

立法會
Legislative Council

LC Paper No. CB(4)712/2022
(These minutes have been seen
by the Administration)

Ref : CB4/PL/HS

Panel on Health Services

Minutes of meeting
held on Friday, 13 May 2022, at 10:45 am
in Conference Room 3 of the Legislative Council Complex

- Members present** : Hon Tommy CHEUNG Yu-yan, GBS, JP (Chairman)
Hon CHAN Hoi-yan (Deputy Chairman)
Hon Starry LEE Wai-king, SBS, JP
Hon CHAN Kin-por, GBS, JP
Dr Hon Priscilla LEUNG Mei-fun, SBS, JP
Hon Michael TIEN Puk-sun, BBS, JP
Hon CHAN Han-pan, BBS, JP
Hon Alice MAK Mei-kuen, BBS, JP
Hon Stanley LI Sai-wing, MH
Dr Hon David LAM Tzit-yuen
Hon LAM So-wai
Dr Hon Dennis LAM Shun-chiu, JP
Hon Duncan CHIU
Hon YIU Pak-leung, MH
Hon LEUNG Man-kwong, MH
Hon Edward LEUNG Hei
Hon CHAN Pui-leung
Hon Kingsley WONG Kwok, BBS, JP
Hon YANG Wing-kit
- Members attending** : Hon MA Fung-kwok, GBS, JP
Hon Elizabeth QUAT, BBS, JP
Hon Holden CHOW Ho-ding
- Member absent** : Hon Mrs Regina IP LAU Suk-yee, GBM, GBS, JP

Public Officers : Item III
attending

Dr CHUI Tak-yi, JP
Under Secretary for Food and Health

Ms Ellen CHAN Sheung-man
Principal Assistant Secretary for Food and Health (Health) 7

Dr Wiley LAM Tak-chiu, JP
Consultant in-charge Dental Services
Department of Health

Dr Kitty HSE Mei-yin
Consultant (Paediatric Dentistry)
Department of Health

Dr Frankie SO Hon-ching
Consultant (Community Special Dental Service)
Department of Health

Dr Wendy CHAM Kwong-man
Principal Dental Officer
Department of Health

Item IV

Dr CHUI Tak-yi, JP
Under Secretary for Food and Health

Mr Gordon CHONG
Principal Assistant Secretary for
Food and Health (Health) 1 (Designate)

Dr POON Wai-ming
Consultant Forensic Pathologist i/c
Department of Health

Dr Edmund FONG
Assistant Director of Health
(Health Administration and Planning)

Ms Lilian CHEUNG
Project Director 4
Architectural Services Department

Mr Felix KONG
Senior Project Manager 234
Architectural Services Department

Ms Jacqueline HO
Assistant Director (Grade Management and Development)
Food and Environmental Hygiene Department

Item V

Prof Sophia CHAN Siu-chee, JP
Secretary for Food and Health

Mr Gordon CHONG
Principal Assistant Secretary for
Food and Health (Health) 1 (Designate)

Dr Edwin TSUI Lok-kin, JP
Controller, Centre for Health Protection
Department of Health

Dr Vivien CHUANG
Chief Manager (Infection, Emergency & Contingency)
Hospital Authority

Clerk in attendance : Mr Colin CHUI
Chief Council Secretary (4) 3

Staff in attendance : Ms Macy NG
Senior Council Secretary (4) 3

Miss Natalie YEUNG
Council Secretary (4) 3

Miss Ariel SHUM
Legislative Assistant (4) 3

(Index of proceedings of the meeting is attached at the **Appendix**.)

I. Information paper(s) issued since the last meeting
(LC Paper Nos. CB(4)236/2022(01) and CB(4)238/2022(01))

Members noted the above papers issued since the last meeting.

Action

II. Items for discussion at the next meeting
(LC Paper Nos. CB(4)347/2022(01) and (02))

2. Members agreed to discuss the following issues at the next regular meeting of the Panel scheduled for 10 June 2022:

- (a) Enhancement of healthcare teaching facilities of University Grants Committee (“UGC”)-funded Universities;
- (b) Development of primary healthcare services; and
- (c) Measures for the prevention and control of coronavirus disease 2019 in Hong Kong.

3. Members also agreed to invite members of the Panel on Education to participate in the discussion of item (a) above.

(Post-meeting note: At Members’ request and upon consultation with the Administration, the Chairman agreed to include the discussion item of “Arrangements for clinical examination of the Licensing Examination for non-locally trained doctors” on the agenda of the regular meeting in June.)

III. Dental care services, review of oral health goals and relevant staffing proposal
(LC Paper Nos. CB(4)347/2022(03) and (04), and CB(4)381/2022(01))

4. At the invitation of the Chairman, the Administration briefed members on the discussion paper (LC Paper No. CB(4)347/2022(03)). Dr Dennis LAM declared that his company’s business included dental services.

The Administration’s proposal on addition of a consultant post

5. Members in general did not support the Administration’s staffing proposal. Some members doubted how that post could help solve the problems such as shortage of dentists and inadequate public dental services for elders and children. They suggested formulating a work blueprint and key performance indicator for the post. Some other members asked whether the current workload of the dental services team under the Department of Health (“DH”) had been saturated; and if the staffing proposal was not passed, whether the special dental care services which would be under the purview of the post could be handled sideways by other consultants under the existing establishment.

Action

6. The Administration explained that there were about 370 dentist posts under the DH structure, of which about 14% (i.e. about 50) were vacant at present. Consultants under the establishment of DH's dental services were all clinical posts with different service areas. The proposed new consultant would be leading a team to take forward the special dental care services, with service targets covering, among others, pre-school children, the elderly and mentally disabled persons. Such duty could not be handled sideways by other consultants.

7. Dr David LAM recognized the necessity of special dental care services, and was of the view that such services should be carried out by a team led by a consultant. As such, he was in support of an addition of the consultant post. Dr Dennis LAM indicated that, in consideration of the limited resources the Administration had, he agreed that special dental care services could be implemented first before making other medium and long term plans. Therefore, he also supported adding the consultant post.

Manpower of dentists and dental therapists

8. Members asked if the Administration would increase the number of programme places, or admit more non-locally trained dentists. Some other members also expressed concern about how the Administration could attract the approximately 400 dental graduates to serve in the public sector in the coming five years.

9. The Administration advised that it conducted manpower planning and projections for healthcare professionals once every three years. With a gradual increase in the intake of UGC-funded first-year-first-degree training places in dentistry according to needs, the relevant training places would increase from 80 to 90 in each of the coming three years. Suggestion on admitting non-locally trained dentists involved major policy review and thus it took time for the Administration to study the suggestion. Meanwhile, the Dental Council of Hong Kong had further improved the arrangement of certain parts of the Licensing Examination, so as to attract more qualified non-locally trained dentists to practise in Hong Kong.

10. Members asked whether the Administration would train more dental therapists. The Administration advised that at present, dental therapists could only work at the Government's school dental clinics and should have received training of a dental hygienist for two years and completed the one-year "Advanced Diploma in Dental Therapy" programme jointly provided by the Prince Philip Dental Hospital and the School of Professional and Continuing Education of The University of Hong Kong. There were currently about 10 places every year and if a substantial increase in

Action

manpower was necessary, the Administration had to make longer-term planning.

Public dental care services for the elderly

11. Noting the keen demand for public dental care services among members of the public, in particular the elderly, members asked whether the Administration would make Civil Servants Dental Service available for public use, and take out insurance for civil servants so that they could use private dental care services. Some members also requested the Hospital Authority (“HA”) to provide dental services at its general outpatient clinics. Some other members requested the Administration to establish public dental hospitals or clinics that included filling and denture services.

12. In response, the Administration advised that it had been striving to optimize and review the dental care services for the elderly, and at present, the services were mainly targeting elderly with special needs. Eligible elders could also use the Elderly Health Care Vouchers (“EHVs”) on private dental care services. Currently, there were around 1 000 dentists participating in the EHV Scheme, and the median consultation fee for each consultation of the elderly was less than \$900. The Administration added that doctors from the Oral Maxillofacial Surgery Units of DH would provide services in some HA hospitals for complicated cases referred from hospitals or from the community.

13. Members enquired about the policy implemented by the current-term Government to improve the dental care services for the elderly, as well as the number of elders benefited from such policy. The Administration advised that the measures concerned included expansion of the “Elderly Dental Assistance Programme” under the Community Care Fund to cover elders who were Old Age Living Allowance recipients aged 65 or above, and allowing elders aged 75 or above to receive free dentures for the second time. As of end of March 2022, there were already 100 000 applications. The accumulation limit of EHV was also increased to \$8,000 in 2019.

14. Some members pointed out that with high charges for dentures at private dental clinics and other medical needs of the elderly, EHVs were not enough to cover the charges. Other members also pointed out that some private dental clinics or hospitals did not accept EHVs.

15. Members suggested introducing health vouchers for scaling and polishing or dental examination and the vouchers would be valid for one year under the EHV Scheme. The Administration advised that it would continue to review the operation of the Scheme, make appropriate adjustments and take suitable measures as necessary.

Action

16. Some members suggested that the Administration should arrange mobile dental vehicles to provide dental care and education services for the elderly in the community. The Administration advised that as reflected by the non-government organizations that had operated mobile dental vehicles before, the types of service to be provided by mobile dental vehicles were limited and the manpower was rather tight. The Administration would keep in view on how to support service provision by the relevant organizations.

Other public dental care services

17. Some members criticized that only pain relief and tooth extraction services but not filling services were provided in General Public Sessions at DH's Dental Clinics, causing inconvenience to patients, in particular elders and children. The Administration advised that DH's School Dental Care Service included basic dental treatment services such as fillings.

18. Members suggested that the Administration should regularize the Jockey Club Children Oral Health Project. The Administration advised that DH would from time to time review, explore and improve the existing services, including expanding its services to different age groups.

19. Members suggested that the Administration should provide financial incentives for dental care to adults (such as tax deduction for scaling and polishing), and asked if it would consider expanding the outreach dental services to residential care homes for persons with disabilities. Other members suggested that the Administration should conduct a comprehensive review of dental care services. The Administration advised that it would from time to time review the overall provision of dental care services.

Oral health goals

20. In response to members' questions on oral health goals, the Administration advised that the expert group would set goals in accordance with the results of the Oral Health Survey 2021, which would cover different age groups including the elderly.

Administrative issues

21. Some members pointed out that it was until the day before the meeting the Administration was able to provide the discussion paper, which had hindered members' preparation for the meeting. The Administration undertook that it would provide the papers as early as possible in the future.

Action

IV. Reprovisioning of Victoria Public Mortuary

(LC Paper No. CB(4)366/2022(01))

(The Chairman left the meeting at 11:59 a.m.. The Deputy Chairman took the chair of the meeting.)

22. At the invitation of the Deputy Chairman, the Administration briefed members on the discussion paper (LC Paper No. CB(4)366/2022(01)). Mr LEUNG Man-kwong and Mr Stanley LI expressed support for the funding proposal.

Body storage capacity

23. Some members enquired about the ability of the Victoria Public Mortuary (“VPM”) to provide cross-district assistance if other mortuaries were full, and whether its storage capacity could be further increased to meet unexpected needs.

24. The Administration advised that the reprovisioned VPM, with a storage capacity of 358 bodies, was expected to cater for the needs of Hong Kong Island up to 2046. Together with the Fu Shan Public Mortuary soon to be reprovisioned, the Kwai Chung Public Mortuary, and the Kowloon Public Mortuary reserved for storage of bodies during emergency situations, there would be approximately an aggregate number of 1 560 body storage spaces in Hong Kong, but they were still unable to cope with the estimated 1 900 spaces required in 2046. As such, the Administration would identify sites in Kowloon East and Kowloon West for the provision of new public mortuaries in future.

25. The Administration further advised that in the event of future emergencies, it could deploy mobile body storage trolleys and place them in the circulation areas inside the cold rooms for body storage. Besides, certain modular refrigerated mortuary units could be used, each of which could accommodate more than 10 bodies. The Administration had put in place contingency measures for body storage. During the fifth wave of the COVID-19 epidemic, the total number of bodies stored had increased to over 6 000.

Facilities

26. Members enquired whether new management modes would be adopted after the reprovisioning of VPM to prevent errors in handling bodies. Other members were also concerned about other ancillary facilities of the mortuary.

Action

27. The Administration advised that the redeveloped VPM would be used not only for storage of bodies, but also by forensic pathologists to carry out coroner's investigations. Therefore, the facilities would include X-ray and Computed Tomography Scan rooms, autopsy suites, as well as laboratories. There would also be body identification areas, a room for the bereaved families to hold simple ceremonies of last rites, and an environment-friendly joss paper burning system, etc.

Implementation timetable and traffic impact

28. Members queried why the project would take four and a half years to complete. The Administration explained that as part of the site was located in rock caverns, it was necessary to first carry out cavern structure enhancement works and waterproofing works for a period of about one year. In addition, as there was a difference in level of 10-odd metres between the site and Victoria Road, coupled with the factor that there were a number of slopes within a "Green Belt" zone nearby, construction works carried out therein would be much more difficult than those in urban flat land. Therefore, it was necessary to reserve more time for slope stabilization and cavern structure enhancement works.

29. Members enquired about the impact of the reprovisioned public mortuary on the traffic of the area. The Administration explained that the Transport Department had accepted the Traffic Impact Assessment Report of the project in April 2019. As the reprovisioning plan was expected to generate only a small amount of pedestrian and vehicular traffic from other districts, there would be no significant impact on local traffic.

Conclusion

30. Upon discussion, the Deputy Chairman concluded that members had not raised any objection to the Administration's submission of the funding proposal to the Public Works Subcommittee for consideration. Therefore, the Panel supported the funding proposal.

V. Measures for the prevention and control of coronavirus disease 2019 in Hong Kong
(LC Paper Nos. CB(4)347/2022(05) and (06), and LC Paper No. CB(4)381/2022(02))

31. At the invitation of the Deputy Chairman, the Administration briefed Members on the discussion paper (LC Paper No. CB(4)347/2022(05)).

Action

32. Dr David LAM declared that he had participated in the Home Vaccination Service implemented by the Administration. Dr Dennis LAM declared that his company had business involving rapid test kits and nucleic acid testing.

Aim of “dynamic zero infection” and quarantine-free travel with the Mainland

33. A number of Members expressed concern about the progress of discussion between Hong Kong and the Mainland on quarantine-free travel. Members enquired whether Hong Kong could negotiate with the Mainland for reopening the border within 2022 if the number of local cases remained low for a long time along with the availability of adequate quarantine, isolation and medical facilities, as well as oral drugs in Hong Kong. Other Members also enquired whether the Administration would set a short-term target for achieving local “dynamic zero infection” and whether Hong Kong would still insist on the goal of “dynamic zero infection”.

34. In response, the Administration pointed out that it had been aiming at “dynamic zero infection”. Mainland experts had explained that zero infection did not mean “always zero cases”. Instead, it meant that when there were confirmed cases, the Administration had the ability to eliminate them as soon as possible. The conditions for quarantine-free travel had to be discussed with the Mainland. With the abatement of the epidemic situation, discussion of quarantine-free travel with the Mainland would be resumed. The Administration further pointed out that the epidemic situation in Hong Kong was clearly under control. Although there were transmission chains in the community, the number of severe and death cases had decreased. The capabilities in fighting against the epidemic, relevant facilities and the hybrid immunity (i.e. immunity from infection and vaccination of members of the public) in Hong Kong were working. The Administration’s short-term objective was to reduce the number of confirmed cases. In this regard, the Administration had resumed case tracing and carried out testing for the public on a large scale to cut the transmission chains and prevent the virus from spreading in the community. In addition, the Administration would also continue to proactively pursue vaccination for members of the public.

Suggestion for allowing persons travelling to the Mainland to undergo quarantine in Hong Kong

35. Members were concerned about the difficulty in booking quarantine hotel rooms on the Mainland and enquired whether the Administration would consider allowing persons travelling to the Mainland to undergo quarantine at local quarantine or isolation facilities, and then travel to the

Action

Mainland in a closed-loop manner after obtaining testing reports, so as to exempt them from the requirement of conducting quarantine on the Mainland.

36. The Administration advised that although the community isolation facilities built with the aid of the Mainland were currently turned into standby mode, due to the possibility of the sixth wave of the epidemic, it was still necessary to retain the facilities for emergencies. The Administration noted that the Mainland was also very concerned about the confirmed cases imported from Hong Kong.

Testing arrangements

Admin

37. Some Members were concerned about the financial burden on families as students needed to take daily rapid tests. The Administration advised that the above measures still needed to be maintained so that the Centre for Health Protection (“CHP”) could keep abreast of the epidemic situation. The Administration had provided 10 million sets of rapid antigen test (“RAT”) kits free of charge to schools for distribution to more than 300 000 students in need. The Deputy Chairman requested the Administration to provide supplementary information after the meeting on how the Administration would reduce the financial burden on families caused by the above measure.

38. Some Members were concerned that the number of confirmed cases had not fallen significantly in the past ten days. They enquired whether the Administration would consider strengthening medical tracing and implementing universal nucleic acid testing by June or July 2022.

39. The Administration advised that under the prevention and control strategy of giving priority to the elderly, the Administration provided free RAT kits and nucleic acid testing services to the elderly. In addition, apart from daily RAT as required, the elderly in residential care home for the elderly (“RCHes”) would undergo nucleic acid testing in phases.

Immigration control measures

40. Several Members were concerned about the route-specific flight suspension mechanism and enquired whether the Administration would relax or suspend the mechanism in due course. Members questioned the significance of the above mechanism by only suspending individual airline flights but not all flights from the countries concerned. Members also criticized this mechanism for causing a shortage of aircraft seats. Other Members pointed out that as long as the flight suspension mechanism was in place, foreign airlines might not resume those suspended routes.

Action

41. The Administration advised that the main purpose of the flight suspension mechanism was to regulate passenger flow. While balancing the needs of Hong Kong citizens to return to Hong Kong, the Administration should also prevent imported cases. The flight suspension mechanism was further adjusted on 1 May 2022 as far as risks could be properly managed. Although there had been more than 60 flights with confirmed passenger cases, as at the date of meeting, none of the them reached the criteria for invoking the mechanism. The Administration would keep in view the epidemic situation and review the risks and controllability of the relaxation of the mechanism.

42. Members enquired whether persons arriving at Hong Kong who had received three doses of vaccine could be quarantined in hotels and at home for three and four days respectively. The Administration advised that as the epidemic situation in other places was still serious, shortening the quarantine period of visitors would increase the health risk. Therefore, the issue should be handled carefully and the Administration should act according to the data.

Vaccination and the Vaccine Pass

43. Members enquired whether recovered patients could receive the third dose of vaccine and about the risks to them after vaccination. Members also enquired when the Administration would implement the fourth dose vaccination arrangements for persons aged below 60.

44. The Administration advised that the general public were recommended to receive three doses of vaccine, and those infected with the disease could be regarded as having received one dose of vaccine. The Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on Emerging and Zoonotic Diseases under CHP of DH recommended in April 2022 that persons aged 60 or above who had received three doses of vaccine were required to receive a fourth dose of vaccine. It would examine the need for a fourth dose of vaccine to high-risk persons under the age of 60. The Administration further pointed out that if members of the public could not report confirmed cases for various reasons or could not ascertain whether they had been infected with COVID-19, they could be vaccinated safely about one month after recovery.

45. Members asked the Administration to consider setting up a vaccination centre in Tuen Mun to administer the Sinovac vaccine to residents. Other Members enquired about the number of people who had received the Home Vaccination Service. The Administration advised that around 10 000 people had registered for the above Service. It agreed to provide information after the meeting on the actual number of people who had received the above Service.

Admin

Action

46. A number of Members were concerned that some patients who were diagnosed in February or March 2022 had failed to apply for the recovery record QR code and urged the Administration to follow up. Members also enquired whether the Administration would implement the third phase of the Vaccine Pass on 31 May 2022 as scheduled.

47. The Administration advised that CHP had processed about 80 000 applications on the waiting list for people who failed to obtain Isolation Orders for various reasons at the peak of the epidemic. However, if members of the public had not reported their confirmed cases, DH could not process the relevant applications. The Administration noted that many members of the public had encountered difficulties in applying for the recovery record QR code, partly because the personal data of recovered patients were inconsistent with the records of the system, or due to wrong data entry. DH would strive to provide assistance to the public.

48. As regards Members' call for the Administration to expeditiously launch the online platform for declaration of non-local vaccination record so that members of the public could obtain the Vaccine Pass, the Administration advised that it planned to launch the above online platform next week. At present, the daily quota of applications processed by the Hongkong Post had doubled.

Support for recovered patients

49. Some Members enquired whether the Administration would increase resources to deal with the psychological status of people affected by the epidemic, and provide health maintenance services to recovered patients to improve the symptoms of the post COVID-19 condition ("long COVID"). Members pointed out that although HA provided free Chinese medicine outpatient rehabilitation service for recovered patients for 10 sessions, it was difficult to make appointments for the service.

50. The Administration advised that HA would strengthen the Special Chinese Medicine Outpatient Programme, and was exploring how to provide more services to recovered patients through the Chinese Medicine Development Fund. In addition, the District Health Centres ("DHCs") and DHC Expresses would also enhance the provision of strength and conditioning services for recovered patients. The Administration added that it would make reference to the World Health Organization's definition of long COVID and keep in view the relevant data for provision of appropriate care or treatment to recovered patients.

Action

Preparation for the sixth wave of the epidemic

51. Members were concerned about the epidemic situation in Kennedy Town and the emergence of cases involving sub-lineages of Omicron mutant strain. In addition, Members enquired how the Administration would assess whether the sixth wave of the epidemic would break out in June 2022, and whether RCHEs were prepared to deal with the epidemic.

52. The Administration advised that it had conducted compulsory testing for 1 680 residents in Sai Wan Estate, the Central and Western District, among which 22 cases tested positive for COVID-19 were found. The figures were similar to those of previous “restriction-testing declaration operations” but were slightly higher. The Administration would keep in view the overall trend. Regarding Members’ concern about the emergence of cases involving sub-lineages of Omicron mutant strain, the Administration advised that CHP would conduct genetic tests for imported cases and would closely monitor the situation. As for whether and when the sixth wave of the epidemic would break out, the Administration stated that experts would make predictions from time to time in light of the development of the epidemic situation and the latest data. The latest forecast was that the next wave of the epidemic might be delayed. Nevertheless, the Administration would remain on high alert and make preparations in all aspects.

53. Some Members enquired whether the Administration would strengthen the role of family doctors if the next wave of the epidemic broke out, such as allowing members of the public with chronic diseases to attend follow-up appointments at family doctors’ clinics. In addition, they asked how the Administration would assist the elderly in obtaining medicines from public hospitals at that time.

54. The Administration advised that HA had gradually resumed general and specialist outpatient services. The Administration would request HA to review whether there was a large backlog of cases and whether there was a need to strengthen public-private partnership. The Government had always attached great importance to the role of family doctors. Therefore, family doctors were an important part in formulating the blueprint for primary healthcare services in Hong Kong.

55. HA added that it had established a drug refill mechanism for the elderly in RCHEs so that drugs could be refilled by the elderly in person or RCHE staff on their behalf at specialist outpatient clinics. HA would explore the feasibility of delivering drugs to RCHEs or the homes of the elderly.

Action

56. Some Members were concerned about the recent incident in which two deceased bodies at the mortuary of Tuen Mun Hospital were being swapped by mistake. They enquired whether it involved human errors or systematic defects, and how to prevent similar incidents from recurring. They were concerned that if there were problems with the system of mortuary services, the services might not be able to meet the demand arising from the next wave of the epidemic.

57. The Administration said that it was very concerned about the above incident. It pointed out that the incident was not related to the epidemic situation and might involve human errors. The Administration had requested HA to conduct a comprehensive review of the procedures for identification and collection of dead bodies. HA had also set up a committee to investigate the incident and had immediately examined ways to improve the existing process, including taking greater care in the verification of identity at every step of the process. The Hospital would communicate closely with families to provide the most appropriate assistance.

(At 12:46 pm, the Deputy Chairman extended the meeting for 15 minutes to 1:05 pm. At 12:58 pm, members agreed with the Deputy Chairman's suggestion to further extend the meeting for 15 minutes to 1:20 pm.)

VI. Any other business

58. There being no other business, the meeting ended at 1:19 pm.

Council Business Division 4
Legislative Council Secretariat
8 August 2022

Panel on Health Services
Proceedings of meeting on Friday, 13 May 2022, at 10:45 am
in Conference Room 3 of the Legislative Council Complex

Time marker	Speaker(s)	Subject(s)	Action Required
<i>Agenda Item I: Information paper(s) issued since the last meeting</i>			
000151-000204	Hon Tommy CHEUNG Yu-yan (“Chairman”)	Members noted the information paper(s) issued since the last meeting	
<i>Agenda Item II: Items for discussion at the next meeting</i>			
000205-000511	Chairman Mr YANG Wing-kit	Agreement of members on items for discussion at the next meeting Timeframe of submission of documents by the Administration	
<i>Agenda Item III: Dental care services, review of oral health goals and relevant staffing proposal</i>			
000512-001216	Chairman Administration	Briefing by the Administration	
001217-001334	Chairman	Meeting arrangements	
001335-001802	Chairman Mr Edward LEUNG Administration	Administrative issues Public dental care services for the elderly	
001803-002304	Chairman Mr Stanley LI Administration	Public dental care services for the elderly Creation of the consultant post proposed by the Administration Dentist manpower	
002305-002937	Chairman Ms Elizabeth QUAT Administration	Other public dental care services Public dental care services for the elderly Dentist manpower	
002938-003426	Chairman Ms Starry LEE Administration	Public dental care services for the elderly Creation of the consultant post proposed by the Administration	

Time marker	Speaker(s)	Subject(s)	Action Required
003427-003844	Chairman Mr YANG Wing-kit Administration	Public dental care services for the elderly	
003845-004325	Chairman Ms LAM So-wai Administration	Public dental care services for the elderly	
004326-004904	Ms CHAN Hoi-yan (“Deputy Chairman”) Administration	Other public dental care services Public dental care services for the elderly Dental therapists manpower Oral Health Goals	
004905-005331	Chairman Mr LEUNG Man-kwong Administration	Other public dental care services Public dental care services for the elderly Dentist manpower	
005332-005808	Chairman Dr David LAM Administration	Creation of the consultant post proposed by the Administration Other public dental care services Public dental care services for the elderly	
005809-010128	Chairman Mr Michael TIEN Administration	Public dental care services for the elderly Dentist manpower	
010129-010514	Chairman Mr YIU Pak-leung Administration	Creation of the consultant post proposed by the Administration	
010515-010850	Chairman Dr Dennis LAM	Creation of the consultant post proposed by the Administration Dentist manpower Dental therapists manpower	
010851-011226	Chairman Mr CHAN Pui-leung Administration	Creation of the consultant post proposed by the Administration	
011227-011534	Chairman	Creation of the consultant post proposed by the Administration	

Time marker	Speaker(s)	Subject(s)	Action Required
<i>Agenda Item IV: Reprovisioning of Victoria Public Mortuary</i>			
011535-012003	Chairman Deputy Chairman Administration	Briefing by the Administration	
012004-012306	Chairman Mr LEUNG Man-kwong Administration	Body storage capacity	
012307-012725	Chairman Administration	Body storage capacity Facilities	
012726-013147	Chairman Mr Stanley LI Sai-wing Administration	Implementation timetable Facilities Traffic impact	
013148-013207	Deputy Chairman	Conclusion	
<i>Agenda Item V: Measures for the prevention and control of coronavirus disease 2019 in Hong Kong</i>			
013208-014241	Chairman Administration	Briefing by the Administration	
014242-014711	Deputy Chairman Mr MA Fung-kwok Administration	Vaccination and Vaccine Pass Recovery record QR code	
014712-015009	Deputy Chairman Mr Edward LEUNG Administration	Preparation for the sixth wave of the epidemic	
015010-015417	Deputy Chairman Mr Michael TIEN Administration	The goal of “dynamic zero infection” and quarantine-free travel with the Mainland	
015418-015741	Deputy Chairman Mr Holden CHOW Administration	Vaccination	Admin
015742-020317	Deputy Chairman Mr YANG Wing-kit Administration	Hong Kong people going to the Mainland to conduct quarantine in Hong Kong Recovery record QR code	
020318-020329	Deputy Chairman	Extension of meeting time for 15 minutes	

Time marker	Speaker(s)	Subject(s)	Action Required
020330-020650	Deputy Chairman Ms LAM So-wai Administration	Quarantine-free travel with the Mainland Border control measures	
020651-021127	Deputy Chairman Ms Elizabeth QUAT Administration	Testing arrangements Vaccination and Vaccine Pass Preparation for the sixth wave of the epidemic	Admin
021128-021511	Deputy Chairman Dr David LAM Administration Hospital Authority	Declaration	
021512-021519	Deputy Chairman	Extension of meeting time for 15 minutes	
021520-021845	Deputy Chairman Mr YIU Pak-leung Administration	Border control measures	
021846-022151	Deputy Chairman Mr LEUNG Man-kwong Administration	Support to recovered patients	
022152-022553	Deputy Chairman Dr Dennis LAM Administration	Declaration The goal of “dynamic zero infection” Testing arrangements	
022554-022930	Deputy Chairman Mr CHAN Han-pan Administration	Border control measures	
022931-023348	Deputy Chairman Mr Stanley LI Administration	Testing arrangements Recovery record QR code Support to recovered patients	
023349-023537	Deputy Chairman Administration	The goal of “dynamic zero infection” and quarantine-free travel with the Mainland	

Time marker	Speaker(s)	Subject(s)	Action Required
<i>Agenda Item VI: Any other business</i>			
023538 – 023543	Deputy Chairman	Closing remarks	

Council Business Division 4
Legislative Council Secretariat
8 August 2022