

**立法會**  
***Legislative Council***

LC Paper No. CB(4)960/2023

(These minutes have been seen  
by the Administration)

Ref : CB4/PL/HS

**Panel on Health Services**

**Minutes of meeting**  
**held on Friday, 13 October 2023, at 10:45 am**  
**in Conference Room 3 of the Legislative Council Complex**

**Members present** : Hon Tommy CHEUNG Yu-yan, GBM, GBS, JP (Chairman)  
Hon YANG Wing-kit (Deputy Chairman)  
Hon CHAN Kin-por, GBS, JP  
Hon Michael TIEN Puk-sun, BBS, JP  
Hon SHIU Ka-fai, JP  
Hon Stanley LI Sai-wing, MH, JP  
Dr Hon David LAM Tzit-yuen  
Hon LAM So-wai  
Dr Hon Dennis LAM Shun-chiu, JP  
Hon Duncan CHIU  
Hon Edward LEUNG Hei  
Hon CHAN Pui-leung  
Hon Judy CHAN Kapui, MH, JP  
Hon CHAN Hoi-yan  
Dr Hon TAN Yueheng, JP  
Prof Hon CHAN Wing-kwong

**Members Attending** : Hon Vincent CHENG Wing-shun, MH, JP  
Hon LEUNG Man-kwong, MH

**Members Absent** : Prof Hon Priscilla LEUNG Mei-fun, SBS, JP  
Hon CHAN Han-pan, BBS, JP  
Hon JoePHY CHAN Wing-yan  
Hon Kingsley WONG Kwok, BBS, JP

**Public  
Officers  
attending**

: Item III

Professor LO Chung-mau, BBS, JP  
Secretary for Health

Mr Gordon CHONG  
Principal Assistant Secretary for Health 1

Dr Cissy CHOI  
Assistant Commissioner for Primary Healthcare 1

Dr Anne CHEE  
Principal Medical & Health Officer  
(Emergency Response and Programme Management) 2  
Department of Health

Dr Simon TANG  
Director (Cluster Services)  
Hospital Authority

Dr Larry LEE  
Chief Manager (Cluster Performance)  
Hospital Authority

Item IV

Mr Eddie LEE Lik-kong  
Deputy Secretary for Health 2

Mr Leo LI Ngo-chuen  
Principal Assistant Secretary for Health 5

Dr Jackie LEUNG Ching-kan  
Assistant Director of Health (Health Administration &  
Planning)  
Department of Health

Dr CHING Wai-kuen  
Director (Strategy & Planning)  
Hospital Authority

Dr Ian CHEUNG Tsz-fung  
Service Director (Primary & Community Health Care)  
Kowloon West Cluster  
Hospital Authority

Mr Ben YEUNG King-on  
Project Director 4  
Architectural Services Department

Ms Yoyo CHAN Yuen-yu  
Senior Project Manager 424  
Architectural Services Department

**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

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(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)858/2023(01) and CB(4)877/2023(01))

The Panel noted the papers issued by the Secretariat since the last meeting.

**II. Items for discussion at the next meeting**  
(LC Paper Nos. CB(4)885/2023(01) and (02))

2. The Panel agreed that the following items would be discussed at the next regular meeting to be held on 17 November 2023:

- (a) Receiving a briefing by the Secretary for Health to the Panel on the Chief Executive's 2023 Policy Address; and
- (b) Discussion of report on the new mental health initiatives and work of the Advisory Committee on Mental Health.

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**III. Preparation for winter surge**  
(LC Paper No. CB(4)885/2023(03))

3. At the invitation of the Chairman, the Administration briefed members on the paper for discussion (LC Paper No. CB(4)885/2023(03)).

Increasing the vaccination rate of seasonal influenza vaccine

*Scope of government subsidy*

4. Some members considered that in order to increase the vaccination rate against seasonal influenza (“influenza”), the Administration should provide incentives to the public and suggested that a subsidy of \$260 should be provided to all Hong Kong people who were interested to receive seasonal influenza vaccination. There was also a view that if the subsidy was extended to non-high risk groups, people in high-risk groups such as elderly persons and children could also be indirectly protected. An enquiry was made on the approximate annual expenditure incurred by the Government in subsidizing high-risk groups to receive influenza vaccination.

5. The Administration responded that the annual expenditure of the Vaccination Subsidy Scheme was about \$170 million. The Scheme aimed at preventing serious illnesses and deaths. In providing subsidy, the Administration had to consider resource constraints and the associated risks. At present, the vaccination rate of some high-risk groups was still relatively low, the Administration would hence focus its resources on promoting vaccination among them. The Administration also explained that non-high risk groups, with lower rates of severe illness and mortality after infection, could receive influenza vaccination at their own expense.

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6. The Administration was requested to provide information on the estimated additional annual expenditure required if it provided a subsidy of \$260 to all Hong Kong people who were interested to receive seasonal influenza vaccination.

7. Some members noted the Administration’s recommendation that people in high-risk groups should receive an additional booster dose at least six months after receiving the last dose of vaccine or recovering from Coronavirus Disease 2019 (“COVID-19”), irrespective of the number of doses of vaccine they had received in the past. Members asked if they would need to pay for the booster vaccination at their own expense.

8. The Administration advised that people in the high-risk group could receive the booster dose of COVID-19 vaccine free of charge, while other

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members of the public could receive the first three doses of COVID-19 vaccine free of charge, followed by the booster dose at their own expense.

9. It was suggested that the Administration should discuss with the Central Government to allow Hong Kong people in the Greater Bay Area to receive vaccination under the Vaccination Schemes of Hong Kong. The Administration explained that at present, vaccines in Hong Kong could not be transported to the Mainland for use, but Hong Kong residents could receive vaccination services in the Greater Bay Area with national treatment equivalence.

*Promoting vaccination at district level*

10. Expressing concern that some district groups were no longer organizing vaccination activities to avoid any perceived conflict of interest in the run-up to the District Council election, some members suggested that the Home Affairs Department and Community Care Teams should promote vaccination at the district level and consider arranging for mobile vaccination vehicles to visit housing estates or workplaces of people.

11. The Administration advised that vaccination services were promoted annually through District Offices and district organizations, and about 200 outreach service activities were organized in the districts each year. In response to the election campaign, the 2023-2024 Vaccination Subsidy Scheme had been launched earlier with a 10% increase in the number of outreach district activities as compared with that in the previous years. So far in 2023, about 100 outreach service activities had been completed in the districts with 200 still under arrangement. These activities would facilitate people in the districts to receive vaccination at community halls or District Offices, in addition to obtain subsidized services through local network medical practitioners.

Vaccination of residents in residential care homes for the elderly

12. An enquiry was raised as to whether the outreach vaccination service currently provided to residential care homes for the elderly (“RCHEs”) was subject to the request of RCHEs or the Administration’s initiative to approach RCHEs to encourage their participation.

13. The Administration advised that the Department of Health (“DH”) contacted all RCHEs proactively through the Social Welfare Department around May/June each year to encourage them to participate in the outreach vaccination service. The Administration would provide assistance to RCHEs if they could not match private doctors on their own.

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14. Some members enquired about how the Administration would persuade RCHE residents to receive COVID-19 or influenza vaccines if they refused to do so. The Administration advised that it would vigorously promote the opt-out mechanism, i.e. a resident would receive vaccination without any indication of disagreement from the resident or his/her family members. In addition, doctors regularly visiting RCHEs would be asked to proactively explain to residents who had opted out of the vaccination mechanism and their family members to allay their concerns. Coupled with the fact that if RCHE staff members also took the lead to receive vaccination, it was believed that residents would be encouraged to get vaccinated.

Vaccination of students

15. Some members asked how the Administration would arrange vaccination for students in schools. The Administration advised that starting from 2019, it had progressively provided outreach vaccination services for students in kindergartens, primary and secondary schools and encouraged schools to participate through parent-teacher associations and district school associations. Since the launch of the services in 2023-2024, over 70% of kindergartens and over 90% of primary schools had participated in the programme. The Administration was proactively reaching out to the remaining schools which had not participated in the programme and providing them with the necessary assistance.

16. Expressing concern that some schools had just managed to arrange for their students to receive vaccination in November or December, some members considered it too late to reach the peak of influenza season and asked if it was due to a shortage of outreach manpower. Another enquiry was made as to whether the influenza vaccines currently available for vaccination could protect against summer influenza.

17. The Administration explained that the peak season for winter influenza was generally from January to March or April each year, and the best time for vaccination was from October to December of the previous year. It pointed out that the summer influenza season in 2023 was relatively longer and the influenza virus activity in September was still high. It was believed that if students had received vaccinated against influenza in 2022, they could still be provided with a certain degree of immune protection. The Administration further pointed out that seasonal influenza vaccines would change each year according to the variation of the virus, and the current winter influenza vaccine could prevent influenza in the coming year, including the summer influenza of the coming year.

18. The Administration further explained that the timing for schools to arrange vaccination for their students would be affected by a number of

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factors, including the need for matching with healthcare providers and venue arrangements. DH could provide assistance to schools if they had difficulties in the matching process. In addition, the Administration pointed out that there were currently more than 200 healthcare service providers providing school outreach vaccination services, and no reports of schools encountering difficulties in matching had been received so far.

19. Pointing out that some parents were waiting for the supply of nasal spray vaccine, some members expressed concern whether they would miss the optimal time for vaccination and asked the Administration if it had any suggestions. The Administration advised that kindergartens would be given the choice of nasal spray or injectable vaccines, but since nasal spray vaccines were not suitable for people including those suffering from asthma, three quarters of the schools would choose injectable vaccines. Nasal spray vaccines were currently available in both public and private clinics.

20. Some members enquired about the reason why the influenza vaccine coverage rate of students aged under 12 in school in 2022-2023 dropped by 3% compared with that in the previous year. The Administration replied that in 2022, when both COVID-19 vaccines and influenza vaccines were available to schools, some schools chose COVID-19 vaccines only. In 2023, both the ratio of the number of schools participating in the school outreach vaccination service and the consent rate of students of the participating schools had increased. If school children had not received three doses of COVID-19 vaccines, they could receive both COVID-19 vaccines and influenza vaccines at the same time.

21. An enquiry was made as to whether the Administration would consider providing outreach service in tertiary institutions so that tertiary students could receive both influenza and COVID-19 vaccinations. The Administration advised that the outreach vaccination service was provided for high-risk groups only but tertiary students aged over 18 did not belong to the high-risk groups. Consideration would not be given to extending the service to tertiary students for the time being.

Vaccination of pregnant women, healthcare personnel and government employees

22. Some members enquired the influenza coverage rate among pregnant women and ways to enhance their vaccination rate. The Administration advised that after the COVID-19 epidemic, pregnant women's awareness of the benefits of vaccine had improved. In the past, the percentage of pregnant women receiving influenza vaccination was 5% to 10% annually. The Administration would strive to strengthen its publicity efforts in vaccination of pregnant women.

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23. Some members asked about the status of healthcare personnel receiving vaccination. The Hospital Authority (“HA”) replied that in 2022, 40% of HA staff members received influenza vaccination. From 28 September to 12 October 2023, the overall influenza vaccination rate of HA staff members had reached 32%, with more than 40% of those in medical and clinical support staff grades having been vaccinated. HA would review weekly the situation of staff vaccination in hospitals and implement measures to facilitate staff vaccination.

24. There was a suggestion that the Administration should provide influenza vaccination service for government staff members and allow them to receive vaccination during working hours, as they were involved in a large number of frontline duties and were exposed to a higher risk of influenza. The Administration advised that the Health Bureau would discuss the suggestion with the Civil Service Bureau.

Ordering of vaccines

25. Expressing concern about the surplus of influenza vaccines purchased by the Government in previous years, some members asked if there were measures in place to reduce waste. There was also a suggestion that the Administration should consider providing remaining vaccines to non-high risk groups at an appropriate time.

26. The Administration explained that it would estimate the annual number of influenza vaccines to be purchased annually and rather get things ready for standby. It was because some members of the public would not be able to get vaccinated if there was a global rush to purchase the vaccines during the influenza surge. The Administration added that in 2022-2023, it had ordered over 1.2 million doses of influenza vaccines. In addition, private doctors also ordered 764 500 doses under the Vaccination Subsidy Scheme. The total number of doses received in the territory was about 1.56 million, which was 25% more than those received in 2021-2022. In 2023-2024, 928 600 doses of influenza vaccine had been ordered under a contract which allowed for a 10% increase in quantity to over one million doses.

Surveillance and contingency plans

27. Noting that the Administration would explore the extension of the sewage surveillance programme to infectious diseases such as seasonal influenza, some members enquired about the actions to be taken if a number of people in a building were found to be infected with influenza. The Administration advised that the objective of the sewage surveillance programme was not to monitor infections in individual buildings but to provide warning signals on the overall infection situation in Hong Kong.



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28. Some members noted that in 2023-2024, public hospitals would provide 103 new beds and additional temporary beds during the winter surge. They enquired how HA had set the above number of beds.

29. HA responded that the 103 new beds were additional beds to be provided under HA's work plan for 2023-2024. HA would reserve at least 800 to 1 200 beds to cope with the demand during the winter surge each year, and would open additional beds as appropriate. In addition, HA would make use of low-charge hospital beds in private hospitals and beds in North Lantau Hospital Hong Kong Infection Control Centre to cope with future winter surges.

30. Some members enquired about the Administration's contingency plans to cope with possible extreme conditions of infection. Some other members expressed concern about the problem of long queues at accident and emergency ("A&E") departments. The Administration advised that HA had drawn up a contingency plan with reference to the COVID-19 epidemic and would respond at different levels, including the deployment of manpower and beds to deal with severe infection cases. The public was urged to receive influenza vaccination to reduce the number of severe cases, thereby alleviating the demand for services of A&E departments and hospitalization.

31. Some members asked about the measures to be taken by the Administration to prevent the spread of the viruses of influenza and COVID-19 in residential care homes and hospitals, such as whether it would require people entering medical facilities and residential care homes to wear face masks. There was also a view that in case of an outbreak of influenza, the Administration should encourage the public to wear face masks which were effective in preventing influenza.

32. The Administration advised that both COVID-19 and influenza were upper respiratory tract infections and were similar in terms of prevention. At present, all healthcare personnel and visitors were required to wear masks in clinical areas of hospitals. The Centre for Health Protection had also issued guidelines to residential care homes on the prevention of upper respiratory tract infections. The Administration concurred that mask wearing was of paramount importance for the protection of the public, especially the high-risk groups. People with respiratory symptoms were not advised to visit public places and they were strongly recommended to wear masks when going out.

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**IV. Redevelopment of Shek Kip Mei Health Centre**  
(LC Paper No. CB(4)885/2023(04))

33. At the invitation of the Chairman, the Administration briefed Members on the paper for discussion (LC Paper No. CB(4)885/2023(04)). Members generally supported the Administration's funding proposal.

Services of the proposed new community health centre

34. An enquiry was made on the additional general outpatient service quota upon commissioning of the new community health centre. HA advised that at present, it provided more than 240 000 service quotas in Sham Shui Po District, while Shek Kip Mei Health Centre ("SKMHC") had only three consultation rooms. The new community health centre would have 14 additional consultation rooms, which would commence services by phases to provide more than 150 000 additional service quotas.

35. Some Members urged the Administration to provide holiday outpatient and evening consultation services in the new community health centre. HA responded that according to the current service plan, service hours of the new community health centre would be the same as those of the existing SKMHC. HA understood the demand for outpatient service during holidays and night consultation service from residents in Sham Shui Po District. It would, subject to the service utilization and demand, provide appropriate services to local residents upon service commencement of the new community health centre.

36. Holding the view that there was a keen demand for dental and dermatological services from residents of Sham Shui Po District, some Members asked if the Administration would reserve space in the new community health centre building for provision of such services. The Administration advised that dental support services were provided to the underprivileged in the community through the Community Care Fund, Comprehensive Social Security Assistance Scheme, etc. Elderly persons could also use the Elderly Health Care Voucher to receive private dental services. In addition, there were currently a total of four dental clinics operated by non-governmental organizations ("NGOs") in Sham Shui Po District with the provision of relatively affordable dental services. The Working Group on Oral Health and Dental Care was also reviewing the dental care services provided or subsidized by the Government, and Members' views would be conveyed to the Working Group.

37. Some Members requested that the Administration should introduce the newly added patient empowerment services and facilities in the new community health centre. HA advised that apart from doctors and nurses,

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there would also be allied health professionals such as physiotherapists and occupational therapists to provide one-stop and diversified services such as health education in the new community health centre. The new community health centre would also develop a partnership with district health centres and NGOs to utilize community resources to enhance patients' capability in disease management.

38. Some Members asked about the healthcare manpower planning of the new community health centre. HA advised that it would gradually recruit additional manpower on a yearly basis in the next five years and deploy the entire team to serve the new community health centre upon its service commencement.

Service arrangement during the works period

39. Noting that patients of Shek Kip Mei Chest Clinic would be diverted to chest clinics nearby during the works period, some Members expressed concern as to how the Administration would notify the patients concerned of the aforesaid arrangement, and how arrangements would be made for the patients concerned to return to Shek Kip Mei Chest Clinic for consultation upon commissioning of the new community health centre. They further enquired whether the existing healthcare manpower of Shek Kip Mei Chest Clinic would be deployed to chest clinics nearby during the works period for service provision to additional patients.

40. The Administration advised that since DH was unable to identify a suitable site in Sham Shui Po District for temporary reprovisioning of Shek Kip Mei Chest Clinic, the patients concerned would be diverted to chest clinics nearby (including the Kowloon Chest Clinic and the Yaumatei Chest Clinic) during the works period. The Administration would notify the patients concerned as early as possible, make triage arrangements, and maintain close communication with them during the process. The existing healthcare manpower of Shek Kip Mei Chest Clinic would be deployed to other chest clinics during the works period.

41. Pointing out that the Administration did not establish temporary dermatology clinics during the works period, some Members asked how the Administration would respond to the demand for dermatological services from residents in the area. The Administration recognized the keen demand for dermatological service in the community and therefore, within existing resources, a triage system had been implemented to prioritize the treatment of more severe new cases. These patients could generally be arranged to see a doctor for the first time within eight weeks. Setting up a temporary dermatology clinic would involve additional manpower.

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Pedestrian accessibility

42. Some Members suggested that the Administration should set up an entrance/exit at the pedestrian walkway outside the shopping mall of Shek Kip Mei Estate Phase 6 to connect with the general outpatient clinic of the new community health centre. Pointing out that at present, patients had to pass through a section of upramp on Berwick Street to reach SKMHC, the Administration thus planned to set up a barrier-free entrance/exit at Berwick Street, including facilities such as elevators and escalators to connect with the new community health centre building, and an additional entrance/exit at Woh Chai Street. The Administration also expected that some members of the public would pass through the shopping mall of Shek Kip Mei Estate Phase 6 from MTR Shek Kip Mei Station to take the elevators and head to the new community health centre building. Given that the works was still under tender invitation, the Administration could give a further account in the future when it had further information on the overall planning of the walkway.

Project timeline

43. Some Members urged the Administration to commence the works concerned as soon as possible, and compress the estimated five-year period required for the works. The Administration advised that it was consulting the Legislative Council and inviting tenders for the project in parallel with a view to expediting the progress of the project and facilitating the provision of a more accurate and detailed budget and planning design to the Finance Committee in due course. Nevertheless, there were technical difficulties associated with the works project, including the need for slope levelling and enhancement on noise protection. New marking criteria had been added to the tender requirements to encourage contractors to apply new technologies, and additional marks would be given to contractors who could shorten the construction period.

44. Some Members asked whether foreign workers could be imported for the redevelopment project. The Administration advised that it adopted an open attitude and would assist contractors in submitting the application concerned when necessary, subject to the works process and manpower arrangements.

45. Noting that construction works of the North District Community Health Centre ("NDCHC") were near completion, some Members asked whether the Administration had reviewed the problems encountered in the project and the views expressed by members of the public, so as to avoid

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recurrence of such problems in Shek Kip Mei Community Health Centre (“SKMCHC”) works project. The Administration responded that previous community health centre projects had generally been progressing smoothly. It would make reference to the NDCHC project with HA to see what lessons could be learnt for other projects to ensure that the SKMCHC project would be completed on schedule and within the estimated budget.

(At 12:03 pm, the Chairman directed that the meeting be extended for 15 minutes.)

**V. Any other business**

46. There being no other business, the meeting ended at 12:13 pm.

Council Business Division 4  
Legislative Council Secretariat  
7 November 2023

**Panel on Health Services**  
**Proceedings of meeting on Friday, 13 October 2023, at 10:45 am**  
**in Conference Room 3 of the Legislative Council Complex**

<b>Time marker</b>	<b>Speaker(s)</b>	<b>Subject(s)</b>	<b>Action Required</b>
<i>Agenda Item I: Information paper(s) issued since the last meeting</i>			
<a href="#">000424-000439</a>	Mr Tommy CHEUNG ("Chairman")	Members noted the information paper(s) issued since the last meeting	
<i>Agenda Item II: Items for discussion at the next meeting</i>			
<a href="#">000440-000607</a>	Chairman	Date and items for discussion at the next meeting	
<i>Agenda Item III: Preparation for winter surge</i>			
<a href="#">000608-001737</a>	Chairman Administration	Briefing by the Administration  Details of the seasonal influenza vaccination event held at the Legislative Council on 18 October 2023	
<a href="#">001738-002154</a>	Chairman Mr Michael TIEN Administration	Expenditure on subsidizing influenza vaccination for high-risk groups  Proposal to provide subsidy to all members of the public who were interested to receive influenza vaccination  Estimated additional annual expenditure for providing subsidy to all members of the public who were interested to receive influenza vaccination	Admin
<a href="#">002155-002531</a>	Chairman Mr SHIU Ka-fai Administration	Outreach vaccination service at residential care homes (RCHs")  School outreach vaccination service  Whether it was necessary to pay for the additional dose of COVID-19 vaccine	
<a href="#">002532-003004</a>	Chairman Mr YANG Wing-kit (Deputy Chairman) Administration	Recommendation on wearing of masks by persons entering healthcare institutions and RCHs  Promoting vaccination at district level  Proposal to allow Hong Kong people in the Greater Bay Area to receive vaccines under the Vaccination Schemes of Hong Kong	

<b>Time marker</b>	<b>Speaker(s)</b>	<b>Subject(s)</b>	<b>Action Required</b>
<a href="#">003005-003445</a>	Chairman Ms CHAN Hoi-yan Administration	Time of arranging outreach vaccination service by schools  Nasal spray vaccine  Status of vaccination by pregnant women	
<a href="#">003446-003755</a>	Chairman Prof CHAN Wing-kwong Administration	Reasons for the 3% drop in the influenza vaccination rate among school children aged under 12 in 2022-2023 as compared with that in the previous year  Time for arranging outreach vaccination service by schools	
<a href="#">003756-004200</a>	Chairman Mr CHAN Kin-por Administration	Contingency plan to deal with possible extreme infections  Sewage surveillance programme  How to encourage RCH residents to receive vaccination	
<a href="#">004201-004618</a>	Chairman Mr CHAN Pui-leung Administration Hospital Authority (“HA”)	Suggestion of providing outreach vaccination services for tertiary institutions  Whether summer influenza could be prevented by influenza vaccine  Bed arrangement in public hospitals during winter surge	
<a href="#">004619-005007</a>	Chairman Dr Dennis LAM Administration	Vaccination proposal for government employees  Encouraging members of the public to wear masks to prevent influenza	
<a href="#">005008-005306</a>	Chairman Dr TAN Yueheng Administration	Suggestion of extending the Vaccination Subsidy Scheme to non-high risk groups	
<a href="#">005307-005808</a>	Chairman Mr Edward LEUNG Administration	Promotion of district vaccination services  Ordering of vaccines	
<a href="#">005809-010242</a>	Chairman Ms LAM So-wai Administration HA	Status of vaccination by healthcare personnel  Contingency plan to deal with possible severe infections	

Time marker	Speaker(s)	Subject(s)	Action Required
		Problem of long queues at accident and emergency departments	
<i>Agenda Item IV: Redevelopment of Shek Kip Mei Health Centre</i>			
<a href="#">010243-010705</a>	Chairman Administration	Briefing by the Administration	
<a href="#">010706-011323</a>	Chairman Mr LEUNG Man-kwong Administration HA	Expressing support for the funding proposal  Expressing concern about the arrangement for patients to return to Shek Kip Mei Chest Clinic for consultation upon commission of the new community health centre  Suggesting the Administration to provide an entrance/exit at the pedestrian walkway outside the shopping mall of Shek Kip Mei Estate Phase 6 to connect with the general outpatient clinic of the new community health centre  Urging the Administration to provide holiday outpatient and evening consultation services in the new community health centre	
<a href="#">011324-011628</a>	Chairman Mr Vincent CHENG Administration HA	Expressing support for the funding proposal  Urging the Administration to commence the works as soon as possible and compress the time required for the works  Urging the Administration to provide holiday outpatient and evening consultation services in the new community health centre  Suggesting the Administration to provide dental services in Sham Shui Po District	
<a href="#">011629-011756</a>	Chairman Mr CHAN Kin-por Administration	Expressing support for the funding proposal  Expressing concern about how the Administration notify the patients of Shek Kip Mei Chest Clinic that they had to be diverted to chest clinics nearby during the works period	



Time marker	Speaker(s)	Subject(s)	Action Required
		Enquiry on whether the original healthcare manpower of Shek Kip Mei Chest Clinic would be redeployed to chest clinics nearby during the works period	
<a href="#">011757-012221</a>	Chairman Ms CHAN Hoi-yan Administration	Expressing support for the funding proposal in principle  Enquiry on whether the Administration would reserve space in the new community health centre building to provide dental and dermatology services  Urging the Administration to compress the time required for the project	
<a href="#">012222-012504</a>	Chairman Mr CHAN Pui-leung Administration HA	The Chairman directed that the meeting be extended for 15 minutes  Expressing support for the funding proposal  Request for the Administration to introduce the newly added patient empowerment services and facilities in the new community health centre  Enquiry on healthcare manpower planning for the new community health centre	
<a href="#">012505-012753</a>	Chairman Dr TAN Yueheng Administration	Expressing support for the funding proposal  Enquiry on whether the Administration had reviewed the problems encountered in the project of the North District Community Health Centre and the views expressed by members of the public, so as to avoid recurrence of such problems in the Shek Kip Mei Community Health Centre project  Enquiry on how the Administration would meet the demand for dermatological services from local residents in the absence of a temporary dermatological clinic	
<a href="#">012754-013139</a>	Chairman Administration	Expressing support for the funding proposal on behalf of the Liberty Party	

<b>Time marker</b>	<b>Speaker(s)</b>	<b>Subject(s)</b>	<b>Action Required</b>
		Urging the Administration to compress the time required for the project  Enquiry on whether foreign workers could be imported for redevelopment projects	
<i>Agenda Item V: Any other business</i>			
<a href="#">013140-013145</a>	Chairman	Closing remarks	

Council Business Division 4  
Legislative Council Secretariat  
7 November 2023