;
- (b) the design and engineering standards of the model smoking rooms used in the study were comparable to, if not more stringent than, those applied to smoking rooms overseas, details of which were set out in paragraph 7 of Annex A to the Administration's paper;
- (c) despite (b), there was substantial leakage of second-hand smoke (technically referred to as environmental tobacco smoke (ETS)), especially respirable suspended particulate matters and ultra-fine particles, to the outside, i.e. some 10% on average when the room was open and some 50% instantaneously whenever smokers went in and out; and
- (d) no overseas literature had so far revealed that smoking room was effective in preventing leakage of ETS tracers. Indeed, some overseas literature had revealed that leakage of ETS tracers from smoking rooms could be as high as 80%.

29. Mr Tommy CHEUNG said that the Administration should allow the six types of qualified establishments (bars open to those aged 18 and above only, nightclubs, commercial bathhouses, massage establishments, mahjong rooms in clubs and mahjong-tinkow premises) temporarily exempted from the smoking ban until 30 June 2009 to set up smoking rooms to segregate smokers from non-smokers beyond 30 June 2009. Mr CHEUNG pointed out that unlike many overseas jurisdictions, such as Ireland, where bars were mostly located on street level, many bars in Hong Kong operated in high-rise commercial buildings. Requiring smoker-customers to smoke outside was not only impractical, and would also increase the exposure of pedestrians to second-hand smoke if more people were forced to smoke on streets. Moreover, Hong Kong had the



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capability to set up smoking rooms which could meet the stringent design and ventilation standards for smoking rooms adopted by overseas economies which allowed smoking rooms. Mr Vincent FANG expressed similar views, having regard to the adverse impact on these six types of qualified establishments if they were not allowed to set up smoking rooms. Mr FANG further said that it was unreasonable that karaoke establishments were required to implement smoking ban, whereas rooms in hotels were exempted from doing so.

30. USFH responded that the Administration at this juncture could not draw a definitive conclusion on the feasibility of the smoking room. The Administration would continue to keep in view the trend and experience of smoking rooms in overseas jurisdictions, as well as relevant international studies and research on the subject matter, in further examining the feasibility of smoking room in the local context. Members might wish to take into account the fact that some 1 300 deaths yearly in Hong Kong were caused by second-hand smoke when considering whether the six types of qualified establishments should be allowed to set up smoking rooms. USFH further said although karaoke establishments were reported to have seen a drop in revenue during the first and second quarters of 2007, the Administration's statistics indicated that there had been an overall 30% increase in the revenue of restaurants and karaoke establishments from the time when the smoking ban was introduced on 1 January 2007 to end of 2008.

31. Mr Andrew CHENG was of the view that implementing total smoking ban in all indoor workplaces was a necessary first step towards protecting people from second-hand smoke. To allay the concern of the operators and employees of the six types of qualified establishments about revenue and job losses upon expiration of the adaption period on 30 June 2009, Mr CHENG asked the Administration whether it had conducted any study to assess the potential impact of implementing smoking ban in these establishments.

32. USFH responded that the Administration had recently conducted a telephone survey to find out whether members of the public would continue to patronise the six types of qualified establishments when the smoking ban was introduced to these establishments after 30 June 2009. About 45% of the some 1 000 respondents indicated that they had patronised one or some of these establishments. Of the 45% respondents, 80% were non-smokers or had quit smoking and 20% were smokers. Amongst these 45% respondents, about 40% indicated that they would increase patronage to one or some of these establishments, whereas only some 8% indicated they would patronise less. USFH surmised that implementation of smoking ban in these qualified establishments should not result in any significant drop in their revenue or employment figures in the long run, as evidenced by the experience of restaurants and karaoke establishments. Another example was that banning smoking in aircrafts had not adversely affected the business of the airline industry.

33. In response to Mr Andrew CHENG's enquiry on the cost of the technical feasibility study on smoking rooms, USFH advised that it was \$3.48 million.

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34. Mr Albert CHAN said that if the Administration was serious in protecting the health of the public, it should implement smoking ban in hotels and prisons and closed the smoking lounges in the Hong Kong International Airport, as well as preventing the emission of pollutants by, say, public buses and electricity generation plants.

35. Mr IP Kwok-him said that the Democratic Alliance for the Betterment and Progress of Hong Kong was open-minded on the setting up of smoking rooms in Hong Kong. In view of the potential adverse impact of the implementation of smoking ban on the six types of qualified establishments, Mr IP urged the Administration to conduct further studies on the feasibility of smoking room. In response, USFH said that the Administration would take into account members' views in further examining the feasibility of smoking room in Hong Kong.

36. On Dr LEUNG Ka-lau's suggestion of setting an acceptable risk level of exposure to ETS as a criterion for setting up smoking rooms, USFH responded that there was no internationally recognised safety standard or scientific research on the acceptable risk level of exposure to ETS. This echoed the World Health Organization's advice that "ventilation and separate smoking rooms do not reduce exposure to second-hand smoke to an acceptable or safe level".

37. In response to Ms Audrey EU's enquiry on whether the Administration had visited the two smoking rooms set up by the trade, USFH said that FHB staff and the consultants had visited these smoking rooms to understand their set up and effectiveness in preventing ETS leakage. USFH further said that the Administration had been and would continue to maintain close liaison with the trade and keep in view the trend and experience of smoking rooms in overseas jurisdictions, as well as relevant international studies and research on the subject matter in considering the feasibility of smoking room in the local context. At the request of Ms EU, USFH undertook to provide a summary of the consultants' observations on the feasibility studies conducted by the trade on smoking room.

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*(Post-meeting note: The Administration advised the Secretariat on 8 May 2009 that as it has not had any substantive updates on the trend and experience overseas or relevant international studies and research, the Administration is not in a position to further examine the feasibility of smoking room in the local context at this juncture. The Administration remains of the position that the findings so far indicate that there is as yet no conclusive evidence to substantiate the effectiveness of smoking room in separating smokers and non-smokers and protecting non-smokers outside the room from exposure to second-hand smoke.)*

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**V. Implementation of fixed penalty system for smoking offences and designation of statutory no smoking area at public transport interchanges**  
(LC Paper Nos. CB(2)1324/08-09(07) and (08))

38. USFH briefed members on the progress in implementing the fixed penalty system (FPS) for smoking offences under the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and the plan to designate no smoking areas (NSAs) at public transport interchanges (PTIs) under the Smoking (Public Health) Ordinance (Cap. 371), details of which were set out in the Administration's paper (LC Paper No. CB(2)1324/08-09(07)).

39. Mr Andrew CHENG noted the Administration's plan to designate statutory NSAs at the 48 covered PTIs which were not subject to smoking ban at present as the first phase on 1 September 2009, the same target date for implementing the FPS for smoking offences. Subject to satisfactory implementation of the smoking ban in this first phase of PTIs designated as NSAs, the Administration would proceed with the preparation for the designation of the some 120 open-air PTIs in subsequent phases. Preparation for the next phase of designation would start in the beginning of 2010 for the designation to take effect within 2010. Whilst expressing support for the designation of statutory NSAs at PTIs, Mr CHENG urged the Administration to expedite the process to better protect public health. Mr IP Kwok-him expressed a similar view.

40. USFH responded that every effort would continue to be made to expedite the designation of statutory NSAs at PTIs. At the request of the Chairman, USFH undertook to provide the details of and timetable for the preparation of designating no smoking areas at the 48 covered PTIs on 1 September 2009.

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41. There being no other business, the meeting ended at 1:05 pm.

Council Business Division 2  
Legislative Council Secretariat  
5 June 2009