

**Replies to initial written questions
raised by Finance Committee Members
in examining the Estimates of Expenditure 2009-10**

**Director of Bureau: Secretary for Food and Health
Session No.: 11**

Reply Serial No.*	Question Serial No.	Name of Member	Head	Programme
S-FHB(H)01	SV017	LI Wah-ming	140	Subvention: Hospital Authority
S-FHB(H)02	SV019	LEE Wing-tat	140	Subvention: Hospital Authority
S-FHB(H)03	S046	HO Sau-lan, Cyd	140	Subvention: Hospital Authority
S-FHB(H)04	S047	LEE Wing-tat	140	Health
S-FHB(H)05	S043	WONG Kwok-hing	37	Statutory Functions
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Examination of Estimates of Expenditure 2009-10

Reply Serial No.

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

S-FHB(H)01

Head: 140 Government Secretariat: Subhead (No. & title):
Food and Health Bureau
(Health Branch)

Question Serial No.

SV017

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the changes made to the remuneration of senior executives of the Hospital Authority a few years ago, to provide details as to whether and the level of bonus payment that had been absorbed into the subsequent remuneration of individual senior executives.

Asked by: Hon. LI Wah-ming

Reply:

Before 2006, the remuneration of 29 senior executives in the Hospital Authority (HA) including the Chief Executive, the Cluster Chief Executives and the Hospital Chief Executives included a bonus payment not exceeding 10% of the total remuneration. After completion of a review on the remuneration of its senior executives in 2006, the bonus payment arrangement was terminated and the previous bonus element was incorporated into the basic salary of 25 senior executives as set out in the table below. Of the other four senior executives, three had resigned and one retired during the interim.

Number of senior executives	Percentage of bonus payment rolled into the basic salary
4	0%
1	20%
1	28%
5	34%
1	40%
3	80%
10	100%

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food
and Health (Health)

Date 30.3.2009

**CONTROLLING OFFICER'S REPLY TO
SUPPLEMENTARY QUESTION**

S-FHB(H)02

Head: 140 Government Secretariat: Subhead (No. & title):
Food and Health Bureau
(Health Branch)

Question Serial No.

SV019

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)

Director of Bureau: Secretary for Food and Health

Question:

To provide a breakdown (in number and percentage) by place of manufacturing of the pharmaceutical products involved in major incidents and complaints in recent years.

Asked by: Hon. LEE Wing-tat

Reply:

Since 2006, the Hospital Authority (HA) has recorded a total of 37 major incidents and complaints involving product recalls announced by pharmaceutical manufacturers/wholesalers and precautionary suspension of pharmaceutical products initiated by HA. In the latter case, the concerned batch of pharmaceutical products were suspended based on internal reports from HA frontline staff as a precautionary measure pending investigation by the manufacturers. The table below sets out the breakdown of these major incidents by place of manufacturing of the products.

Places of manufacturing	2006		2007		2008		2009 (up to 27 March 2009)	
	Recalls announced by manufacturers/wholesalers (% of total no. of cases)	Precautionary suspension by HA (% of total no. of cases)	Recalls announced by manufacturers/wholesalers (% of total no. of cases)	Precautionary suspension by HA (% of total no. of cases)	Recalls announced by manufacturers/wholesalers (% of total no. of cases)	Precautionary suspension by HA (% of total no. of cases)	Recalls announced by manufacturers/wholesalers (% of total no. of cases)	Precautionary suspension by HA (% of total no. of cases)
Australia	-	-	-	-	1(20%)	1(25%)	-	-
Belgium	1(11%)	-	-	-	1(20%)	-	-	-
China	-	-	-	1(25%)	-	-	-	1(33%)
Denmark	1(11%)	-	-	-	-	-	-	-
France	2(22%)	-	-	-	1(20%)	-	-	-
Germany	2(22%)	-	-	-	-	-	-	-
Hong Kong	-	3(60%)	-	3(75%)	2(40%)	3(75%)	1(50%)	1(33%)
Indonesia	-	-	-	-	-	-	-	1(33%)
Switzerland	-	-	3(60%)	-	-	-	-	-
United Kingdom	-	2(40%)	-	-	-	-	1(50%)	-
The United States	3(33%)	-	2(40%)	-	-	-	-	-
Total	9	5	5	4	5	4	2	3

Note: For the records of precautionary suspension of pharmaceutical products by HA as shown in the table, they also include those cases where the products were subsequently recalled by the manufacturers/wholesalers.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food
and Health (Health)

Date 30.3.2009

**CONTROLLING OFFICER'S REPLY TO
SUPPLEMENTARY QUESTION**

S-FHB(H)03

Head: 140 Government Secretariat: Subhead (No. & title):
Food and Health Bureau
(Health Branch)

Question Serial No.

S046

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)

Director of Bureau: Secretary for Food and Health

Question:

As stated in the Reply Serial No. FHB(H)062 furnished to the Finance Committee on the Budget, the expenditure on purchasing self-financed drugs through the Hospital Authority (HA) in 2008-09 is \$592.6 million, representing 1.5% of the prescribed drug items in the HA and 1.7% of its costs. Will the Administration inform this Committee:

1. how many patients purchase self-financed drugs?
2. how many of them are chronic patients?
3. how many of them belong to families with an income below the median household income level?
4. how many of them are retirees aged over 60?
5. whether a review will be conducted on the scheme regarding self-financed drugs so as to bring it in line with the principle of equal risk-sharing? If no, what are the reasons?

Asked by: Hon. HO Sau-lan, Cyd

Reply:

For the period from April to December 2008, a total of 29 418 patients purchased self-financed drugs through the Hospital Authority (HA). Among them, 10 492 (36%) were aged over 60 years old. HA does not have further information about the number of patients with long term chronic illnesses, the retirement status of individual patient and the number of patients with household income lower than the median level among this group of patients.

The list of drugs in the Drug Formulary (the Formulary) is reviewed every 12 to 18 months in a systematic manner taking into account changes in scientific evidence, cost effectiveness and technology advances in treatment options. The review may consider inclusion and deletion of items as standard provision, movement of items from the categories of special drugs to general drugs within the Formulary as well as modifications in the guidelines in the use of drugs. Subject to scientific evidence of proven clinical outcomes, individual self-financed drug item may be re-classified for coverage by the safety net or be introduced as standard provision within the Formulary.

Signature _____

Name in block
letters Ms Sandra LEE

Post Title Permanent Secretary for
Food and Health (Health)

Date 30.3.2009

**CONTROLLING OFFICER'S REPLY TO
SUPPLEMENTARY QUESTION**

S-FHB(H)04

Head: 140 Government Secretariat: Subhead (No. & title):
Food and Health Bureau
(Health Branch)

Question Serial No.

S047

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health)

Director of Bureau: Secretary for Food and Health

Question:

It is proposed in the Budget that the Administration will develop a territory-wide electronic health record (eHR) system for sharing medical records. In this connection, would the Administration please advise this Committee on the following:

- (a) How many jobs are estimated to be created in Hong Kong for implementing the eHR system. Please list out the numbers by year and by job category. How many of them are jobs in the information technology (IT) sector?
- (b) What is the anticipated impact, including the direct and potential economic effectiveness, on the IT sector?
- (c) When introducing the eHR system for sharing medical records, will the Administration consider providing assistance, including acquisition of relevant IT products and training for personnel in the trade, to the private healthcare sector to facilitate their interface with the system, so that the eHR system can achieve its best effectiveness?

Asked by: Hon. LEE Wing-tat

Reply:

- (a) Arising from the implementation of the electronic health record (eHR) sharing system, the following setups in support of the eHR development would directly employ staff –
 - (i) To co-ordinate the complex and multi-faceted eHR development programme, the Government plans to set up a dedicated eHealth Record Office (eHR Office) under the Food and Health Bureau (FHB). We propose that the eHR Office will have an initial setup of 20 civil service posts (details are set out in our submission to the Legislative Council Panel on Health Services on 9 March 2009 (LC Paper No. CB(2)1006/08-09(03)).
 - (ii) A dedicated IT team in Hospital Authority IT Services (HAITS) will provide the eHR Office with technical support. HAITS will also expand its own IT teams for the implementation of a number of projects for Phase III upgrading of HA's internal Clinical Management System (CMS). The CMS will be a key component contributing to the eHR sharing system and the eHR development will also leverage upon the technology of the upgraded CMS Phase III.
 - (iii) The Department of Health (DH) will also set up a team for the development of its eHR systems. The project will involve computerization of essential health data and records kept by DH, including immunization records, which will form a key component contributing to the eHR sharing system.

We envisage that the above setups will need to engage staff at a scale of about 200 staff and up to a maximum of 300 staff during Phase 1 of the eHR programme covering the period from 2009-10 to 2013-14. Most of the staff engaged will be IT professionals and support staff such as System Managers, System Analysts, Analyst Programmers and Computer Operators.

In addition, it is estimated that around two-thirds of the capital budget for the Phase 1 eHR programme (estimated to be \$702 million) would be involved in areas of purchasing hardware and software, hiring contractors and outsourcing certain work assignments to the private IT sector. The programme will also create opportunities for the private sector to create and develop eHR-compatible systems for private hospitals and clinics. The programme will facilitate this by promulgating open standards for eHR compatibility, by providing technical assistance to private contractors, by certifying privately-developed software for eHR compatibility, and by licensing software modules for re-use in private sector implementations.

We expect that the substantial investment by the Government on the eHR programme as an infrastructure project would provide significant new opportunities for the local IT industry to develop and would also create directly and indirectly a substantial number of employment opportunities for the IT sector. However, we do not have an estimate on the number of jobs to be created in the private IT sector. We also believe that implementing the eHR programme by leveraging on the public sector expertise and experience and through collaboration with the private sector, we could achieve greater cost-effectiveness while also building up the capacity in the local industry to provide eHR related services as a pioneer in the region.

- (b) In view of the eHR development programme as set out above, the development of eHR sharing system is expected to bring a host of benefits to the IT sector. These include: creating demand for skills, expertise and resources from the private sector to establish and operate the eHR and its related services, further developing Hong Kong as a leading digital city by building and attracting international skills and organizations to Hong Kong to develop clinical systems in partnership with local industry, enabling local IT expertise and vendors equip with the necessary systems and valuable experiences which will help them tap into other healthcare systems in the region, building up the local expertise in health informatics and health-related IT, providing opportunities for Hong Kong to become a service and training centre for eHealth in the Asia-Pacific region, including security, technical infrastructure and development, standards development, data mining and clinical research.
- (c) A key component of the Government's development programme for the eHR sharing system is to facilitate the development of individual electronic medical record systems with sharing capabilities in the private sector, and encourage their adoption by private healthcare providers for connection to the eHR sharing platform. The main implementation strategy of the eHR development programme is to leverage upon the existing expertise and experience of the public sector, share the public sector systems and know-how with the private sector, and build up the eHR capacity in the private sector through collaboration with private service providers.

We will do so by engaging the private healthcare sector and private IT service sector to identify potential partnership projects that would achieve the aforementioned objectives. Specifically, we will launch an eHR Engagement Initiative in the second half of this year to openly invite the private healthcare and IT sectors to submit proposals for eHR partnership to the Government. The Government will provide capital investment for the eHR sharing infrastructure, while private sector partners will remain responsible for their own hardware and recurrent costs. The Government will also collaborate with the private sector to make available training opportunities to build up the local expertise and capacity in health informatics and related IT services.

In addition, the Government will develop technical and knowledge-based standards and protocols for the many aspects of eHR, and make such standards open to the community. To promote the adoption of such standards, we will make the standards developed available to private healthcare providers and IT vendors to facilitate their development of electronic medical records/ electronic patient records (eMR/ePR) systems in compliance with such standards, and operate certification schemes for eMR/ePR systems and solutions offered by private IT vendors for compliance with such standards and inter-operability with the eHR sharing platform.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food
and Health (Health)

Date 27.3.2009

Examination of Estimates of Expenditure 2009-10

Reply Serial No.

S-FHB(H)05

**CONTROLLING OFFICER'S REPLY TO
SUPPLEMENTARY WRITTEN QUESTION**

Question Serial No.

S043

Head: 37 Department of Health Subhead (No. & title):

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information which was not answered in detail during the oral question session:

- (a) what are the additional resources required for implementing the “five ways” of the Government’s Tobacco control policy (i.e. what are the planned and additional resources)?
- (b) what is the additional staffing to be recruited for implementing the “five ways”?
- (c) how many job opportunities will be created directly and indirectly by implementing the “five ways”?

Asked by: Hon. WONG Kwok-hing

Reply:

Apart from the increase in tobacco duty as announced by the Financial Secretary, the Department of Health (DH) will enhance its efforts in tobacco control by taking the following measures in 2009-10:

- (a) further strengthen the publicity on smoking cessation and provision of smoking cessation services;
- (b) implement the fixed penalty system for smoking offences starting from the second quarter of 2009;
- (c) implement the smoking ban at such premises as bars, club-houses and night-clubs, etc. with effect from 1 July 2009; and
- (d) extend the smoking ban to cover public transport interchanges (PTIs) starting from the second half of 2009.

To strengthen our efforts on smoking prevention and cessation services, DH has entered into a funding and service agreement with the Tung Wah Group of Hospitals (TWGHs) for provision of a 3-year pilot community-based smoking cessation programme commencing January 2009. The annual provision for the TWGHs programme is \$5 million. A team of 20 staff, including doctors, nurses, clinical psychologists, counsellors and social workers, work together to help smokers quit smoking.

The TWGHs programme is additional to the publicity, health education and promotional activities provided by the Tobacco Control Office (TCO) of DH and the Hong Kong Council on Smoking and Health (COSH). The provision for COSH in 2009-10 is \$11.5 million, same as the 2008-09 revised estimate. With \$5 million allocated to the TWGHs programme, the provision for TCO on publicity, health education and promotion activities in 2009-10 will be \$17.2 million, compared to the 2008-09 revised estimate of \$19.5 million.

As regards items (b), (c) and (d), eight additional posts at a total annual salary cost of \$2 million were

provided in 2008-09 to prepare for the setting up of the fixed penalty system and designation of no smoking areas at PTIs. A further 15 civil service posts will be created in 2009-10. Besides, 18 non-civil service contract positions will be converted to civil service posts. The provision for carrying out enforcement duties by TCO in 2009-10 will be increased to \$28 million, from a revised estimate of \$24.9 million in 2008-09.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 30.3.2009

Examination of Estimates of Expenditure 2009-10

Reply Serial No.

S-FHB(H)06

**CONTROLLING OFFICER'S REPLY TO
SUPPLEMENTARY QUESTION**

Question Serial No.

S057

Head: 140 Government Secretariat: Subhead (No. & title):
Food and Health Bureau
(Health Branch)

Programme:

Controlling Officer: Permanent Secretary for Food and Health (Health)

Director of Bureau: Secretary for Food and Health

Question:

Please list the number of pharmacists by workplace, including the Department of Health, Hospital Authority, private hospitals, community pharmacies and pharmaceutical firms, each year for the past two years.

Asked by: Hon. LEUNG Ka-lau

Reply:

In 2007 and 2008, there were 1 722 and 1 785 pharmacists registered with the Pharmacy and Poisons Board.

There were 65 pharmacists (47 for Pharmaceutical Service and 18 for Chinese Medicine Division) in the Department of Health (DH) in 2007. The number has increased to 78 (52 for Pharmaceutical Service and 26 for Chinese Medicine Division) as at today. DH is recruiting 10 more pharmacists.

There were 309 and 332 pharmacists in the Hospital Authority in 2007 and 2008 respectively.

We did not have records of registered pharmacists practising in the private sector. However, in accordance with the Health Manpower Survey conducted by DH in 2007, around 66% of registered pharmacists who practised in the local pharmacy profession were working in the private sector.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food
and Health (Health)

Date 27.3.2009

**CONTROLLING OFFICER'S REPLY TO
SUPPLEMENTARY QUESTION**

S-FHB(H)07

Head: 140 Government Secretariat: Subhead (No. & title):
Food and Health Bureau
(Health Branch)

Question Serial No.

S058

Programme:

Controlling Officer: Permanent Secretary for Food and Health (Health)

Director of Bureau: Secretary for Food and Health

Question:

In the past two years, did the Department of Health request the Food and Health Bureau (FHB) to increase the number of pharmacists deployed in monitoring and controlling pharmaceutical products? If yes, did the FHB increase the manpower as requested?

Asked by: Hon. LEUNG Ka-lau

Reply:

To strengthen support for registration of new drugs and the surveillance and control of registered pharmaceutical products, a recurrent provision of \$1.5 million will be allocated to Department of Health (DH) in 2009-10 and onwards.

Besides, DH is recruiting 10 more pharmacists by redeploying existing resources to enhance inspection and surveillance. We will further consider the need for additional manpower for DH in the course of the review on regulation of pharmaceutical products in Hong Kong.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food
and Health (Health)

Date 27.3.2009