

For information  
on 10 April 2006

## **LEGCO PANEL ON WELFARE SERVICES**

### **Review of the Disability Allowance under the Social Security Allowance Scheme**

#### **PURPOSE**

This paper updates Members on the progress of the review of the Disability Allowance (DA) under the Social Security Allowance Scheme, outlining the short-term improvements and long-term considerations.

#### **SHORT-TERM IMPROVEMENTS**

##### **Visceral diseases**

2. Under existing policy, visceral disease patients could be eligible for DA if they meet the eligibility criteria. At earlier meetings of this Subcommittee, concerned groups and some Members expressed the view that visceral disease should be mentioned explicitly in the Checklist for Medical Assessment (the Checklist).

3. We have considered the suggestion and consider that the proposal is in line with our policy. Specifically, we propose that :

(a) Part (I)(viii) of the Checklist should be revised to read as :

“any other conditions including visceral diseases resulting in total disablement (reference should be made to part II of Checklist)”.

- (b) The second paragraph of (II) of the Checklist should be amended to read as :

“An applicant is considered in a position broadly equivalent to 100% loss of earning capacity and thus eligible for NDA if his/her physical or mental impairment or other medical conditions including visceral diseases have resulted in a significant restriction or lack of ability or volition to perform the following activities in daily living to the extent that substantial help from others is required in any one of the following areas”.

The revised Checklist is at Annex A.

- (c) Correspondingly, part (I)(viii) of the medical assessment form should be revised to read as :

“any other conditions including visceral diseases resulting in total disablement (reference should be made to part II of Checklist)”.

The revised medical assessment form is at Annex B.

### **Handling of Appeal Cases**

4. There are concerns about the long processing time required by the Social Security Appeal Board (SSAB) to handle appeal cases on DA which require the decision of a medical assessment board (MAB). We have explored measures to expedite the process. As a start, the Hospital Authority (HA) would invite more private doctors to sit on the MAB so that more MAB could be held in the near future to consider the appeal cases. The administrative procedures for the SSAB would also be improved in order to reduce the time for processing the appeal cases.

### **LONG-TERM CONSIDERATIONS**

5. DA is a non-contributory and non-means-tested scheme. It was first introduced in 1973 to provide some form of assistance for the severely disabled regardless of the financial position of the applicant. A person is

considered to be ‘severely disabled’ when he/she is certified as being in a position broadly equivalent to a person with a 100% loss of earning capacity according to the criteria in the First Schedule of the Employees’ Compensation Ordinance (Cap 282).

6. At the same time, the Comprehensive Social Security Assistance (CSSA) Scheme provides financial assistance to persons with disabilities to cover their basic and special needs subject to a means test. The CSSA provides higher standard rates for adults who are disabled or in ill-health than for able-bodied adults, ranging from \$1,750 to \$3,530 per month per recipient (\$600 to \$1,920 higher). They are also entitled to other special grants to meet their special needs, such as glasses, dentures, removal expenses, fares to hospital/clinic, and medically recommended diets and appliances. With effect from 1 November 2005, a monthly community living supplement of \$100 has been payable to severely disabled CSSA recipients who are medically certified to be 100% disabled or in need of constant attendance and who are not living in institutions. The respective numbers of disabled recipients under DA and CSSA Schemes are set out below:

No. of recipients	2004/05 (As at 31.3.05)	2005/06 (As at 28.2.06)
Normal Disability Allowance	95 686	98 070
Higher Disability Allowance	14 273	14 408
CSSA – 100% disabled	70 399	73 440
CSSA – requiring constant attendance	17 441	17 667

7. In addition, a number of funding schemes have been set up to provide financial support to people with disability. These include :

- the Yan Chai Tetraplegic Fund;
- the “Financial support scheme to people with neuro-muscular disease on medical appliances and consumables” by the S K Yee Fund for the Disabled;
- the Ho Kam Yung Fund; and
- the Samaritan Fund.

8. As a non-means-tested scheme, the DA caters for general, non-specific needs of the recipients. At a time when there was limited form

of alternative assistance and support for persons with disabilities, such a general scheme was called for. However, with the establishment of the CSSA Scheme and the development rehabilitation services gearing towards the specific needs of particular disabilities, the function and philosophy of the general DA Scheme is called into question.

9. Under the rehabilitation programme, we are providing a range of services to meet the specific needs of people with disabilities. Apart from residential services, our rehabilitation services are mainly community based, addressing the needs of people with disabilities regarding employment, therapeutic treatment, transport, social and recreational activities, with the aim to facilitate them to integrate into society and to continue to live with their families in the community. A list of relevant services provided is at Annex C.

10. In addition, currently, recipients of the Normal Disability Allowance (NDA) receive a monthly allowance of \$1,125. A person certified to be in need of constant attendance from others and not receiving care in a government or subvented residential institution in addition to meeting the criteria for NDA can receive the Higher Disability Allowance (HDA) at a rate of \$2,250 a month.

11. We have received requests that recipients boarding at subvented special schools should also be granted HDA during their school breaks. We have also received feedback that NDA for institutionalized recipients is redundant or on the high side in view of their comprehensive care in subvented institutions, in particular, public hospitals.

12. Also, the expanding coverage of DA in terms of the nature of disabilities/diseases has made the scheme increasingly complicated to administer. Annex D outlines the types of disability/disease that have been included in the scheme.

13. The issues set out above are complicated. We need to give careful considerations to the issues involved before contemplating major changes to the system.

14. Members are invited to note the contents of the paper.

**Health, Welfare and Food Bureau  
Social Welfare Department  
April 2006**

**Checklist for Medical Assessment of  
Eligibility for Normal Disability Allowance  
for Disabilities other than Profound Deafness**

Eligibility criteria

Subject to other eligibility criteria being met, an applicant certified by the Director of Health or the Chief Executive, Hospital Authority as being in a position broadly equivalent to 100% loss of earning capacity according to the criteria in the First Schedule of the Employees' Compensation Ordinance (Cap. 282) can be eligible for Normal Disability Allowance (NDA) under the Social Security Allowance Scheme.

A profoundly deaf person who is certified to be suffering from a perceptive or mixed deafness with a hearing loss of 85 decibels or more in the better ear for pure tone frequencies of 500, 1 000 and 2 000 cycles per second, or 75 to 85 decibels with other physical handicaps which include lack of speech and distortion of hearing can also be eligible for NDA. Applicants suffering from hearing impairment should be assessed by ENT doctors of the designated specialist clinics/hospitals under the Hospital Authority in order to determine their eligibility for NDA. There is a different set of medical assessment form for cases of profound deafness.

Checklist for medical assessment of eligibility for NDA for disabilities other than profound deafness

- (I) Applicants whose physical/mental impairments or medical conditions have fallen into one of the following categories (which have been defined as 100% loss of earning capacity in the First Schedule of Employees' Compensation Ordinance (Cap. 282) are considered automatically eligible for NDA on medical grounds even though they have taken up employment :
- (i) loss of functions of two limbs
  - (ii) loss of functions of both hands or all fingers and both thumbs
  - (iii) loss of functions of both feet
  - (iv) total loss of sight
  - (v) total paralysis (quadriplegia)
  - (vi) paraplegia
  - (vii) illness, injury or deformity resulting in being bed-ridden
  - (viii) any other conditions **including visceral diseases** resulting in total disablement (reference should be made to part (II) of the Checklist)

If the applicant's disabling condition does not fall into any of the above categories, please proceed to (II) below.

- (II) Where an applicant's physical/mental impairments or other medical conditions have not fallen into any of the categories in (I) above, a medical assessment should be carried out to determine if the applicant is 'severely disabled' within the meaning of the scheme.

An applicant is considered in a position broadly equivalent to 100% loss of earning capacity and thus eligible for NDA if his/her physical or mental impairment or other medical conditions **including visceral diseases**, have resulted in a significant restriction or lack of ability or volition to perform the following activities in daily living to the extent that substantial help from others is required in any one of the following areas :

- (1) working in the original occupation and performing any other kind of work for which he/she is suited;
- (2) coping with self-care and personal hygiene including feeding, dressing, grooming, toileting and bathing;
- (3) maintaining one's posture and dynamic balance while standing or sitting, for daily activities, managing indoor transfer (bed/chair, floor/chair, toilet transfer), travelling to clinic, school, place and work; and
- (4) expressing oneself, communicating and interacting with others including speaking, writing, utilizing social (community) resources, seeking help from others, and participating in recreational and social activities.

**SUPPLEMENTARY MEDICAL ASSESSMENT FORM  
ON NEED FOR CONSTANT ATTENDANCE (SSA SCHEME)**

Please ignore this Form **UNLESS** the patient, **IN ADDITION TO** being totally disabled broadly equivalent to a person with a 100% loss of earning capacity, **ALSO REQUIRES** from another person:

- (i) **FREQUENT ATTENTION** throughout the **DAY AND PROLONGED** or **REPEATED ATTENTION** during the **NIGHT** in connection with his/her bodily functions, e.g. totally bedridden, quadriplegia;

**OR**

- (ii) **CONTINUAL SUPERVISION** in order to avoid endangering himself/herself or others, e.g. severely demented/mentally retarded.

**AND**

- (iii) For a patient aged under 15, he/she **MUST ALSO REQUIRE CONSTANT ATTENTION** and **SUPERVISION** substantially **IN EXCESS** of that normally required by a child of the same age and sex. Suggested aspects for consideration include life-threatening conditions, hyperactivity uncontrollable by medication and/or therapy, etc.

To make a child eligible, please tick either (i) + (iii) **OR** (ii) + (iii)

**Recommendation**

#\*Mr / Ms qualifies for Higher Disability Allowance for the period specified in (III) of the Medical Assessment Form due to conditions as checked above.

N.B.: Patient certified to be in need of constant attendance will be eligible for a higher rate of Disability Allowance which is **twice** that of the normal rate under the SSA Scheme.

(Space for official chop)

*Signature of Medical Officer:* \_\_\_\_\_

*Name in block letters:* \_\_\_\_\_

\_\_\_\_\_ *\*Hospital/Clinic*

*Date:* \_\_\_\_\_

\* Delete whichever is inapplicable.

# To be completed by SSFU or MSSU.

**SOCIAL SECURITY ALLOWANCE (SSA) SCHEME**

**M E M O**

From: Supervisor,  
Social Welfare Department

To: \*Medical Social Worker /  
Medical Officer-in-charge  
\*Hospital/Clinic

Ref.: .....

Your Ref.: .....

Tel.: .....

dated: .....

Date: .....

Re: \*Mr/Ms ( )

\*HKIC/BC No.: Age: ( )

Address: Tel. No.: .....

Hospital/Clinic: Ref. No.: .....

Next follow-up date: Specialty/Ward: .....

The above-named, who claims suffering from \_\_\_\_\_(type of disability), has applied for Disability Allowance under the SSA Scheme. \*He/She has given us permission to make the medical enquiry. Available information on \*his/her disability \*and/or medication is as follows: \_\_\_\_\_

\_\_\_\_\_

- 2 A copy of the \*previous medical assessment report/follow-up slip/card/X-ray card\* is/are\* attached/not available.
- 3 The above-named \*is/is not a sheltered workshop worker \*\* (specify only for cases applying for Higher Disability Allowance).
- 4 I should be grateful if you would fill in the relevant sections in the form overleaf and return the original copy of the completed form to the undersigned **on or before** \_\_\_\_\_. If telephone discussion is desirable, please contact the undersigned or on Tel. No.: \_

*Signature:* \_\_\_\_\_  
*Name in block letters:* \_\_\_\_\_  
Supervisor,

**(For new applications only)**  
From: Medical Social Worker  
\*Hospital/Clinic  
Ref.: .....

To: Supervisor,  
Social Welfare Department  
Your Ref.: .....

Tel.: .....

dated: .....

Date: .....

Re: \*Mr/Ms ( )

\*HKIC/BC No.: Age: ( )

Address: Tel. No.: .....

Hospital/Clinic: Ref. No.: .....

The above-named has applied for Disability Allowance under the SSA Scheme.

- 2. I forward overleaf a medical report on the above-named. Additional remarks are as follows:

(Space for official chop)

*Signature of Medical Social Worker:*.....  
*Name in block letters:*.....  
.....\*Hospital/Clinic



**MEMO**

From : Medical Officer,  
 \_\_\_\_\_  
 Ref : \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Date : \_\_\_\_\_

To : Supervisor,  
 \_\_\_\_\_  
 Social Welfare Department  
 Your Ref. : \_\_\_\_\_  
 dated : \_\_\_\_\_

**MEDICAL ASSESSMENT FORM  
 Social Security Allowance (SSA) Scheme**

**Re: \*Mr/Ms** \_\_\_\_\_ **HKIC/BC No.** \_\_\_\_\_ **SSFU Ref.** \_\_\_\_\_ *(information to be filled by SSFU)*

**In making the medical assessment, please refer to the checklist on P. 3 for reference.**

Please tick the appropriate box below:

(I) Nature/Degree of disability

(A) The patient is in a position broadly equivalent to a person with a 100% loss of earning capacity \*\*\* due to :

- |  |   |
|--|---|
| <input type="checkbox"/> (i) loss of functions of two limbs                                  | <input type="checkbox"/> (v) total paralysis (quadriplegia)   |
| <input type="checkbox"/> (ii) loss of functions of both hands or all fingers and both thumbs | <input type="checkbox"/> (vi) paraplegia  |
| <input type="checkbox"/> (iii) loss of functions of both feet                                | <input type="checkbox"/> (vii) illness, injury or deformity resulting in being bedridden  |
| <input type="checkbox"/> (iv) total loss of sight  | <input type="checkbox"/> (viii) any other conditions <b>including visceral diseases</b> resulting in total disablement (reference should be made to part II of Checklist) _____ (specify) |

(B) The patient is suffering from a condition which produces a degree of disablement broadly equivalent to a person with a 100% loss of earning capacity due to :

- |   |  |
|---|--|
| <input type="checkbox"/> (i) organic brain syndrome | <input type="checkbox"/> (iv) neurosis   |
| <input type="checkbox"/> (ii) mental retardation    | <input type="checkbox"/> (v) personality disorder  |
| <input type="checkbox"/> (iii) psychosis            | <input type="checkbox"/> (vi) any other conditions resulting in total mental disablement _____ (specify) |

(For (A) and (B) above, please also complete (IV) to assess the patient's mental fitness for making a statement.)

(C) The patient is suffering from \_\_\_\_\_, but NOT TO THE EXTENT OF (A) OR (B) ABOVE. *(disability)*

(II) Recommendation *(tick one item only)*

- The patient does not qualify for a Disability Allowance because :
- (i) his/her degree of disablement is not broadly equivalent to a 100% loss of earning capacity (see (I)(C)), or
- (ii) his/her disablement specified in (I)(A) or (B) is expected to last for less than 6 months (applicable to new cases only).
- The patient qualifies for Normal Disability Allowance (see (I)(A) or (B) but not Higher Disability Allowance. (For conditions of eligibility for Higher Disability Allowance, please refer to Supplementary Medical Assessment Form attached).
- The patient qualifies for Higher Disability Allowance meeting the criteria for Normal Disability Allowance (see (I)(A) or (B)) and additional conditions for Higher Disability Allowance. (Supplementary Medical Assessment Form for Higher Disability Allowance must also be completed).

(III) Duration of disabling condition

The condition specified in (I)(A) or (B) is likely to last \*from the date of application/from the date after the expiry date of last certification, which is \_\_\_\_\_ (date to be filled by SSFU or MSSU).

- |  |   |
|--|---|
| <input type="checkbox"/> less than 6 months _____ (see (II)(ii)) | <input type="checkbox"/> over 2 years-up to 3 years   |
| <i>(specify number of months)</i>                                | <input type="checkbox"/> from 3 years to _____ years (specify)                                      |
| <input type="checkbox"/> 6 months                                | <input type="checkbox"/> up to and including _____ years old (specify for child assessment service) |
| <input type="checkbox"/> over 6-12 months                        | <input type="checkbox"/> permanently  |
| <input type="checkbox"/> over 1 year-up to 2 years               |   |

The patient has been informed that his/her disabling condition is subject to a medical review (for cases where the disabling condition is not permanent).

(IV) Fitness for making a statement at the time of current assessment/last clinical assessment

- The patient is mentally fit for making a statement.       The patient is mentally unfit for making a statement.

(V) **Any other comments by the Medical Officer** (To help other doctors to assess the patient in future, please put down some physical findings and supportive evidence for assessment, where appropriate.)

\_\_\_\_\_  
*(Space for official chop)*      *(Signature of Medical Officer)*      *(Name in block letters)*      *(Date)*

\* Delete whichever is inapplicable.  
 \*\* A sheltered workshop worker is normally NOT eligible for Higher Disability Allowance.  
 \*\*\* According to the criteria in the First Schedule of the Employees' Compensation Ordinance (Cap. 282) but for the purpose of the Scheme, the element of 'permanency' which is in Cap. 282 has been excluded from (vii) and (viii) of (I)(A)

**Rehabilitation Services for People with Disabilities**

Community Support Services

Day Care –

- Training and Activity Centre
- Day Activity Centre
- Extended care programmes in day activity centres and sheltered workshop/integrated vocational rehabilitation services centre

Vocational Rehabilitation –

- Sheltered Workshop
- Supported Employment
- Skills Centre
- Integrated Vocational Rehabilitation Service Centre
- Integrated Vocational Training Centre
- On-the-job Training Programme
- Enhance the Employment of People with Disabilities through Small Enterprise Project

Community-based Programmes –

- Home-based Training and Support Service (including therapeutic services)
- Parents/Relatives Resources Centre
- Community Mental Health Link
- Respite Service
- Holiday Care Service
- Aftercare Service for Dischargees of Halfway Houses

Recreational and social –

- Social and Recreational Centre
- Gateway Club

Transport

- Rehabus

Information Technology

- IT Support Scheme for People with Disabilities

New Initiative in 2006/07

- Transitional residential services, ambulatory day training, care and support services to the severely disabled including tetraplegic patients to facilitate their return to community living
- Convalescent and continuing rehabilitation day services to discharged patients with mental, neurological or physical impairment to facilitate their early reintegration into the community
- Visiting medical practitioner scheme for people with disabilities living in residential rehabilitation service centres
- Strengthen training and support services for family members and carers of people with disabilities

The number and respective percentage of recipients of Normal DA by type of disability (as at February 2006)

Type of disability	Normal DA	
	Number of recipients	Percentage (%)
Disabling physical condition		
loss of functions of two limbs	3 841	3.9%
loss of functions of both hands, or all fingers and both thumbs	235	0.2%
loss of functions of both feet	440	0.4%
total loss of sight	4 934	5.0%
total paralysis (quadriplegia)	227	0.2%
paraplegia	465	0.5%
illness, injury or deformity resulting in being bedridden	797	0.8%
any other conditions resulting in total disablement	50 587	51.6%
<i>Sub-total</i>	<i>61 526</i>	<i>62.7%</i>
Disabling mental condition		
organic brain syndrome	1 758	1.8%
mental retardation	9 409	9.6%
psychosis	11 639	11.9%
neurosis	5 822	5.9%
personality disorder	255	0.3%
any other conditions resulting in total mental disablement	3 358	3.4%
<i>Sub-total</i>	<i>32 241</i>	<i>32.9%</i>
Profoundly deaf	4 303	4.4%
Total	98 070	100.0%

The number and respective percentage of recipients of Higher DA by type of disability (as at February 2006)

Type of disability	Higher DA	
	Number of recipients	Percentage (%)
Disabling physical condition		
loss of functions of two limbs	1 373	9.5%
loss of functions of both hands, or all fingers and both thumbs	39	0.3%
loss of functions of both feet	166	1.2%
total loss of sight	99	0.7%
total paralysis (quadriplegia)	207	1.4%
paraplegia	361	2.5%
illness, injury or deformity resulting in being bedridden	418	2.9%
any other conditions resulting in total disablement	9 260	64.3%
<i>Sub-total</i>	<i>11 923</i>	<i>82.8%</i>
Disabling mental condition		
organic brain syndrome	896	6.2%
mental retardation	738	5.1%
psychosis	133	0.9%
neurosis	79	0.5%
personality disorder	27	0.2%
any other conditions resulting in total mental disablement	611	4.2%
<i>Sub-total</i>	<i>2 484</i>	<i>17.2%</i>
Profoundly deaf	1	*
Total	14 408	100.0%

Note: \* Less than 0.05%.

**Nature of illness or disability of a random sample of 500 DA recipients in the category of "any other conditions resulting in total disablement"\***

Illness or Disability	Number of Cases
CEREBRAL VASCULAR ACCIDENT / STROKE	121
CHRONIC OBSTRUCTIVE AIRWAY DISEASE	24
ISCHEMIC HEART DISEASE	21
DIABETES MELLITUS	19
HEMIPLEGIA	18
HIP FRACTURE	16
PARKINSONISM	15
CARCINOMA OF BREAST	12
EPILEPSY	12
OSTEOARTHRITIS OF KNEES	12
CARCINOMA OF RECTUM	11
HYPERTENSION	11
CARCINOMA OF COLON	10
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	10
NASOPHARYNGEAL CARCINOMA	10
CARCINOMA OF LUNG	8
RHEUMATOID ARTHRITIS	8
CEREBRAL PALSY	6
POLIOMYELITIS	6
BACK PAIN	5
GLOBAL DEVELOPMENT DELAY	5
HEART DISEASE	5
LOW BACK PAIN	5
CARCINOMA OF STOMACH	4
CHRONIC HEART FAILURE	4
CHRONIC RENAL FAILURE	4
CONGENITAL HEART DISEASE	4
END-STAGE RENAL FAILURE	4
SYSTEMIC LUPUS ERYTHEMATOSUS	4
CONGENITAL HEART FAILURE	3
LYMPHOMA	3
MULTIPLE MYELOMA	3
SPINAL STENOSIS	3

ACUTE LYMPHOBLASTIC LEUKAEMIA	2
BELOW KNEE AMPUTATION	2
BRAIN TUMOR	2
CARCINOMA OF BLADDER	2
CARCINOMA OF OVARY	2
CARCINOMA OF TONGUE	2
DEVELOPMENTAL DELAY	2
DILATED CARDIOMYOPATHY	2
FRACTURE OF FEMUR	2
HEAD INJURY	2
KNEE PAIN	2
LOWER LIMBS WEAKNESS	2
OSTEOARTHRITIS OF HIP	2
SEVERE BURN	2
VASCULAR DEMENTIA	2
ACUTE MYELOID LEUKEMIA	1
ALCOHOL DEPENDENCE SYNDROME	1
AMPUTATION OF MULTIPLE FINGERS AND TOES	1
ANKYLOSING SPONDYLITIS	1
ASTHMA	1
BENIGN PROSTATIC HYPERPLASIA	1
BILATERAL KNEE PAIN	1
BILATERAL LOWER LIMB FRACTURE	1
BRITTLE ASTHMA	1
BRONCHIECTASIS	1
CARCINOMA OF KIDNEY	1
CARCINOMA OF LARYNX	1
CARCINOMA OF RECTOSIGMOID	1
CARCINOMA OF SUBMANDIBULAR GLAND	1
CENTRAL SLEEP APNEA	1
CEREBRAL ANEURYSM	1
CERVICAL SPONDYLOSIS	1
CHRONIC GOUTY ARTHRITIS	1
CHRONIC BACK PAIN	1
CHRONIC RETENTION OF URINE	1
CHRONIC SCHIZOPHRENIA	1
CORONARY HEART DISEASE	1
CRIPPLE OF LEFT LEG	1
DEEP VEIN THROMBOSIS	1
DERMATOMYOSITIS	1
DIABETIC RETINOPATHY	1

DIAMOND-BLACKFAN SYNDROME	1
DUCHENNE MUSCULAR DYSTROPHY	1
FOOT DEFORMITY	1
FRACTURE OF PATELLA	1
GOUT	1
HEART FALIURE	1
HEPATIC CIRRHOSIS	1
IMPERFORATE ANUS	1
LIVER METASASIS	1
LOWER LIMB PARALYSIS	1
LYMPHOEDEMA OF LOWER LIMB	1
MENINGIOMA	1
MULTIPLE SCLEROSIS	1
MYASTHENIA GRAVIS	1
MYOCARDIAL INFARCTION	1
OBESITY HYPOVENTILATION SYNDROME	1
OBSTRUCTIVE SLEEP APNEA SYNDROME	1
OSTEOPOROTIC SPINE	1
PAROXYSMAL ATRIAL FLUTTER	1
PNEUMOCONIOSIS	1
POLYCYSTIC KIDNEYS AND LIVER	1
PRIMARY NOCTURNAL ENURESIS	1
PROSTATISM	1
PSORIATIC ERYTHRODERMA	1
PULMONARY TUBERCULOSIS	1
RENAL FAILURE	1
RESPIRATORY FAILURE	1
SCALD INJURY TO LEGS	1
SEVERE ECZEMA	1
SPASTIC DIPLEGIA	1
SPEECH DELAY	1
SPINAL TUMOUR	1
SQUAMOUS CELL CANCER	1
SUBARACHNOID HEMORRHAGE	1
TERMINAL HEART FAILURE	1
THYROTOXICOSIS	1
UPPER LIMB CONGENITAL DEFORMITY	1
WILLIAM SYNDROME	1
Total	500