

**Replies to initial written questions
raised by Finance Committee Members
in examining the Estimates of Expenditure 2010-11**

**Director of Bureau: Secretary for Food and Health
Session No.: 12**

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)001	0157	PAN Pey-chyou	37	1-Statutory Functions
FHB(H)002	0158	PAN Pey-chyou	37	1-Statutory Functions
FHB(H)003	0159	PAN Pey-chyou	37	2-Disease Prevention
FHB(H)004	0160	PAN Pey-chyou	37	2-Disease Prevention
FHB(H)005	0161	PAN Pey-chyou	37	2-Disease Prevention
FHB(H)006	1273	CHAN Hak-kan	140	1-Health
FHB(H)007	1274	CHAN Hak-kan	140	1-Health
FHB(H)008	1275	CHAN Hak-kan	140	2-Hospital Authority
FHB(H)009	1276	CHAN Hak-kan	140	2-Hospital Authority
FHB(H)010	0239	LAU Wong-fat	37	8-Personnel Management of Civil Servants Working in Hospital Authority
FHB(H)011	0246	LAU Wong-fat	37	3-Health Promotion
FHB(H)012	0282	PAN Pey-chyou	37	2-Disease Prevention
FHB(H)013	0283	PAN Pey-chyou	37	2-Disease Prevention
FHB(H)014	0284	PAN Pey-chyou	37	2-Disease Prevention
FHB(H)015	0285	PAN Pey-chyou	37	1-Statutory Functions
FHB(H)016	0286	PAN Pey-chyou	37	3-Health Promotion
FHB(H)017	1201	CHAN Hak-kan	37	1-Statutory Functions
FHB(H)018	1202	CHAN Hak-kan	37	2-Disease Prevention
FHB(H)019	1203	CHAN Hak-kan	37	2-Disease Prevention
FHB(H)020	1204	CHAN Hak-kan	37	2-Disease Prevention
FHB(H)021	1206	CHAN Hak-kan	37	N/A
FHB(H)022	1207	CHAN Hak-kan	37	2-Disease Prevention
FHB(H)023	1208	CHAN Hak-kan	37	2-Disease Prevention
FHB(H)024	1261	CHAN Hak-kan	37	2-Disease Prevention
FHB(H)025	1278	CHAN Hak-kan	37	1-Statutory Functions
FHB(H)026	1279	CHAN Hak-kan	37	3-Health Promotion
FHB(H)027	1280	CHAN Hak-kan	37	1-Statutory Functions
FHB(H)028	1277	CHAN Hak-kan	140	2-Hospital Authority
FHB(H)029	0339	CHENG Kar-foo, Andrew	140	2-Hospital Authority
FHB(H)030	0340	CHENG Kar-foo, Andrew	140	2-Hospital Authority
FHB(H)031	0341	CHENG Kar-foo, Andrew	140	2-Hospital Authority
FHB(H)032	0342	CHENG Kar-foo, Andrew	140	2-Hospital Authority
FHB(H)033	0343	CHENG Kar-foo, Andrew	140	2-Hospital Authority
FHB(H)034	0412	CHENG Kar-foo, Andrew	140	2-Hospital Authority
FHB(H)035	0413	CHENG Kar-foo, Andrew	140	2-Hospital Authority
FHB(H)036	0414	CHENG Kar-foo, Andrew	140	2-Hospital Authority
FHB(H)037	0415	CHENG Kar-foo, Andrew	140	2-Hospital Authority

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FHB(H)038	0416	CHENG Kar-foo, Andrew	140	2-Hospital Authority
FHB(H)039	0464	HO Sau-lan, Cyd	140	N/A
FHB(H)040	0465	HO Sau-lan, Cyd	140	N/A
FHB(H)041	0472	HO Sau-lan, Cyd	140	1-Health
FHB(H)042	0473	HO Sau-lan, Cyd	140	1-Health
FHB(H)043	0474	HO Sau-lan, Cyd	140	1-Health
FHB(H)044	0475	HO Sau-lan, Cyd	140	2-Hospital Authority
FHB(H)045	0487	HO Sau-lan, Cyd	140	2-Hospital Authority
FHB(H)046	0499	WONG Kwok-kin	140	1-Health
FHB(H)047	0500	WONG Kwok-kin	140	2-Hospital Authority
FHB(H)048	0633	PAN Pey-chyou	140	2-Hospital Authority
FHB(H)049	0539	LI Wah-ming, Fred	140	2-Hospital Authority
FHB(H)050	0540	LI Wah-ming, Fred	140	2-Hospital Authority
FHB(H)051	0629	PAN Pey-chyou	140	2-Hospital Authority
FHB(H)052	0630	PAN Pey-chyou	140	2-Hospital Authority
FHB(H)053	0631	PAN Pey-chyou	140	2-Hospital Authority
FHB(H)054	0632	PAN Pey-chyou	140	2-Hospital Authority
FHB(H)055	1477	CHAN Hak-kan	140	1-Health
FHB(H)056	1478	CHAN Hak-kan	140	2-Hospital Authority
FHB(H)057	1479	CHAN Hak-kan	140	2-Hospital Authority
FHB(H)058	1484	CHAN Hak-kan	140	2-Hospital Authority
FHB(H)059	1482	CHAN Hak-kan	140	2-Hospital Authority
FHB(H)060	1483	CHAN Hak-kan	140	2-Hospital Authority
FHB(H)061	1489	CHAN Hak-kan	140	2-Hospital Authority
FHB(H)062	1490	CHAN Hak-kan	140	2-Hospital Authority
FHB(H)063	0536	LI Wah-ming, Fred	140	2-Hospital Authority
FHB(H)064	0537	LI Wah-ming, Fred	140	1-Health
FHB(H)065	0538	LI Wah-ming, Fred	140	1-Health
FHB(H)066	1480	CHAN Hak-kan	140	2-Hospital Authority
FHB(H)067	1481	CHAN Hak-kan	140	2-Hospital Authority
FHB(H)068	0522	CHEUNG Kwok-che	37	4-Curative Care
FHB(H)069	1363	CHEUNG Yu-yan, Tommy	37	3-Health Promotion
FHB(H)070	1450	CHEUNG Yu-yan, Tommy	37	1-Statutory Functions
FHB(H)071	1451	CHEUNG Yu-yan, Tommy	37	1-Statutory Functions
FHB(H)072	1452	CHEUNG Yu-yan, Tommy	37	1-Statutory Functions
FHB(H)073	0685	CHAN Kin-por	140	1-Health
FHB(H)074	0733	LEE Kok-long, Joseph	140	1-Health
FHB(H)075	0734	LEE Kok-long, Joseph	140	1-Health
FHB(H)076	0735	LEE Kok-long, Joseph	140	1-Health
FHB(H)077	0736	LEE Kok-long, Joseph	140	1-Health
FHB(H)078	0737	LEE Kok-long, Joseph	140	2-Hospital Authority
FHB(H)079	0738	LEE Kok-long, Joseph	140	2-Hospital Authority
FHB(H)080	0739	LEE Kok-long, Joseph	140	2-Hospital Authority
FHB(H)081	0740	LEE Kok-long, Joseph	140	2-Hospital Authority
FHB(H)082	0741	LEE Kok-long, Joseph	140	2-Hospital Authority
FHB(H)083	0742	LEE Kok-long, Joseph	140	2-Hospital Authority
FHB(H)084	0743	LEE Kok-long, Joseph	140	2-Hospital Authority
FHB(H)085	0744	LEE Kok-long, Joseph	140	2-Hospital Authority

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FHB(H)086	0745	LEE Kok-long, Joseph	140	2-Hospital Authority
FHB(H)087	0746	LEE Kok-long, Joseph	140	N/A
FHB(H)088	0747	LEE Kok-long, Joseph	140	2-Hospital Authority
FHB(H)089	0748	LEE Kok-long, Joseph	140	2-Hospital Authority
FHB(H)090	0801	LEE Cheuk-yan	140	2-Hospital Authority
FHB(H)091	0802	LEE Cheuk-yan	140	2-Hospital Authority
FHB(H)092	0803	LEE Cheuk-yan	140	2-Hospital Authority
FHB(H)093	0804	LEE Cheuk-yan	140	2-Hospital Authority
FHB(H)094	0805	LEE Cheuk-yan	140	2-Hospital Authority
FHB(H)095	1728	PAN Pey-chyou	140	1-Health
FHB(H)096	1729	PAN Pey-chyou	140	1-Health
FHB(H)097	1736	PAN Pey-chyou	140	2-Hospital Authority
FHB(H)098	1737	PAN Pey-chyou	140	1-Health
FHB(H)099	1738	PAN Pey-chyou	140	2-Hospital Authority
FHB(H)100	1845	CHENG Kar-foo, Andrew	140	2-Hospital Authority
FHB(H)101	1846	CHENG Kar-foo, Andrew	140	2-Hospital Authority
FHB(H)102	1847	CHENG Kar-foo, Andrew	140	2-Hospital Authority
FHB(H)103	0752	LEE Kok-long, Joseph	37	1-Statutory Functions
FHB(H)104	0753	LEE Kok-long, Joseph	37	1-Statutory Functions
FHB(H)105	0754	LEE Kok-long, Joseph	37	2-Disease Prevention
FHB(H)106	1742	CHEUNG Man-kwong	37	2-Disease Prevention
FHB(H)107	1743	CHEUNG Man-kwong	37	2-Disease Prevention
FHB(H)108	1744	CHEUNG Man-kwong	37	2-Disease Prevention
FHB(H)109	1745	CHEUNG Man-kwong	37	1-Statutory Functions
FHB(H)110	1787	CHEUNG Man-kwong	37	2-Disease Prevention / 3-Health Promotion
FHB(H)111	1788	CHEUNG Man-kwong	37	4-Curative Care
FHB(H)112	1789	CHEUNG Man-kwong	37	4-Curative Care
FHB(H)113	1532	LEE Kok-long, Joseph	48	1-Statutory Testing
FHB(H)114	1493	CHAN Hak-kan	140	2-Hospital Authority
FHB(H)115	1494	CHAN Hak-kan	140	2-Hospital Authority
FHB(H)116	1495	CHAN Hak-kan	140	2-Hospital Authority
FHB(H)117	1600	EU Yuet-mee, Audrey	140	1-Health
FHB(H)118	1601	EU Yuet-mee, Audrey	140	1-Health
FHB(H)119	1602	EU Yuet-mee, Audrey	140	2-Hospital Authority
FHB(H)120	1727	PAN Pey-chyou	140	1-Health
FHB(H)121	1691	WONG Kwok-hing	140	2-Hospital Authority
FHB(H)122	1705	WONG Kwok-hing	140	1-Health
FHB(H)123	1726	PAN Pey-chyou	140	1-Health
FHB(H)124	1524	LEE Kok-long, Joseph	37	2-Disease Prevention
FHB(H)125	1525	LEE Kok-long, Joseph	37	2-Disease Prevention
FHB(H)126	1526	LEE Kok-long, Joseph	37	2-Disease Prevention
FHB(H)127	1527	LEE Kok-long, Joseph	37	4-Curative Care
FHB(H)128	1528	LEE Kok-long, Joseph	37	4-Curative Care
FHB(H)129	1529	LEE Kok-long, Joseph	37	4-Curative Care
FHB(H)130	1560	EU Yuet-mee, Audrey	37	2-Disease Prevention
FHB(H)131	1562	EU Yuet-mee, Audrey	37	2-Disease Prevention
FHB(H)132	1572	EU Yuet-mee, Audrey	37	2-Disease Prevention

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FHB(H)134	1574	EU Yuet-mee, Audrey	37	4-Curative Care
FHB(H)135	1583	EU Yuet-mee, Audrey	37	2-Disease Prevention
FHB(H)136	1585	EU Yuet-mee, Audrey	37	1-Statutory Functions
FHB(H)137	1586	EU Yuet-mee, Audrey	37	1-Statutory Functions
FHB(H)138	1587	EU Yuet-mee, Audrey	37	1-Statutory Functions
FHB(H)139	1588	EU Yuet-mee, Audrey	37	1-Statutory Functions
FHB(H)140	1597	EU Yuet-mee, Audrey	37	4-Curative Care
FHB(H)141	1920	CHEUNG Kar-foo, Andrew	140	1-Health
FHB(H)142	1975	HO Sau-lan, Cyd	140	1-Health
FHB(H)143	2130	CHEUNG Kwok-che	140	2-Hospital Authority
FHB(H)144	2136	CHEUNG Kwok-che	140	2-Hospital Authority
FHB(H)145	2168	CHEUNG Kwok-che	140	2-Hospital Authority
FHB(H)146	2169	CHEUNG Kwok-che	140	2-Hospital Authority
FHB(H)147	2174	CHEUNG Kwok-che	140	3-Prince Philip Dental Hospital
FHB(H)148	2171	CHEUNG Kwok-che	37	2-Disease Prevention
FHB(H)149	2172	CHEUNG Kwok-che	37	2-Disease Prevention
FHB(H)150	1902	EU Yuet-mee, Audrey	37	3-Health Promotion
FHB(H)151	1959	LAU Kin-ye, Miriam	37	2-Disease Prevention
FHB(H)152	1960	LAU Kin-ye, Miriam	37	4-Curative Care
FHB(H)153	0979	FANG Kang, Vincent	48	1-Statutory Testing
FHB(H)154	0935	LI Wah-ming, Fred	37	N/A
FHB(H)155	0936	LI Wah-ming, Fred	37	N/A
FHB(H)156	0937	LI Wah-ming, Fred	37	2-Disease Prevention
FHB(H)157	0938	LI Wah-ming, Fred	37	2-Disease Prevention
FHB(H)158	0939	LI Wah-ming, Fred	37	2-Disease Prevention
FHB(H)159	2485	EU Yuet-mee, Audrey	140	1-Health
FHB(H)160	2486	EU Yuet-mee, Audrey	140	1-Health
FHB(H)161	1136	LEUNG Ka-lau	140	1-Health
FHB(H)162	0995	CHEUNG Kwok-che	140	2-Hospital Authority
FHB(H)163	1020	TAM Wai-ho, Samson	140	1-Health
FHB(H)164	1043	EU Yuet-mee, Audrey	140	2-Hospital Authority
FHB(H)165	1044	EU Yuet-mee, Audrey	140	2-Hospital Authority
FHB(H)166	1045	EU Yuet-mee, Audrey	140	2-Hospital Authority
FHB(H)167	1051	LEE Cheuk-yan	140	2-Hospital Authority
FHB(H)168	1075	HO Chun-yan, Albert	140	1-Health
FHB(H)169	1076	HO Chun-yan, Albert	140	2-Hospital Authority
FHB(H)170	1085	IP Kwok-him	140	1-Health
FHB(H)171	1086	IP Kwok-him	140	2-Hospital Authority
FHB(H)172	2170	CHEUNG Kwok-che	140	1-Health
FHB(H)173	2603	LEUNG Mei-fun, Priscilla	140	1-Health
FHB(H)174	2604	LEUNG Mei-fun, Priscilla	140	1-Health
FHB(H)175	2736	HO Chun-yan, Albert	140	1-Health
FHB(H)176	2737	HO Chun-yan, Albert	140	2-Hospital Authority
FHB(H)177	2738	HO Chun-yan, Albert	140	2-Hospital Authority
FHB(H)178	2739	HO Chun-yan, Albert	140	2-Hospital Authority
FHB(H)179	2740	HO Chun-yan, Albert	140	2-Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)180	2741	HO Chun-yan, Albert	140	2-Hospital Authority
FHB(H)181	2742	HO Chun-yan, Albert	140	N/A
FHB(H)182	2743	HO Chun-yan, Albert	140	1-Health
FHB(H)183	2320	WONG Kwok-hing	37	N/A
FHB(H)184	2321	WONG Kwok-hing	37	N/A
FHB(H)185	2322	WONG Kwok-hing	37	N/A
FHB(H)186	2323	WONG Kwok-hing	37	N/A
FHB(H)187	2501	EU Yuet-mee, Audrey	37	N/A
FHB(H)188	2502	EU Yuet-mee, Audrey	37	N/A
FHB(H)189	2511	CHAN Hak-kan	37	2-Disease Prevention
FHB(H)190	2710	IP Kwok-him	37	3-Health Promotion
FHB(H)191	2718	PAN Pey-chyou	37	4-Curative Care
FHB(H)192	2719	PAN Pey-chyou	37	4-Curative Care
FHB(H)193	2121	CHENG Kar-foo, Andrew	140	2-Hospital Authority
FHB(H)194	1196	LEUNG Ka-lau	140	1-Health
FHB(H)195	1197	LEUNG Ka-lau	140	1-Health
FHB(H)196	1198	LEUNG Ka-lau	140	1-Health
FHB(H)197	1199	LEUNG Ka-lau	140	2-Hospital Authority
FHB(H)198	1200	LEUNG Ka-lau	140	2-Hospital Authority
FHB(H)199	2894	LEUNG Ka-lau	140	2-Hospital Authority
FHB(H)200	2895	LEUNG Ka-lau	140	2-Hospital Authority
FHB(H)201	2896	LEUNG Ka-lau	140	2-Hospital Authority
FHB(H)202	2897	LEUNG Ka-lau	140	2-Hospital Authority
FHB(H)203	2898	LEUNG Ka-lau	140	2-Hospital Authority
FHB(H)204	2899	LEUNG Ka-lau	140	N/A
FHB(H)205	2900	LEUNG Ka-lau	140	N/A
FHB(H)206	2903	LEUNG Ka-lau	140	1-Health
FHB(H)207	2904	LEUNG Ka-lau	140	1-Health
FHB(H)208	2905	LEUNG Ka-lau	140	2-Hospital Authority
FHB(H)209	2906	LEUNG Ka-lau	140	2-Hospital Authority
FHB(H)210	2907	LEUNG Ka-lau	140	2-Hospital Authority
FHB(H)211	2908	LEUNG Ka-lau	140	2-Hospital Authority
FHB(H)212	2909	LEUNG Ka-lau	140	2-Hospital Authority
FHB(H)213	2910	LEUNG Ka-lau	140	2-Hospital Authority
FHB(H)214	2911	LEUNG Ka-lau	140	2-Hospital Authority
FHB(H)215	2913	LEUNG Ka-lau	140	1-Health
FHB(H)216	2938	WONG Kwok-kin	140	1-Health
FHB(H)217	3074	FUNG Kin-kee, Frederick	140	1-Health
FHB(H)218	3075	FUNG Kin-kee, Frederick	140	2-Hospital Authority
FHB(H)219	3076	FUNG Kin-kee, Frederick	140	1-Health
FHB(H)220	3097	CHENG Kar-foo, Andrew	140	1-Health
FHB(H)221	3098	CHENG Kar-foo, Andrew	140	N/A
FHB(H)222	3099	CHENG Kar-foo, Andrew	140	N/A
FHB(H)223	3132	EU Yuet-mee, Audrey	140	2-Hospital Authority
FHB(H)224	3133	EU Yuet-mee, Audrey	140	2-Hospital Authority
FHB(H)225	3081	FUNG Kin-kee, Frederick	37	2-Disease Prevention
FHB(H)226	3082	FUNG Kin-kee, Frederick	37	2-Disease Prevention
FHB(H)227	3083	FUNG Kin-kee, Frederick	37	3-Health Promotion

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)228	3084	FUNG Kin-kee, Frederick	37	2-Disease Prevention
FHB(H)229	2901	LEUNG Ka-lau	37	N/A
FHB(H)230	2902	LEUNG Ka-lau	37	N/A
FHB(H)231	2912	LEUNG Ka-lau	37	2-Disease Prevention
FHB(H)232	2553	CHEUNG Kwok-che	140	2-Hospital Authority
FHB(H)233	2311	WONG Sing-chi	140	2-Hospital Authority
FHB(H)234	3196	LEE Kok-long, Joseph	140	2-Hospital Authority
FHB(H)235	1531	LEE Kok-long, Joseph	48	1-Statutory Testing
FHB(H)236	1064	WONG Sing-chi	140	2-Hospital Authority

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

FHB(H)001

Question Serial No.

0157

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:

Compared with the revised provision of \$366.3 million for 2009-10, the total financial provision for 2010-11 has substantially increased by 20.2% to \$440.3 million. This is mainly due to “the setting of standards for Chinese herbal medicines, strengthening the regulation of pharmaceutical products and proprietary Chinese medicines”. What are the details and the expenditure involved?

Asked by: Hon. PAN Pey-chyou

Reply:

An additional provision of \$32.6 million has been earmarked in 2010-11 to expedite the setting of standards for Chinese herbal medicines commonly used in Hong Kong. The Department of Health has already developed standards for 60 herbs and will continue to develop the standards for another 140 by 2012.

Another additional provision of \$33.5 million has been earmarked in 2010-11 to strengthen the regulation of pharmaceutical products and proprietary Chinese medicines. Measures to be included will be more stringent pre-market and post-market control of pharmaceutical products, and commencement of the remaining provisions under the Chinese Medicine Ordinance related to mandatory registration of proprietary Chinese medicines.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 18.3.2010

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

FHB(H)002

Question Serial No.

0158

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:

Regarding the net increase of 81 posts in 2010-11, please advise this Committee on:

- (a) the estimated expenditures involved;
- (b) the ranks and spectrum of duties involved; and
- (c) how many of these posts are permanent in nature.

Asked by: Hon. PAN Pey-chyou

Reply:

The increase of 81 posts to be created under the permanent establishment of the Department of Health under Programme (1) will involve-

- (i) creation of 39 posts for strengthening support in port health control, tobacco control, and regulation of pharmaceutical products, proprietary Chinese medicines and medical device, and
- (ii) creation of 42 posts for conversion of non-civil service contract positions to permanent established posts in various services.

Details of the 81 posts are at the Annex.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

Creation and Deletion of Posts under Programme 1 – Statutory Functions

<u>Major scope of responsibilities / Rank</u>	<u>Number of posts to be created</u>		<u>Total</u>	<u>Annual recurrent cost of civil service posts (\$)</u>
	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>		
Professional, enforcement and technical support				
Senior Medical & Health Officer	2		2	1,962,000
Medical & Health Officer	2		2	1,500,240
Senior Pharmacist	1		1	981,000
Pharmacist	11		11	7,228,980
Scientific Officer (Medical)	7		7	4,600,260
Executive Officer I		5	5	2,649,300
Executive Officer II		2	2	701,640
Senior Foreman		12	12	2,719,440
Foreman	2	18	20	3,573,600
Medical Technologist	2		2	1,059,720
Senior Health Inspector	1		1	554,760
Health Inspector I/II	2		2	744,720
Administration support				
Hospital Administrator II		3	3	1,052,460
Senior Executive Officer	1		1	719,160
Executive Officer II	1		1	350,820
Clerical Officer	1		1	303,840
Assistant Clerical Officer	3		3	568,260
Clerical Assistant	3		3	443,160
Workman II		2	2	234,840
Total	39	42	81	31,948,200

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

FHB(H)003

Question Serial No.

0159

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the establishment of a Primary Care Office, please advise this Committee on:

- a. the estimated expenditure involved in setting up the Office;
- b. the details of the work involved; and
- c. whether more staff will be employed. If yes, how many staff will be employed? What are the ranks and spectrum of duties of these posts? How many of them are permanent posts?

Asked by: Hon. PAN Pey-chyou

Reply:

(a), (b) and (c)

Following the broad public support during the first-stage public consultation on health care reform in 2008, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health has put forward a set of recommendations to enhance primary care in Hong Kong. These include-

- (i) developing conceptual models and clinical protocols for primary care;
- (ii) setting up and promoting a Primary Care Directory; and
- (iii) designing feasible service delivery models, based on the primary care conceptual models and clinical protocols, to enhance primary care services in the community.

Based on these recommendations, the Government has earmarked a total of about \$600 million for the period 2010-11 to 2012-13 (of which about \$169 million will be allocated in 2010-11) to implement a series of pilot projects to enhance primary care, including –

- (1) \$254 million for strengthening the support for chronic disease patients;
- (2) \$65 million for setting up community health centres or network; and
- (3) \$80 million for enhancing primary dental services and oral health promotion programmes in collaboration with the dental profession, particularly those for the elderly in need.

We are working out the implementation details of the above pilot projects, including their scale, manpower requirement, and participation arrangements.

In addition to the above, starting from August 2009, the Government has already launched, through the Hospital Authority (HA), a series of pilot projects under the policy initiative announced by the Chief Executive in his 2008-09 Policy Address to enhance support for chronic disease patients in the primary care settings. These include promoting the prevention and treatment of chronic diseases in both the public and private sectors in local communities, conducting health risk assessments and drawing up management plans for high-risk groups, helping chronic disease patients improve their self-care skills through enhanced education, etc.

In order to support the development of primary care in Hong Kong and co-ordinate the implementation of various programmes to enhance primary care, the Government has planned to set up a Primary Care Office (PCO) in 2010-11. The PCO will be responsible for supporting the WGPC for the strategic planning, implementation and overall co-ordination of long-term development of primary care, so as to improve health of the population and to strengthen disease prevention and control. It will be set up under the Department of Health (DH) and comprise staff of relevant expertise including those from DH, HA and the Food and Health Bureau.

Out of the \$226 million earmarked for the PCO for the period 2010-11 to 2012-13, about \$194 million is earmarked for implementing specific tasks relating to primary care development, including developing primary care conceptual models and preventive protocols, establishing and maintaining the Primary Care Directory, implementing and evaluating new primary care delivery models, supporting research on primary care, improving primary care related training and capacity building in collaboration with health care professionals, etc. It will also coordinate and monitor the progress of all the pilot projects mentioned above, and continuously work with independent assessment bodies to evaluate the arrangements and effectiveness of the projects during the pilot period.

The PCO will involve an initial setup of 19 civil service posts, comprising Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, Administrative Officer, Executive Officers and supporting clerical and secretarial staff, breakdown of which is at Annex. The Head of the PCO will be pitched at the Assistant Director of Health (D2) rank, underpinned by a Principal Medical and Health Officer (D1). We will seek the Finance Committee's approval in due course to create the two directorate posts later. We have earmarked about \$9 million in 2010-11 for these civil service posts. In addition, about \$6 million in 2010-11 has been earmarked for secondment of staff from HA (e.g. Medical and Health Officers, Scientific Officer (Medical), Nursing Officer) with relevant expertise in the provision and development of primary care and other related tasks such as the development of clinical protocols.

Signature	_____
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	18.3.2010

Proposed Civil Service Staffing Complement for the Primary Care Office

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Assistant Director of Health	1
Principal Medical & Health Officer	1
Senior Medical & Health Officer	2
Medical & Health Officer	2
Nursing Officer	2
Scientific Officer (Medical)	2
<u>Administration support</u>	
Senior Executive Officer	2
Executive Officer I*	1
Executive Officer II	1
Clerical Officer	1
Assistant Clerical Officer	2
Personal Secretary I	1
<u>Policy and strategy development</u>	
Administrative Officer*	1
Total	19

*Existing posts in the Food and Health Bureau. All other posts are new posts to be created under the Department of Health.

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

FHB(H)004

Question Serial No.

0160

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Information of the Administration shows that the attendance rates of new born babies in Maternal and Child Health Centres were low in both 2008 and 2009 because the parents of babies born here were not local residents. Please provide the number of new born babies for the past five years (i.e. from 2005 to 2009) in the table below.

	Both parents are local residents	Mother is non-local resident	Father is non-local resident	Both parents are non-local residents
2005				
2006				
2007				
2008				
2009				

Asked by: Hon. PAN Pey-chyou

Reply:

The Department of Health does not have the requested information. The birth statistics provided by Immigration Department and Census and Statistics Department may contain information which could be relevant -

Birth Statistics

Reference period	Total number of live births ⁽¹⁾	Number of live births born to Mainland women			
		whose spouses are Hong Kong permanent residents	whose spouses are not Hong Kong permanent residents ⁽²⁾	Others ⁽³⁾	Sub-total
2005	57 098	9 879	9 273	386	19 538
2006	65 626	9 438	16 044	650	26 132
2007	70 875	7 989	18 816	769	27 574
2008	78 822	7 228	25 269	1 068	33 565
2009 [#]	82 147	6 213	29 766	1 274	37 253

Notes: (1) The figures refer to the total number of live births born in Hong Kong in the reference period, counted by occurrence of the event, meaning births that actually took place in that reference period.

(2) The figures include Hong Kong non-permanent residents, i.e. persons from the Mainland who have resided in Hong Kong for less than seven years, and non-Hong Kong residents.

(3) This refers to Mainland mothers who chose not to provide the father's residential status during birth registration.

Provisional figures

Sources: Immigration Department and Census and Statistics Department

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 17.3.2010

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

FHB(H)005

Question Serial No.

0161

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The 2010's estimate of "number of enrolment in Elderly Health Centres (EHCs)" in the indicator still remains at 38 500. Would the Government advise this Committee on -

- (a) the population of elders aged 65 or above in Hong Kong in the past five years (i.e. from 2005 to 2009);

	Mid-year population of elders aged 65 or above
2005	
2006	
2007	
2008	
2009	

- (b) the estimated population of elders aged 65 or above in Hong Kong in the coming five years (i.e. from 2010 to 2014);

	Mid-year population of elders aged 65 or above
2010	
2011	
2012	
2013	
2014	

- (c) the average expenditure required to serve each elder in EHC at present; and
- (d) whether more enrolments for Elderly Health Service will be added in the near future and the expenditure involved?

Asked by: Hon. PAN Pey-chyou

Reply:

- (a) From 2005 to 2009, the populations of elders aged 65 or above in Hong Kong were as follows-

	Mid-year population of elders aged 65 or above
2005	834 700
2006	852 100
2007	871 400
2008	879 600
2009	893 500

- (b) According to the population projections conducted by the Census and Statistics Department in 2007, the population of elders aged 65 or above from 2010 to 2014 are as follows-

	Mid-year population of elders aged 65 or above
2010	900 900
2011	919 200
2012	952 200
2013	989 000
2014	1 031 000

- (c) The average cost for health assessment for each member of EHC in 2009-10 was \$1,030.
- (d) Provision of highly subsidised primary health care by EHCs is not the most cost-effective and sustainable way to deliver services to elders in Hong Kong. The Government has no plan to expand EHCs at present. In fact, EHCs are not the only service provider to cater for the health care needs of the elderly. Other units of Department of Health, the Hospital Authority, community service organisations and private health care providers also provide services to the elderly. In addition, starting from 1 January 2009, the Government has launched a three-year Elderly Health Care Voucher Pilot Scheme. Under the Scheme, elders aged 70 or above are given five health care vouchers of \$50 each annually to partially subsidise their use of private health care services.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 18.3.2010

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

FHB(H)006

Question Serial No.

1273

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the setting up of Chinese medicine clinics in the public sector, how many clinics does the Administration plan to set up in the coming three financial years (i.e. from 2010-11 to 2012-13)? In which districts will the clinics be located? What is the estimated number of patients that can be handled? What are the expenditure and manpower involved?

Asked by: Hon. CHAN Hak-kan

Reply:

The Government has committed to establish a total of 18 public Chinese medicine clinics (CMCs) to develop "evidence-based" Chinese medicine and to provide training opportunities for local Chinese medicine degree programmes graduates. We plan to set up one CMC in each district and a total of 14 CMCs have been set up so far. The four remaining districts are Kowloon City, Southern, Yau Tsim Mong and Islands Districts. We are actively identifying suitable sites to set up CMCs in the four districts as early as possible.

The services of public CMCs are provided through tripartite collaboration of the Hospital Authority, a non-governmental organization (NGO) and a university for each of the clinics. The NGO partner is responsible for the day-to-day operation of the clinic and training opportunities are provided to graduates of the universities. Each NGO is required to employ at least four part-time (or two full-time) senior Chinese medicine practitioners and five graduates of local Chinese medicine degree programmes as junior Chinese medicine practitioners. The NGO may decide to engage other clinical and supporting staff (including registered/enrolled nurse, Chinese medicine pharmacist, Chinese medicine dispensers and general support staff) to meet operational needs. On average, each CMC can provide about 90 Chinese medicine general consultations per day. The actual daily attendances depend on patient demand.

In 2010-11, the Government has earmarked some \$77 million to fund the operation of the 14 existing CMCs, to cover the maintenance of the Toxicology Reference Laboratory, quality assurance and central procurement of Chinese medicine herbs, the development and provision of training in “evidence-based” Chinese medicine, and enhancement and maintenance of the Chinese Medicine Information System. Additional funding will be provided as and when new CMCs are set up.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 10.3.2010

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

FHB(H)007

Question Serial No.

1274

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the provision of training opportunities for graduates of local Chinese medicine degree programmes, how many such graduates were employed in the past three years (i.e. 2007, 2008 and 2009) respectively by the Chinese medicine clinics in the public sector which have commenced operation? What is their average salary? What are their starting salary point and maximum salary point?

Apart from setting up Chinese medicine clinics in the public sector to provide more training opportunities, has the Administration earmarked any funding to set up a hospital of Chinese medicine in Hong Kong and step up our cooperation with such hospitals in the Mainland?

Asked by: Hon. CHAN Hak-kan

Reply:

The services of public Chinese medicine clinics (CMCs) are provided through tripartite collaboration of the Hospital Authority (HA), a non-governmental organization (NGO) and a university for each of the clinics. The NGO partner is responsible for the day-to-day operation of the clinic. Each NGO will employ five graduates of local Chinese medicine degree programmes as junior Chinese medicine practitioners and provide them with up to three years of training. They are engaged as staff of the respective NGO and their salaries are determined by the NGO concerned. The number of training places offered by public CMCs in 2007, 2008 and 2009 was 45, 60 and 70 respectively.

The Government launched in December 2009 an Expression of Interest (EOI) Exercise to solicit the interests of the market in developing private hospitals in the four reserved sites (in Wong Chuk Hang, Tseung Kwan O, Tai Po and Lantau respectively). The EOI exercise will close on 31 March 2010. The Government is open-minded about the scope of service, including both Chinese and Western medicines, that may be provided in the new hospital to be developed at each site, subject to the relevant special requirements which the Government will determine for development of the sites.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 12.3.2010

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

FHB(H)008

Question Serial No.

1275

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Why is there an anticipated increase in the number of first attendances for accident and emergency (A&E) services for 2010-11 as compared with that for the years of 2008-09 and 2009-10? Has the Administration earmarked resources to explore ways to minimise abuse of A&E services by the public?

Asked by: Hon. CHAN Hak-kan

Reply:

The number of first attendances of accident and emergency (A&E) services in 2010-11 is estimated on the basis of the number of first attendances in the previous three years, which show an increasing trend at a rate of 1% to 2%. The number of first attendances in 2006-07, 2007-08 and 2008-09 were 1 968 357, 2 008 013 and 2 036 985 respectively.

In order to minimise improper use of A&E services by patients under non-emergency conditions, we will continue to encourage the public to make better use of the services of family doctors, who should be the first point of contact for accessing medical services. A triage system has also been put in place in all A&E Departments in the Hospital Authority to classify patients into five categories according to their clinical conditions to ensure that patients with urgent needs for medical treatment are promptly attended to.

Signature _____

Name in block letters Ms Sandra LEE _____

Post Title Permanent Secretary for Food and
Health (Health) _____

Date 12.3.2010 _____

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

FHB(H)009

Question Serial No.

1276

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please tabulate the number of applications received, the number of applications approved (including cases granted a full subsidy and those granted a partial subsidy) and the average amount of subsidy granted in each case under the Samaritan Fund for 2007-08, 2008-09 and 2009-10 respectively.

Asked by: Hon. CHAN Hak-kan

Reply:

The table below sets out the total number of applications received by the Hospital Authority for assistance under the Samaritan Fund, the number of cases approved for subsidy (including cases granted a full subsidy and those granted a partial subsidy) and the average amount of subsidy granted in each case in 2007-08, 2008-09 and 2009-10 (up to 31 December 2009).

Year	Total number of applications received	Number of applications approved for subsidy		Average amount of subsidy granted in each case
		Full subsidy granted	Partial subsidy granted	
2007-08	4 336	3 685	632	\$31,243
2008-09	4 448	3 812	614	\$35,000
2009-10 (up to December 2009)	3 567	3 100	450	\$38,567

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 15.3.2010

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

FHB(H)010

Question Serial No.

0239

Head: 37 Department of Health

Subhead (No. & title):

Programme: (8) Personnel Management of Civil Servants Working in Hospital Authority

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

As the number of civil servants working in public hospitals will only decrease but not increase, with an actual number 3 128 in 2008 and 2 883 in 2009, and an estimated number of 2 702 in 2010, what is the total number of staff deployed to manage these civil servants? What is the establishment involved?

Asked by: Hon. LAU Wong-fat

Reply:

The Department of Health (DH) assumed the personnel management responsibility for civil servants working in the Hospital Authority (HA) in April 1999. With the number of civil servants working in the HA decreasing over the years, the number of staff supporting this programme has been gradually reduced from 42 in 1999-00 to 22 in 2009-10. The existing establishment of 22 comprises 19 administration staff in Hospital Staff Unit (HSU) and three staff at DH headquarters who provide support to this programme. The establishment in HSU is as follows-

<u>Rank</u>	<u>Number</u>
Chief Executive Officer	1
Senior Executive Officer	1
Executive Officer I	2
Senior Clerical Officer	1
Clerical Officer	4
Assistant Clerical Officer	6
Clerical Assistant	3
Office Assistant	1
Total	19

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 18.3.2010

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

FHB(H)011

Question Serial No.

0246

Head: 37 Department of Health

Subhead (No. & title):

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In the coming year (i.e. 2010-11), the target number of health promoters to be trained exceeds 1 500, which is more than 30% smaller than the actual figure achieved in the previous year. What is the amount of expenditure saved as a result? How will the original manpower be redeployed?

Asked by: Hon. LAU Wong-fat

Reply:

The Department of Health (DH) sets a target to train about 1 500 health promoters every year to support health promotion work. The actual number of health promoters to be trained will vary depending on the nature and content of health promotion programmes to be implemented. For the year 2010-11, DH anticipates that about 2 200 health promoters will be trained mainly to organise healthy eating promotional activities in schools and restaurants. This number is roughly comparable to that of the previous year.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)012

Question Serial No.

0282

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the increased expenditure due to the Human Swine Influenza (HSI) Vaccination Programme in 2009-10, please provide the following information:

- (a) What is the amount of expenditure involved?
- (b) For which areas will the expenditure be used respectively? Please specify in detail with a list.
- (c) What is the number of HSI vaccines successfully administered against the number of vaccines purchased? What is the expenditure involved for the remaining vaccines?

Asked by: Hon. PAN Pey-chyou

Reply:

The provision for Human Swine Influenza Vaccination Programme for 2009-10 is as follows -

	<u>Amount</u> \$ million
Vaccine Cost	237.0
Injection Cost	62.5
Total	<u>299.5</u>

The Government has procured three million doses of human swine influenza vaccine at a cost of \$79 per dose. At the end of February 2010, about 180 000 doses have been administered to target groups.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 17.3.2010

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

FHB(H)013

Question Serial No.

0283

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the continual launching of the three-year pilot scheme to provide health care vouchers to elderly aged 70 or above in 2010-11, please provide the following information -

- (a) Since the launching of the scheme, how many elders have participated? What was the expenditure involved?
- (b) What is the number of eligible elders? What percentage of eligible elders actually participated in the scheme?
- (c) If the age limit is lowered to 65, how many more elders will benefit? What will be the additional expenditure required?

Asked by: Hon. PAN Pey-chyou

Reply:

The Elderly Health Care Voucher Scheme (the Scheme) was launched on 1 January 2009 as a three-year pilot scheme to provide elders aged 70 or above with five health care vouchers of \$50 each annually as a partial subsidy for using private primary care services in the community that most suit their needs.

Number of enrolled practices

The number of health care practices enrolled under the Scheme was 3 248 as at end February 2010, up from 2 116 when the Scheme was launched on 1 January 2009. A breakdown of enrolled practices as at end February 2010 by profession and district is at Annex A. The Department of Health (DH) will continue to monitor the enrolment of service providers and promote for participation in the Scheme.

Between 1 January 2009 and end February 2010, 1 274 practices have newly enrolled in the Scheme, while 142 practices have withdrawn (87 in Western medicine, 22 in Chinese medicine, 25 in dentistry, 3 in physiotherapy, 4 in chiropractic and 1 in nursing). Among those withdrawn, most have not provided reasons for their withdrawal. For those who have, change in practices at which they work in is the most common reason.

Number of enrolled elders

As at end February 2010, 308 646 eligible elders have participated in the Scheme, constituting 46% of about 670 000 eligible elders aged 70 years or above in 2010. Among them, 215 705 (32% of eligible elders) have made a total of 467 728 voucher claims for 1 123 122 vouchers in total (involving a total amount of \$56.2 million). DH will continue to monitor the participation of elders and promote for participation in the Scheme.

Usage of vouchers

Elders can use the vouchers starting from the year they turn 70 years old. Unused vouchers can be accumulated until the Scheme has ended. By end 2009, 122 883 elders (18% of eligible elders) have used up all their entitled vouchers in 2009. A breakdown of the number of vouchers used in each claim in 2009 is as follows –

<u>No. of vouchers claimed in each claim episode</u>	<u>No. of claim episodes</u>	<u>% of claim episodes</u>
1	93 531	27
2	144 549	42
3	59 718	17
4	14 706	4
5	36 370	10
Total :	<hr/> 348 874	100%

Information on usage of vouchers by different age groups is at Annex B.

Complaints and improper claims

To ensure that vouchers are properly claimed by the service providers, DH routinely monitors claim transactions through the electronic voucher system, checks claims and examines service records through inspection of service providers, and check with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. In addition, DH has conducted briefing sessions and distributed guidelines via mail, email and website to service providers on procedures for making voucher claims for the elders and conditions for reimbursement.

Up to end February 2010, DH has received a total of ten complaints under the Scheme. Six complaints involved refusal to provide services to elders enrolled under the Scheme and four involved improper claims. The Health Care Voucher Unit of DH is responsible for the implementation of the Scheme including investigating complaints against and conducting inspection of service providers. The time required for completing the investigation depends on the complexity of individual cases. In general, investigation is expected to be completed within two weeks after receiving the complaint. As at end February 2010, investigation on seven out of the ten complaints has been completed.

A service provider will be disqualified from the Scheme if (i) the Government is of the reasonable opinion that he has failed to provide health care services in a professional manner or is otherwise found to have committed professional misconduct or malpractice; or (ii) the service provider or his employing organisation fails to comply with any provision of the agreement under the Scheme or with any direction or requirement given by the Government or Director of Health in relation to the Scheme. As at February 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Scheme.

Expenditure related to the Scheme

The Government has earmarked a total of \$573.2 million for the three-year pilot Scheme, of which \$505.3 million is budgeted for reimbursing vouchers (\$168.6 million in 2010-11). For the implementation of the Scheme, the Food and Health Bureau and DH have incurred up to end February 2010 actual capital expenditure of \$20.9 million for system development and maintenance and other capital and setting up works, and actual operating expenditure of \$62.0 million, comprising \$49.2 million for reimbursement of vouchers, \$12.1 million for staffing expenses and \$0.7 million for other operating expenses. The expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears.

Review of the Scheme

As undertaken, the Administration will conduct an interim review in 2010 and a full review after the three-year pilot period. The reviews will assess the effectiveness of the Scheme and its operational arrangements including its scope, and also consider the suggestions to adjust the age limit and revise the voucher amount. The Administration will also conduct surveys to gather feedback from both elders and health care providers. As stated in the 2010-11 Budget Speech, the Financial Secretary will provide the necessary resources subject to the review findings.

Financial implication of lowering eligible age and increasing voucher amount

If hypothetically the eligible age of 70 were to be lowered to 65 or 60 and the amount of vouchers for each elder were to be increased to \$500 or \$1,000, the financial implication would increase due to the increase in the number of eligible elders and increase in voucher reimbursement. The hypothetical annual expenditure for providing vouchers at different age limit and different voucher amount taking the year 2011 as an illustrative example is as follows –

Eligible Age	Annual expenditure at voucher amount of \$250 per elder per year (\$ million)	Annual expenditure at voucher amount of \$500 per elder per year (\$ million)	Annual expenditure at voucher amount of \$1,000 per elder per year (\$ million)
70 or above	171.0	341.9	683.8
65 or above	229.8	459.6	919.2
60 or above	332.7	665.4	1,330.8

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 19.3.2010

Location of Practices of Health Care Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 28 February 2010)

Profession District	Western Medicine Doctor	Chinese Medicine Practitioner	Dentist	Occupational Therapist	Physiotherapist	Medical Laboratory Technologist	Radiographer	Chiropractor	Enrolled Nurse	Registered Nurse	Total
Central & Western	127	83	32	3	36	3	4	9	2	3	302
Eastern	125	29	23	2	14	0	0	0	0	2	195
Southern	38	26	4	0	3	0	0	0	0	0	71
Wan Chai	87	75	30	4	27	1	0	0	1	4	229
Kowloon City	116	30	11	0	18	0	0	0	0	0	175
Kwun Tong	137	75	31	3	8	10	11	1	3	16	295
Sham Shui Po	72	45	7	3	10	3	1	0	0	0	141
Wong Tai Sin	75	52	10	0	3	0	0	0	0	0	140
Yau Tsim Mong	217	141	49	5	78	10	8	6	3	25	542
North	45	24	5	0	1	1	0	0	0	0	76
Sai Kung	88	21	7	0	5	3	3	0	0	0	127
Sha Tin	84	28	24	0	20	0	0	1	1	2	160
Tai Po	60	48	12	1	3	2	2	0	2	11	141
Kwai Tsing	82	29	13	0	8	0	0	0	1	1	134
Tsuen Wan	111	46	8	4	15	4	5	1	1	4	199
Tuen Mun	81	60	6	0	3	0	1	0	0	0	151
Yuen Long	93	25	8	0	6	0	0	0	0	1	133
Islands	27	4	1	0	5	0	0	0	0	0	37
Total	1 665	841	281	25	263	37	35	18	14	69	3 248

Utilisation of Health Care Vouchers by Age Group of Eligible Elders
(as at 28 February 2010)

Age group	No. of eligible elders in 2010	No. of elders with voucher accounts [% of eligible elders]	No. of elders without voucher accounts [% of eligible elders]	No. of vouchers used
70-74	230 300	84 709 [37%]	145 591 [63%]	306 087
75-79	199 500	91 699 [46%]	107 801 [54%]	369 280
80-84	132 200	68 314 [52%]	63 886 [48%]	259 747
≥85	112 300	63 924 [57%]	48 376 [43%]	188 008
Total	674 300	308 646 [46%]	365 654 [54%]	1 123 122

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

FHB(H)014

Question Serial No.

0284

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the establishment of a Vaccination Office, please advise on the following:

- (a) What is the main scope of responsibilities of the Office?
- (b) What is the estimated expenditure involved?
- (c) Will it involve additional manpower? What are the details?
- (d) When will the Office be expected to commence operation?

Asked by: Hon. PAN Pey-chyou

Reply:

The Vaccination Office is responsible for the planning, implementation and evaluation of various vaccination programmes and subsidy schemes including the Government Vaccination Programme, Childhood Influenza Vaccination Subsidy Scheme, Elderly Vaccination Subsidy Scheme as well as Human Swine Influenza Vaccination Programme and Subsidy Scheme. Its main tasks include liaising and coordinating with different service providers, handling enrolment applications and processing reimbursement claims of private doctors, monitoring vaccination uptake and compiling relevant statistics, conducting audit checks, organising publicity programmes, operating hotline service, as well as reviewing and evaluating the vaccination programmes and subsidy schemes. It does not cover the Childhood Immunisation Programme of the Family Health Service or School Immunisation Teams.

In 2010-11, seven new posts are planned for creation including one Senior Medical and Health Officer, one Registered Nurse, one Senior Executive Officer, one Executive Officer II, two Assistant Clerical Officers and one Accounting Officer I. In addition, three time-limited posts including one Senior Medical and Health Officer and two Medical and Health Officers will be required for strategic development of various vaccination programmes as well as implementation and review of overall operational plans.

The Vaccination Office will be set up in 2010-11 and the estimated expenditure involved is \$15.7 million.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)015

Question Serial No.

0285

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:

Regarding the net increase of 81 posts in 2010-11 under this Programme, please provide the following information:

- (a) the estimated expenditures involved;
- (b) whether the 81 posts are permanent in nature and the ranks and spectrum of duties involved.

Asked by: Hon. PAN Pey-chyou

Reply:

The increase of 81 posts to be created under the permanent establishment of the Department of Health under Programme (1) will involve-

- (i) creation of 39 posts for strengthening support in port health control, tobacco control, and regulation of pharmaceutical products, proprietary Chinese medicines and medical device, and
- (ii) creation of 42 posts for conversion of non-civil service contract positions to permanent established posts in various services.

Details of the 81 posts are at the Annex.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

Creation and Deletion of Posts under Programme 1 – Statutory Functions

<u>Major scope of responsibilities / Rank</u>	<u>Number of posts to be created</u>		<u>Total</u>	<u>Annual recurrent cost of civil service posts (\$)</u>
	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>		
Professional, enforcement and technical support				
Senior Medical & Health Officer	2		2	1,962,000
Medical & Health Officer	2		2	1,500,240
Senior Pharmacist	1		1	981,000
Pharmacist	11		11	7,228,980
Scientific Officer (Medical)	7		7	4,600,260
Executive Officer I		5	5	2,649,300
Executive Officer II		2	2	701,640
Senior Foreman		12	12	2,719,440
Foreman	2	18	20	3,573,600
Medical Technologist	2		2	1,059,720
Senior Health Inspector	1		1	554,760
Health Inspector I/II	2		2	744,720
Administration support				
Hospital Administrator II		3	3	1,052,460
Senior Executive Officer	1		1	719,160
Executive Officer II	1		1	350,820
Clerical Officer	1		1	303,840
Assistant Clerical Officer	3		3	568,260
Clerical Assistant	3		3	443,160
Workman II		2	2	234,840
Total	39	42	81	31,948,200

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

FHB(H)016

Question Serial No.

0286

Head: 37 Department of Health

Subhead (No. & title):

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Department to adopt a community approach on smoking prevention and cessation during 2010-11, please advise on the following:

- (a) What are the details of the programme?
- (b) What is the estimated expenditure involved?
- (c) How will the Administration assess the effectiveness of the programme?
- (d) Please provide a breakdown of the number of smokers in the past five years (i.e. from 2005-06 to 2009-10) by gender and age group.

Asked by: Hon. PAN Pey-chyou

Reply:

In 2010-11, the Tobacco Control Office (TCO) of the Department of Health (DH) will strengthen publicity, health education and promotional activities on tobacco control through TV and radio announcements of public interest, giant outdoor advertisements, internet, hotline, campaigns, on-line games, health education materials and seminars. The aim of these activities is to encourage smokers to quit smoking and prevent people from picking up the smoking habit.

In parallel, the Hong Kong Council on Smoking and Health (COSH) will focus its efforts on promoting smoking cessation and a smoke-free living environment. It will conduct publicity campaigns including production of a new announcement of public interest to encourage smokers to quit smoking and garner public support for a smoke-free Hong Kong. COSH will also continue its education and publicity efforts at kindergartens, primary and secondary schools through health talks and theatre programmes. The aim is to educate students on the hazards of smoking as well as how to resist the temptation of smoking and support a smoke-free environment.

To further strengthen its efforts on smoking prevention and cessation, DH has entered into a funding and service agreement with the Tung Wah Group of Hospitals for the provision of a community-based smoking cessation programme from January 2009. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for health care professionals and research projects. The programme will be enhanced in 2010-11 with a total of five centres (increased from four) operating throughout the territory to provide free smoking cessation services.

DH will also enter into a funding and service agreement with Pok Oi Hospital (POH) for the provision of a one-year smoking cessation pilot programme using traditional Chinese medicine with effect from 1 April 2010. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public and research projects. Free smoking cessation service including counseling and acupuncture will be provided by POH Chinese medicine practitioners in ten mobile clinics which serve 48 locations at different districts. A Chinese Medicine Community Health Care Centre will be established to support these mobile clinics.

The provision for publicity and education programme on smoking prevention and cessation for 2010-11 will be \$57.4 million. DH will evaluate the effectiveness of its efforts through monitoring various performance indicators including utilisation of services and smoking cessation rate of the users.

Over the past five years, the Census and Statistics Department conducted two Thematic Household Surveys in 2005 and 2007-08. The numbers of smokers identified in the surveys by gender and age group were as follows-

Age	February – May 2005		December 2007 – March 2008	
	No. of smokers		No. of smokers	
	Male	Female	Male	Female
15-19	11 300	4 400	7 900	2 500
20-29	93 500	28 800	81 000	26 900
30-39	149 100	34 600	121 000	35 400
40-49	176 200	20 700	145 700	20 700
50-59	126 900	9 700	122 700	10 500
60 and over	122 000	16 100	92 600	9 900
Total	678 900	114 300	571 000	105 900

Note: Owing to rounding, there is a slight discrepancy between the sum of individual items and the total as shown in the table.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 18.3.2010

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

FHB(H)017

Question Serial No.

1201

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:

There will be a net increase of 81 posts under this programme in 2010-11. What are the establishment and expenditure involved? Please list the distribution of the newly created posts by function.

Asked by: Hon. CHAN Hak-kan

Reply:

The increase of 81 posts to be created under the permanent establishment of the Department of Health under Programme (1) will involve-

- (i) creation of 39 posts for strengthening support in port health control, tobacco control, and regulation of pharmaceutical products, proprietary Chinese medicines and medical device, and
- (ii) creation of 42 posts for conversion of non-civil service contract positions to permanent established posts in various services.

Details of the 81 posts are at the Annex.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

Creation and Deletion of Posts under Programme 1 – Statutory Functions

<u>Major scope of responsibilities / Rank</u>	<u>Number of posts to be created</u>		<u>Total</u>	<u>Annual recurrent cost of civil service posts (\$)</u>
	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>		
Professional, enforcement and technical support				
Senior Medical & Health Officer	2		2	1,962,000
Medical & Health Officer	2		2	1,500,240
Senior Pharmacist	1		1	981,000
Pharmacist	11		11	7,228,980
Scientific Officer (Medical)	7		7	4,600,260
Executive Officer I		5	5	2,649,300
Executive Officer II		2	2	701,640
Senior Foreman		12	12	2,719,440
Foreman	2	18	20	3,573,600
Medical Technologist	2		2	1,059,720
Senior Health Inspector	1		1	554,760
Health Inspector I/II	2		2	744,720
Administration support				
Hospital Administrator II		3	3	1,052,460
Senior Executive Officer	1		1	719,160
Executive Officer II	1		1	350,820
Clerical Officer	1		1	303,840
Assistant Clerical Officer	3		3	568,260
Clerical Assistant	3		3	443,160
Workman II		2	2	234,840
Total	39	42	81	31,948,200

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

FHB(H)018

Question Serial No.

1202

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the scheme to provide health care vouchers to elderly aged 70 or above, please provide the following information -

- (a) the numbers of respective health care professionals and organisations which have participated in the Elderly Health Care Voucher Pilot Scheme (the Scheme) by 18 districts;
- (b) the number of health care professionals who have joined and withdrawn from the Scheme since its launching, as compared with the number of participants at the start of the Scheme;
- (c) the numbers of elders who have used the health care vouchers and the percentages against the total population, both by age groups; and
- (d) the number of elders who have already used up all their \$250 of vouchers in 2009.

Asked by: Hon. CHAN Hak-kan

Reply:

The Elderly Health Care Voucher Scheme (the Scheme) was launched on 1 January 2009 as a three-year pilot scheme to provide elders aged 70 or above with five health care vouchers of \$50 each annually as a partial subsidy for using private primary care services in the community that most suit their needs.

Number of enrolled practices

The number of health care practices enrolled under the Scheme was 3 248 as at end February 2010, up from 2 116 when the Scheme was launched on 1 January 2009. A breakdown of enrolled practices as at end February 2010 by profession and district is at Annex A. The Department of Health (DH) will continue to monitor the enrolment of service providers and promote for participation in the Scheme.

Between 1 January 2009 and end February 2010, 1 274 practices have newly enrolled in the Scheme, while 142 practices have withdrawn (87 in Western medicine, 22 in Chinese medicine, 25 in dentistry, 3 in physiotherapy, 4 in chiropractic and 1 in nursing). Among those withdrawn, most have not provided reasons for their withdrawal. For those who have, change in practices at which they work in is the most common reason.

Number of enrolled elders

As at end February 2010, 308 646 eligible elders have participated in the Scheme, constituting 46% of about 670 000 eligible elders aged 70 years or above in 2010. Among them, 215 705 (32% of eligible elders) have made a total of 467 728 voucher claims for 1 123 122 vouchers in total (involving a total amount of \$56.2 million). DH will continue to monitor the participation of elders and promote for participation in the Scheme.

Usage of vouchers

Elders can use the vouchers starting from the year they turn 70 years old. Unused vouchers can be accumulated until the Scheme has ended. By end 2009, 122 883 elders (18% of eligible elders) have used up all their entitled vouchers in 2009. A breakdown of the number of vouchers used in each claim in 2009 is as follows –

<u>No. of vouchers claimed in each claim episode</u>	<u>No. of claim episodes</u>	<u>% of claim episodes</u>
1	93 531	27
2	144 549	42
3	59 718	17
4	14 706	4
5	36 370	10
Total :	348 874	100%

Information on usage of vouchers by different age groups is at Annex B.

Complaints and improper claims

To ensure that vouchers are properly claimed by the service providers, DH routinely monitors claim transactions through the electronic voucher system, checks claims and examines service records through inspection of service providers, and check with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. In addition, DH has conducted briefing sessions and distributed guidelines via mail, email and website to service providers on procedures for making voucher claims for the elders and conditions for reimbursement.

Up to end February 2010, DH has received a total of ten complaints under the Scheme. Six complaints involved refusal to provide services to elders enrolled under the Scheme and four involved improper claims. The Health Care Voucher Unit of DH is responsible for the implementation of the Scheme including investigating complaints against and conducting inspection of service providers. The time required for completing the investigation depends on the complexity of individual cases. In general, investigation is expected to be completed within two weeks after receiving the complaint. As at end February 2010, investigation on seven out of the ten complaints has been completed.

A service provider will be disqualified from the Scheme if (i) the Government is of the reasonable opinion that he has failed to provide health care services in a professional manner or is otherwise found to have committed professional misconduct or malpractice; or (ii) the service provider or his employing organisation fails to comply with any provision of the agreement under the Scheme or with any direction or requirement given by the Government or Director of Health in relation to the Scheme. As at February 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Scheme.

Expenditure related to the Scheme

The Government has earmarked a total of \$573.2 million for the three-year pilot Scheme, of which \$505.3 million is budgeted for reimbursing vouchers (\$168.6 million in 2010-11). For the implementation of the Scheme, the Food and Health Bureau and DH have incurred up to end February 2010 actual capital expenditure of \$20.9 million for system development and maintenance and other capital and setting up works, and actual operating expenditure of \$62.0 million, comprising \$49.2 million for reimbursement of vouchers, \$12.1 million for staffing expenses and \$0.7 million for other operating expenses. The expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears.

Review of the Scheme

As undertaken, the Administration will conduct an interim review in 2010 and a full review after the three-year pilot period. The reviews will assess the effectiveness of the Scheme and its operational arrangements including its scope, and also consider the suggestions to adjust the age limit and revise the voucher amount. The Administration will also conduct surveys to gather feedback from both elders and health care providers. As stated in the 2010-11 Budget Speech, the Financial Secretary will provide the necessary resources subject to the review findings.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 19.3.2010

Location of Practices of Health Care Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 28 February 2010)

Profession District	Western Medicine Doctor	Chinese Medicine Practitioner	Dentist	Occupational Therapist	Physiotherapist	Medical Laboratory Technologist	Radiographer	Chiropractor	Enrolled Nurse	Registered Nurse	Total
Central & Western	127	83	32	3	36	3	4	9	2	3	302
Eastern	125	29	23	2	14	0	0	0	0	2	195
Southern	38	26	4	0	3	0	0	0	0	0	71
Wan Chai	87	75	30	4	27	1	0	0	1	4	229
Kowloon City	116	30	11	0	18	0	0	0	0	0	175
Kwun Tong	137	75	31	3	8	10	11	1	3	16	295
Sham Shui Po	72	45	7	3	10	3	1	0	0	0	141
Wong Tai Sin	75	52	10	0	3	0	0	0	0	0	140
Yau Tsim Mong	217	141	49	5	78	10	8	6	3	25	542
North	45	24	5	0	1	1	0	0	0	0	76
Sai Kung	88	21	7	0	5	3	3	0	0	0	127
Sha Tin	84	28	24	0	20	0	0	1	1	2	160
Tai Po	60	48	12	1	3	2	2	0	2	11	141
Kwai Tsing	82	29	13	0	8	0	0	0	1	1	134
Tsuen Wan	111	46	8	4	15	4	5	1	1	4	199
Tuen Mun	81	60	6	0	3	0	1	0	0	0	151
Yuen Long	93	25	8	0	6	0	0	0	0	1	133
Islands	27	4	1	0	5	0	0	0	0	0	37
Total	1 665	841	281	25	263	37	35	18	14	69	3 248

Utilisation of Health Care Vouchers by Age Group of Eligible Elders
(as at 28 February 2010)

Age group	No. of eligible elders in 2010	No. of elders with voucher accounts [% of eligible elders]	No. of elders without voucher accounts [% of eligible elders]	No. of vouchers used
70-74	230 300	84 709 [37%]	145 591 [63%]	306 087
75-79	199 500	91 699 [46%]	107 801 [54%]	369 280
80-84	132 200	68 314 [52%]	63 886 [48%]	259 747
≥85	112 300	63 924 [57%]	48 376 [43%]	188 008
Total	674 300	308 646 [46%]	365 654 [54%]	1 123 122

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

FHB(H)019

Question Serial No.

1203

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The setting up of a Vaccination Office was mentioned in the Matters Requiring Special Attention in 2010-11. What are the staff establishment, expenditure and main functions of this Office? Please compare the Office proposed to be set up with the manpower currently responsible for implementing vaccination schemes/programmes.

Asked by: Hon. CHAN Hak-kan

Reply:

The Vaccination Office is responsible for the planning, implementation and evaluation of various vaccination programmes and subsidy schemes including the Government Vaccination Programme, Childhood Influenza Vaccination Subsidy Scheme, Elderly Vaccination Subsidy Scheme as well as Human Swine Influenza Vaccination Programme and Subsidy Scheme. Its main tasks include liaising and coordinating with different service providers, handling enrolment applications and processing reimbursement claims of private doctors, monitoring vaccination uptake and compiling relevant statistics, conducting audit checks, organising publicity programmes, operating hotline service, as well as reviewing and evaluating the vaccination programmes and subsidy schemes. It does not cover the Childhood Immunisation Programme of the Family Health Service or School Immunisation Teams.

In 2010-11, seven new posts are planned for creation including one Senior Medical and Health Officer, one Registered Nurse, one Senior Executive Officer, one Executive Officer II, two Assistant Clerical Officers and one Accounting Officer I. In addition, three time-limited posts including one Senior Medical and Health Officer and two Medical and Health Officers will be required for strategic development of various vaccination programmes as well as implementation and review of overall operational plans.

The Vaccination Office will be set up in 2010-11 and the estimated expenditure involved is \$15.7 million.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)020

Question Serial No.

1204

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The establishment of a Primary Care Office was mentioned in the Matters Requiring Special Attention in 2010-11. What are the staff establishment, expenditure and main functions of this Office?

Asked by: Hon. CHAN Hak-kan

Reply:

Following the broad public support during the first-stage public consultation on health care reform in 2008, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health has put forward a set of recommendations to enhance primary care in Hong Kong. These include-

- (i) developing conceptual models and clinical protocols for primary care;
- (ii) setting up and promoting a Primary Care Directory; and
- (iii) designing feasible service delivery models, based on the primary care conceptual models and clinical protocols, to enhance primary care services in the community.

Based on these recommendations, the Government has earmarked a total of about \$600 million for the period 2010-11 to 2012-13 (of which about \$169 million will be allocated in 2010-11) to implement a series of pilot projects to enhance primary care, including –

- (1) \$254 million for strengthening the support for chronic disease patients;
- (2) \$65 million for setting up community health centres or network; and
- (3) \$80 million for enhancing primary dental services and oral health promotion programmes in collaboration with the dental profession, particularly those for the elderly in need.

We are working out the implementation details of the above pilot projects, including their scale, manpower requirement, and participation arrangements.

In addition to the above, starting from August 2009, the Government has already launched, through the Hospital Authority (HA), a series of pilot projects under the policy initiative announced by the Chief Executive in his 2008-09 Policy Address to enhance support for chronic disease patients in the primary care settings. These include promoting the prevention and treatment of chronic diseases in both the public and private sectors in local communities, conducting health risk assessments and drawing up management plans for high-risk groups, helping chronic disease patients improve their self-care skills through enhanced education, etc.

In order to support the development of primary care in Hong Kong and co-ordinate the implementation of various programmes to enhance primary care, the Government has planned to set up a Primary Care Office (PCO) in 2010-11. The PCO will be responsible for supporting the WGPC for the strategic planning, implementation and overall co-ordination of long-term development of primary care, so as to improve health of the population and to strengthen disease prevention and control. It will be set up under the Department of Health (DH) and comprise staff of relevant expertise including those from DH, HA and the Food and Health Bureau.

Out of the \$226 million earmarked for the PCO for the period 2010-11 to 2012-13, about \$194 million is earmarked for implementing specific tasks relating to primary care development, including developing primary care conceptual models and preventive protocols, establishing and maintaining the Primary Care Directory, implementing and evaluating new primary care delivery models, supporting research on primary care, improving primary care related training and capacity building in collaboration with health care professionals, etc. It will also coordinate and monitor the progress of all the pilot projects mentioned above, and continuously work with independent assessment bodies to evaluate the arrangements and effectiveness of the projects during the pilot period.

The PCO will involve an initial setup of 19 civil service posts, comprising Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, Administrative Officer, Executive Officers and supporting clerical and secretarial staff, breakdown of which is at Annex. The Head of the PCO will be pitched at the Assistant Director of Health (D2) rank, underpinned by a Principal Medical and Health Officer (D1). We will seek the Finance Committee's approval in due course to create the two directorate posts later. We have earmarked about \$9 million in 2010-11 for these civil service posts. In addition, about \$6 million in 2010-11 has been earmarked for secondment of staff from HA (e.g. Medical and Health Officers, Scientific Officer (Medical), Nursing Officer) with relevant expertise in the provision and development of primary care and other related tasks such as the development of clinical protocols.

Signature	_____
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	18.3.2010

Proposed Civil Service Staffing Complement for the Primary Care Office

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Assistant Director of Health	1
Principal Medical & Health Officer	1
Senior Medical & Health Officer	2
Medical & Health Officer	2
Nursing Officer	2
Scientific Officer (Medical)	2
<u>Administration support</u>	
Senior Executive Officer	2
Executive Officer I*	1
Executive Officer II	1
Clerical Officer	1
Assistant Clerical Officer	2
Personal Secretary I	1
<u>Policy and strategy development</u>	
Administrative Officer*	1
Total	19

*Existing posts in the Food and Health Bureau. All other posts are new posts to be created under the Department of Health.

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

FHB(H)021

Question Serial No.

1206

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

According to the establishment ceiling in 2010-11, the non-directorate posts will increase by 143 posts while the directorate posts by two posts. What are the functions and distribution of these newly created posts?

Asked by: Hon. CHAN Hak-kan

Reply:

Details of the 145 posts to be created in the Department of Health are at the Annex.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

Creation and Deletion of Posts in Department of Health in 2010-11

<u>Major scope of responsibilities / Rank</u>	<u>Number of posts to be created/deleted</u>			<u>Total</u>
	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Regrading of posts</u>	
<i>Programme 1 – Statutory Functions</i>				
Senior Medical & Health Officer	2			2
Medical & Health Officer	2			2
Senior Pharmacist	1			1
Pharmacist	11			11
Scientific Officer (Medical)	7			7
Senior Health Inspector	1			1
Health Inspector I/II	2			2
Medical Technologist	2			2
Senior Foreman		12		12
Foreman	2	18		20
Senior Executive Officer	1			1
Executive Officer I		5		5
Executive Officer II	1	2		3
Hospital Administrator II		3		3
Clerical Officer	1			1
Assistant Clerical Officer	3			3
Clerical Assistant	3			3
Workman II		2		2
<i>Programme 2 – Disease Prevention</i>				
* Assistant Director of Health	1			1
* Principal Medical & Health Officer	1			1
Senior Medical & Health Officer	4			4
Medical & Health Officer	5		-1	4
Nursing Officer	2			2
Registered Nurse	1			1
Scientific Officer (Medical)	2			2

Number of posts to be created/deleted

<u>Major scope of responsibilities / Rank</u>	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Regrading of posts</u>	<u>Total</u>
Senior Systems Manager	1			1
Systems Manager	2			2
Analyst/Programmer I	2			2
Analyst/Programmer II	2			2
Senior Executive Officer	3		1	4
Executive Officer II	2			2
Accounting Officer I	1			1
Clerical Officer	1			1
Assistant Clerical Officer	4			4
Personal Secretary I	1			1
Workman II		11		11
<i>Programme 3 – Health Promotion</i>				
Workman II		2		2
<i>Programme 4 – Curative Care</i>				
Workman II		6		6
<i>Programme 5 – Rehabilitation</i>				
Registered Nurse			1	1
Enrolled Nurse			-1	-1
<i>Programme 7 – Medical and Dental Treatment for Civil Servants</i>				
Senior Dental Officer	3			3
Senior Dental Surgery Assistant	1		1	2
Dental Surgery Assistant	2		-1	1
Dental Hygienist			-1	-1
Dental Technician II			-2	-2
Executive Officer II			1	1
Accounting Officer I	1			1
Assistant Clerical Officer	2		2	4
Workman II		1		1

Number of posts to be created/deleted

<u>Major scope of responsibilities / Rank</u>	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Regrading of posts</u>	<u>Total</u>
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Posts supporting more than one programme

Chief Nursing Officer			1	1
Senior Nursing Officer			-1	-1
Hospital Foreman			1	1
Ganger			-1	-1
Assistant Clerical Officer			1	1
Clerical Assistant			-1	-1

Total	83	62	0	145
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*Directorate posts

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

FHB(H)022

Question Serial No.

1207

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please provide the annual expenditure on the Childhood Immunisation Programme, the number of new born babies participating in this programme and the proportion of the participants among new born babies in Hong Kong in the past four years (i.e. from 2006-07 to 2009-10).

Asked by: Hon. CHAN Hak-kan

Reply:

The vaccine costs for the Childhood Immunisation Programme (CIP) from 2006-07 to 2009-10 are as follows-

<u>Financial year</u>	<u>Amount</u> \$ million
2006-07	13.0
2007-08	24.4
2008-09	29.7
2009-10	108.1

The increase in the cost of vaccines in 2009-10 is mainly due to the introduction of pneumococcal vaccine in the CIP.

The number and proportion of new born babies participating in the CIP from 2006 to 2009 are as follows-

<u>Calendar year</u>	<u>Number of new born babies participated in CIP</u> <u>(proportion of participants among newborn babies in Hong Kong)</u>
2006	65 585 (>98%)
2007	70 570 (>98%)
2008	78 632 (>98%)
2009	81 830 (>98%)

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)023

Question Serial No.

1208

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the operation of Elderly Health Centres (EHCs), please advise on -

- (a) the current number of places, number of people on the enrolment waiting list and average waiting time of each Elderly Health Centre;
- (b) the current average unit cost for health assessment for each member; and
- (c) the current total provision for EHCs.

Asked by: Hon. CHAN Hak-kan

Reply:

- (a) In 2009, the total number of elders who enrolled as members of EHCs was 38 500. There were about 13 000 elders on the enrolment waiting list. The median waiting time for enrolment was around 24 months.
- (b) In 2009-10, the average cost for each EHC member's health assessment was \$1,030.
- (c) The total expenditure of EHCs in 2009-10 was \$96.3 million.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)024

Question Serial No.

1261

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding novel influenza vaccination, pneumococcal vaccination and seasonal influenza vaccination, please advise this Committee on:

- (a) the groups of elderly and children eligible for free vaccination and the percentage of those already get vaccinated against the total number of people in the corresponding group; and
- (b) the cost of each dose of the above-mentioned three kinds of vaccines provided by the Government, as well as the current vaccines stock and their expiry date.

Asked by: Hon. CHAN Hak-kan

Reply:

The Government has put in place various vaccination programmes to provide free or subsidised vaccinations to eligible persons. Under these programmes, the number and percentage of elderly persons and children who received free or subsidised human swine influenza, seasonal influenza and pneumococcal vaccinations as at 28 February 2010 are as follows-

		Human swine influenza <u>vaccine</u>	Seasonal influenza <u>vaccine</u>
	Number of eligible <u>recipients</u>	Percentage of eligible recipients who had <u>received vaccination</u>	Percentage of eligible recipients who had <u>received vaccination</u>
Elders aged 65 or above (including elderly people living in residential care homes)	890 000	10.4%	38.1%
Children aged 6 months to below 6 years	380 000	5.2%	20.0%

	<u>Pneumococcal vaccine</u>	
	<u>Number of eligible recipients</u>	<u>Percentage of eligible recipients who had received vaccination</u>
Elders aged 65 or above (including elderly people living in residential care homes)	890 000	33.7%
Children born on or after 1 July 2009 (Childhood Immunisation Programme)	44 000	58.5%
Children born between 1 September 2007 and 30 June 2009 (Catch-up programme)	128 000	58.6%

The total number of doses of human swine influenza, seasonal influenza and pneumococcal vaccines procured by the Government, together with their unit costs and expiry dates are as follows -

<u>Vaccine</u>	<u>Total number of doses procured</u>	<u>Unit cost</u> \$	<u>Expiry date</u>	<u>Number of doses in stock (as at 28 February 2010)</u>
Human Swine Influenza vaccine	3 000 000	79.0	30 September 2010 (500 000 doses) 31 October 2010 (2 500 000 doses)	2 750 000
Seasonal influenza vaccine	400 000	28.9	31 May 2010 (38 600 doses) 30 June 2010 (112 400 doses) 31 July 2010 (184 000 doses) 31 August 2010 (65 000 doses)	115 000
23-valent pneumococcal polysaccharide vaccine (for elders)	250 000	99.0	31 May 2011	59 000
7-valent pneumococcal conjugate vaccine (for children)	349 000	450.0	31 March 2012	188 000

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 18.3.2010

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

FHB(H)025

Question Serial No.

1278

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 advise on the respective expenditure and manpower of Tobacco Control Office (TCO) in the three financial years from 2007-08 to 2009-10. How many staff are responsible for frontline inspection and prosecution duties respectively? What was the total number of prosecutions during these periods? What were the establishments involved?

Has the Administration set aside resources to recruit more staff so as to continue to enforce both the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance? If yes, what is the additional expenditure involved?

Asked by: Hon. CHAN Hak-kan

Reply:

The expenditure of the Tobacco Control Office (TCO) of the Department of Health in 2007-08, 2008-09 and 2009-10 are \$45.2 million, \$45.5 million and \$44.5 million respectively. Please refer to the Annex for details of staffing of TCO in these three years. The numbers of TCO staff for carrying out frontline enforcement duties are 78, 85 and 99 in 2007-08, 2008-09 and 2009-10 respectively.

Breakdown of the summonses and fixed penalty notices (FPNs) issued in the past three years for smoking offences by types of premises is as follows-

Type of premises where summonses/ FPNs were issued	Number of Summonses/FPN for Smoking Offences			
	2007	2008	2009	
			Summons	FPN
Amusement Game Centres	1 117	2 229	1 266	413
Shopping malls and shops	670	1 210	657	225
Food premises	522	1 247	581	186
Public pleasure grounds (including parks)	301	615	374	103
Markets	355	533	236	68
Other statutory no smoking areas	815	1 471	1 066	482
Total	3 780	7 305	4 180	1 477

For other offences under the Smoking (Public Health) Ordinance, the numbers of summonses issued in 2007, 2008 and 2009 were 54, 123 and 118 respectively.

To cope with the additional workload arising from enforcing the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, four civil service posts will be created and 37 non-civil service contract positions will be converted to civil service posts in 2010-11. The provision for carrying out enforcement duties by TCO in 2010-11 will be increased to \$30.0 million, from a revised estimate of \$27.5 million in 2009-10.

Signature	_____
Name in block letters	_____ Dr P Y LAM _____
Post Title	_____ Director of Health _____
Date	_____ 18.3.2010 _____

Staffing of Tobacco Control Office

Rank	2007-08	2008-09	2009-10
<u>Head, TCO</u>			
Principal Medical & Health Officer	1	1	1
<u>Enforcement</u>			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer/ Contract Doctor	2	2	2
Superintendent of Police/ Chief Inspector of Police/ Police Sergeant	7	7	5
Tobacco Control Inspector	78	85	67
Senior Executive Officer/ Executive Officer	0	0	5
Overseer/ Senior Foreman/ Foreman	0	0	27
<u>Health Education and Smoking Cessation</u>			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	1
Nursing Officer/ Registered Nurse	2	2	3
Research Officer/ Scientific Officer (Medical)	1	1	1
Health Promotion Officer/ Hospital Administrator II	4	4	4
<u>Administrative and Logistics Support</u>			
Senior Executive Officer/ Executive Officer/ Administrative Assistant	4	5	4
Clerical Officer/ Clerical Assistant/ Project Assistant/ General Worker	13	13	14
Motor Driver	1	1	1
Total no. of staff:	116	124	137

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

FHB(H)026

Question Serial No.

1279

Head: 37 Department of Health

Subhead (No. & title):

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of smoking prevention and cessation,

- (a) What was the average utilisation rate of the smoking cessation hotline in the past three years, (i.e. 2007, 2008 and 2009)? What was the cessation rate among those who sought help?
- (b) What new and enhanced smoking cessation counselling services for smokers will be provided by the Administration in 2010-11? Will these services target at specific groups (like the adolescents or women)? What is the expenditure involved?

Asked by: Hon. CHAN Hak-kan

Reply:

(a) In the past three years, the average number of calls received by the Department of Health (DH) Smoking Cessation Hotline was 8 584 per year. The average smoking cessation rate for patients at one year after treatment during this period was 33.6%, which was comparable to the performance in overseas countries.

(b) The publicity and education programme on smoking prevention and cessation covers those services delivered by the Tobacco Control Office (TCO) of DH, the Hong Kong Council on Smoking and Health (COSH), the Tung Wah Group of Hospitals (TWGHs) and Pok Oi Hospital (POH). The provision for 2010-11 will be \$57.4 million.

In 2010-11, TCO will strengthen publicity, health education and promotional activities on tobacco control through TV and radio announcements of public interest, giant outdoor advertisements, internet, hotline, campaigns, on-line games, health education materials and seminars. The aim of these activities is to encourage smokers to quit smoking and prevent people from picking up the smoking habit.

In parallel, COSH will focus its efforts on promoting smoking cessation and a smoke-free living environment. It will conduct publicity campaigns including production of a new announcement of public interest to encourage smokers to quit smoking and garner public support for a smoke-free Hong Kong. COSH will also continue its education and publicity efforts at kindergartens, primary and secondary schools through health talks and theatre programmes. The aim is to educate students on the hazards of smoking as well as how to resist the temptation of smoking and support a smoke-free environment.

To further strengthen its efforts on smoking prevention and cessation, DH has entered into a funding and service agreement with TWGHs for the provision of a community-based smoking cessation programme from January 2009. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for health care professionals and research projects. The programme will be enhanced in 2010-11 with a total of five centres (increased from four) operating throughout the territory to provide free smoking cessation services. To cultivate a smoke-free culture among young people, smoke-free educational programmes will be organised in collaboration with

primary and secondary school principals and parents. There will also be tailor-made smoking cessation programmes for young smokers.

DH will also enter into a funding and service agreement with POH for the provision of a one-year smoking cessation pilot programme using traditional Chinese medicine with effect from 1 April 2010. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public and research projects. Free smoking cessation service including counselling and acupuncture will be provided by POH Chinese medicine practitioners in ten mobile clinics which serve 48 locations at different districts. A Chinese Medicine Community Health Care Centre will be established to support these mobile clinics.

Signature	_____
Name in block letters	_____ Dr P Y LAM _____
Post Title	_____ Director of Health _____
Date	_____ 18.3.2010 _____

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

FHB(H)027

Question Serial No.

1280

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:

Regarding the management of public mortuaries, please provide the following information -

- (a) List the average, maximum and minimum utilisation rate of each public mortuary in 2009.
- (b) The numbers of body compartments in each public mortuary, current and planned for.
- (c) Has any provision been earmarked for enhancing the professional standard of public mortuary staff? If yes, what will be the expenditure involved? What are the details?

Asked by: Hon. CHAN Hak-kan

Reply:

- (a) The utilisation rates of public mortuaries in active operation for the year 2009 are as follows -

Mortuary	Utilisation Rates		
	Maximum	Minimum	Average
Fu Shan Public Mortuary	128.0%	51.8%	84.9%
Kwai Chung Public Mortuary	101.8%	52.7%	71.7%
Victoria Public Mortuary	95.7%	24.3%	64.7%

When the usage of the above mortuaries reaches its maximum capacity, the Kowloon Public Mortuary will be opened to accommodate bodies from the above mortuaries.

(b) The existing body storage capacities in various operating mortuaries are as follows -

Fu Shan Public Mortuary:	168
Kwai Chung Public Mortuary:	220
Victoria Public Mortuary:	70

The storage capacity of Fu Shan Public Mortuary will be increased by 48 compartments in 2010-11.

(c) Among the 17 professional staff of public mortuaries, 11 have obtained specialist qualification in pathology or forensic pathology. Professional staff would continue to receive in-service training to enhance their professional standard. As the expenditure on enhancing the professional standard of mortuary staff forms an integral part of the overall training budget of the Department of Health, it is not separately identifiable.

Signature	_____
Name in block letters	_____ Dr P Y LAM _____
Post Title	_____ Director of Health _____
Date	_____ 17.3.2010 _____

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

FHB(H)028

Question Serial No.

1277

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the progress of various capital projects of the Hospital Authority in 2010-11, including the names, details, locations and the expenditure involved of the capital projects already completed, in progress and expected to be launched. What are the criteria for determining the priority of the capital projects concerned?

Asked by: Hon. CHAN Hak-kan

Reply:

Details of the Hospital Authority's capital projects with estimated expenditure to be incurred in 2010-11 are set out below:

Project Title	Project status	Estimated expenditure in 2010-11 (\$'000)
Redevelopment and expansion of Pok Oi Hospital	Completed	1,745
Establishment of a Radiotherapy Centre and redevelopment of the Accident and Emergency Department at Princess Margaret Hospital	Completed	4,000
Redevelopment of staff quarters for the establishment of a rehabilitation block at Tuen Mun Hospital	Completed	16,000
Construction of a new infectious disease centre attached to Princess Margaret Hospital	Completed	10,000
Improvement of infection control provision for autopsy facilities in public hospitals ^(Note 1)	Completed	2,533
Development of Chinese medicine clinics in the public sector (second batch) ^(Note 2)	Completed	640
Redevelopment of Caritas Medical Centre, phase 2 – preparatory works	In progress	4,000
Redevelopment of Caritas Medical Centre, phase 2	In progress	120,000

Project Title	Project status	Estimated expenditures in 2010-11 (\$'000)
Redevelopment of Yan Chai Hospital – preparatory works	In progress	2,000
Prince of Wales Hospital – extension block	In progress	200,000
Provision of a general out-patient clinic, an integrated community mental health support services centre and a long stay care home in Tin Shui Wai Area 109	In progress	70,000
Expansion of Tseung Kwan O Hospital	In progress	350,000
Relocation of Siu Lam Hospital to Block B of Castle Peak Hospital	In progress	50,000
North Lantau Hospital, phase 1	In progress	200,000

Note 1 This project covers 11 hospitals, namely Alice Ho Miu Ling Nethersole Hospital, Kwong Wah Hospital, North District Hospital, Pamela Youde Nethersole Eastern Hospital, Prince of Wales Hospital, Queen Elizabeth Hospital, Queen Mary Hospital, Tseung Kwan O Hospital, Tuen Mun Hospital, United Christian Hospital, and Yan Chai Hospital.

Note 2 This project involves the setting up of a total of five clinics at Fanling Health Centre, Pamela Youde Nethersole Eastern Hospital, Buddhist Hospital, Cheung Sha Wan Government Offices, and Shatin Clinic.

The above list does not include projects under planning for which funding approval has yet to be sought from the Legislative Council and no expenditure will be incurred in 2010-11. The proposals for new projects will be considered and prioritized according to their needs and justifications.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

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

FHB(H)029

Question Serial No.

0339

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

- (a) The estimate for 2010-11 is 4.3% more than that for 2009-10. How will the increased provision be used? Please list the estimated expenditures of major items.
- (b) The revised estimate for 2009-10 is \$314.2 million less than the original estimate. What are the reasons?
- (c) The revised estimate for 2009-10 is \$43 million less than the actual expenditure for 2008-09. In what areas were expenditures reduced? Were there any adjustments in pay and fringe benefits for staff of the Hospital Authority in 2009-10?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

- (a) The financial provision for the Hospital Authority (HA) for 2010-11 is \$1,396 million (4.3%) higher than the revised estimate for 2009-10. This is mainly due to the following additional provision, partly offset by reduction of \$315 million in HA's recurrent subvention resulted from the 2009 civil service pay cut effective from 1 January 2010:
 - (i) an additional recurrent subvention of \$872 million for HA to enhance its health care services and to improve the quality of clinical care through implementation of various initiatives, which mainly include:
 - (1) expansion of service capacity in the Hong Kong East, the Kowloon East and the New Territories West clusters through opening of additional beds and operating theatre suites;
 - (2) enhancement of mental health services through new initiatives including introduction of the case management programme for patients with severe mental illness, enhanced assessment and treatment to patients with common mental disorders;
 - (3) enhancement of services for treatment of life-threatening diseases, including haemodialysis service, palliative care for patients with end-stage renal diseases, clinical oncology service, integrated cancer care and acute cardiac care;
 - (4) enhancement of cataract services by increasing the number of cataract surgeries in HA's hospitals, and providing subsidy to eligible HA patients to conduct surgeries in the private sector, subject to a co-payment;

- (5) improvement in waiting time for joint replacement surgeries through establishment of a specialist centre for joint replacement surgery;
- (ii) an additional provision of \$309 million for HA to implement a number of healthcare reform related initiatives including:
 - (1) expansion of the coverage of the HA Drug Formulary by including eight new drugs of proven cost effectiveness and efficacy as standard drugs in the Formulary and expanding the clinical use of nine classes of drugs in HA; and
 - (2) strengthening the support for chronic patients by increasing the throughput of the Chronic Disease Management Shared Care Programme;
 - (iii) an additional provision of \$161 million for HA to implement various new / on-going initiatives including:
 - (1) strengthening the quality control mechanism for pharmaceutical products supplied to HA;
 - (2) enhancing infection control measures to cope with the Human Swine Flu (HSI);
 - (3) sustaining supply of nursing manpower in Hong Kong through provision of registered nurse and enrolled nurse training places;
 - (4) strengthening support to discharged patients through expansion of HA Community Health Call Centre services; and
 - (5) enhancing the service capacity of Substance Abuse Clinics for early treatment to drug abusers with mental health problem
 - (iv) a one-off funding of \$110 million to meet part of HA's 2009-10 funding requirements for enhancement of infection control measures to cope with the Human Swine Flu (HSI) and strengthening the quality control mechanism for pharmaceutical products; and
 - (v) an additional provision of \$157 million for procurement of medical and information technology equipment and development of information systems.
- (b) The decrease of \$314.2 million in the 2009-10 revised estimate over the original estimate is mainly due to the return of \$161.3 million of the Government's 50% share of the additional income arising from the obstetric package charges for non-eligible persons for 2008-09; part-year reduction of \$104.9 million in HA's recurrent subvention resulted from 2009 civil service pay cut effective from 1 January 2010; and net reduction of \$48.0 million in HA's recurrent subvention resulted from minor adjustments in the year including adjustment to the funds originally reserved for four Chinese Medicine clinics which are not yet opened.
 - (c) The decrease of \$43.0 million in the 2009-10 revised estimate over the actual provision for 2008-09 is mainly due to end of the one-off funding of \$1,000 million injected to the Samaritan Fund in 2008-09 and part-year reduction of \$104.9 million in HA's recurrent subvention resulted from 2009 civil service pay cut effective from 1 January 2010, offset by an additional recurrent subvention of \$872 million provided to HA in 2009-10 for further enhancement of its health care services and improvement of the quality of clinical care as well as a net additional funding of \$189.9 million in 2009-10 which mainly include time-limited funding for implementation of healthcare reform initiatives.

Having regard to 2009 civil service pay cut effective from 1 January 2010 where a pay cut of 5.38% was applied to civil servants in the upper salary band and above, HA has adjusted downward the pay to its employees in the upper salary band and above by the same percentage with effect from 1 January 2010.

Signature _____

Name in block letters _____ Ms Sandra LEE _____

Post Title _____ Permanent Secretary for Food and
Health (Health) _____

Date _____ 12.3.2010 _____

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION****FHB(H)030**

Question Serial No.

0340

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list by hospital cluster the number of supervisory staff in the Hospital Authority remunerated on a pay scale equivalent to that of government directorate posts as well as the expenditure on their pay and fringe benefits for the past three years (i.e. 2007-08 to 2009-10).

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The Hospital Authority's pay and conditions of service for their staff are de-linked from that of the civil service. The table below sets out the number of staff in the Hospital Authority (HA) who are remunerated on a pay scale comparable to that of government directorate ranks and the expenditure on their remuneration (including basic salary, allowances and other benefits) in the HA Head Office and each hospital cluster for the past three years. The expenditure on the remuneration for 2009-10 is not yet available.

Cluster	2007-08		2008-09		2009-10
	Number of staff	Expenditure on remuneration (\$ million)	Number of staff	Expenditure on remuneration (\$ million)	Number of staff (up to 31 December 2009)
Head Office	34	89	39	94	42
Hong Kong East Cluster	58	155	63	172	69
Hong Kong West Cluster	93	203	99	243	99
Kowloon Central Cluster	83	213	87	231	85
Kowloon East Cluster	50	131	51	141	57
Kowloon West Cluster	127	343	133	376	134
New Territories East Cluster	81	192	94	227	100
New Territories West Cluster	70	178	76	193	78
Total	596	1,504	642	1,677	664

Signature _____

Name in block letters Ms Sandra LEEPost Title Permanent Secretary for Food and Health (Health)Date 12.3.2010

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

FHB(H)031

Question Serial No.

0341

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding our public health care service, please set out the reserve, operating cost, government provision, patients' payment of medical fee to the Hospital Authority (please list the respective payments by eligible and non-eligible persons), patients' payment on self-financed drugs and other expenditures, donation as well as subsidy rate of public funds for service delivery in 2007-08, 2008-09 and 2009-10.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The requested information in regard to Hospital Authority (HA) is set out in the table below:

	2007-08 (Actual) \$ billion	2008-09 (Actual) \$ billion	2009-10 (full-year projection) \$ billion
Hospital Authority (HA) reserve	(0.093)	(0.276)	The actual amount of reserve balance will be available only after finalization of HA's accounts for 2009-10
Operating expenditure of HA	31.30	33.62	34.69
Provision for HA from Government (including capital account items)	29.78	32.77	32.73
Medical fee paid by patients for public medical services (excluding fees paid by patients for private medical services, self-financed drugs and privately purchased medical items)	1.52	1.62	1.62
- Eligible Persons	1.11	1.15	1.18
- Non-eligible Persons	0.41	0.47	0.44
Patients' payment on self-financed drugs which are purchased through HA ^(Note)	0.49	0.62	0.74
Patients' payment on privately purchased medical items which are purchased through HA ^(Note)	0.28	0.29	0.29

	2007-08 (Actual) \$ billion	2008-09 (Actual) \$ billion	2009-10 (full-year projection) \$ billion
Donation to HA	0.21	0.25	0.23
Subsidy rate of public funds for public health services	95.1%	95.1%	95.2%

Note Patients may purchase self-financed drugs and privately purchased medical items from sources other than HA. The figures in the table only refer to the amount paid by patients on relevant drugs and medical items purchased through HA.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 12.3.2010

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

FHB(H)032

Question Serial No.

0342

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

- (a) For 2007-08, 2008-09 and 2009-10, what are the respective percentages of general drugs, special drugs, self-financed drugs covered by the safety net and self-financed drugs not covered by the safety net in all the drugs prescribed to patients by the Hospital Authority (HA)?
- (b) For 2007-08, 2008-09 and 2009-10, what are the respective expenditures of HA on general drugs, special drugs and self-financed drugs covered by the safety net? What are their respective percentages in the overall expenditures on drugs?
- (c) For 2007-08, 2008-09 and 2009-10, what are the numbers of patients prescribed drugs covered by the safety net? What are the percentages of patients subsidized through the safety net? What are the estimated percentages of the expenditures on drugs subsidized through the safety net in the total expenditures on drugs covered by the safety net?
- (d) How many patients have to pay for the drugs themselves? What are the costs borne by patients on self-financed drugs based on the prices of drugs purchased through HA?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

- (a) The table below sets out the respective percentages of general drugs, special drugs, self-financed drugs with safety net and self-financed drugs without safety net of all the drugs prescribed to patients by the Hospital Authority (HA) in 2007-08, 2008-09 and 2009-10 (up to 31 December 2009):

	2007-08	2008-09	2009-10 (up to 31 December 2009)
General drugs	93.80%	93.00%	92.28%
Special drugs	5.00%	5.53%	6.12%
Self-financed drugs with safety net	0.01%	0.01%	0.02%
Self-financed drugs without safety net	1.19%	1.46%	1.58%

- (b) The expenditures of HA on general drugs and special drugs and their respective percentages in the overall drug expenditure of HA in 2007-08, 2008-09 and 2009-10 (up to 31 December 2009) are set out below:

	2007-08		2008-09		2009-10 (up to 31 December 2009)	
	Expenditure (\$ million)	% of Total drug expenditure	Expenditure (\$ million)	% of Total drug expenditure	Expenditure (\$ million)	% of Total drug expenditure
General drugs	1,452.99	63.77%	1,491.69	61.94%	1,195.90	60.23%
Special drugs	825.32	36.23%	916.46	38.06%	789.76	39.77%
Total	2,278.31	100%	2,408.15	100%	1,985.66	100%

The subsidies provided to patients to meet their expenses on self-financed drugs with safety net are covered by the Samaritan Fund and are not counted as part of the drug expenditure of HA. The amount of subsidies granted by the Samaritan Fund on self-financed drugs with safety net in 2007-08, 2008-09 and 2009-10 (up to 31 December 2009) were \$55.52 million, \$73.59 million and \$70.52 million respectively.

- (c) In general, self-financed drugs in HA have a variety of clinical indications and only the defined clinical indications of certain drugs are covered by the safety net under the Samaritan Fund. The number and percentage of patients subsidized by the Samaritan Fund are set out below:

		2007-08	2008-09	2009-10 (up to 31 December 2009)
(1)	Total number of patients prescribed with self-financed drugs with safety net	3 114	4 075	4 007
(2)	Total number of patients provided with subsidy under the Samaritan Fund to cover expenses on self-financed drugs	678	782	742
(3)	Percentage of patients in (2) of the total number in (1)	22%	19%	19%
(4)	Percentage of subsidies granted under the Samaritan Fund of the total expenditure on the self-financed drugs with safety net	51%	42%	45%

- (d) The table below sets out the number of patients who purchased self-financed drugs through HA and the corresponding expenditure incurred by these patients in 2007-08, 2008-09 and 2009-10 (up to 31 December 2009):

	2007-08	2008-09	2009-10 (up to 31 December 2009)
Number of patients who purchased self-financed drugs through HA	28 045	33 490	34 116

	2007-08	2008-09	2009-10 (up to 31 December 2009)
Total expenditure incurred by these patients on purchasing self-financed drugs through HA	\$494.1 million	\$614.6 million	\$542.0 million

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 15.3.2010

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

FHB(H)033

Question Serial No.

0343

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Subsequent to the improvement in the medical benefit scheme for the staff of the Hospital Authority (HA) in 2008, what is the respective percentage of General Drugs, Special Drugs and Self-financed Drugs prescribed to the staff and their dependants each year? How many dependants are provided free of charge with self-financed oncology drugs listed on the Drug Formulary each year, and what is the monthly expenditure incurred by the HA for the provision of these drugs on average? And for such drugs provided by the HA, what is the drug expenditure for the patient who incurs the greatest expense?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

Of all the drugs prescribed to staff of the Hospital Authority (HA) and their dependants, the respective percentage of general drugs, special drugs and self-financed drugs prescribed are given below:

	2008-09	2009-10 (up to 31 December 2009)
General drugs	93.11%	92.29%
Special drugs	6.55%	7.33%
Self-financed drugs	0.34%	0.38%

Under the medical benefits scheme for HA employees, HA staff and their dependants are provided with drugs free of charge in HA if the drug is classified under HA Drug Formulary as general drug, special drug (within defined clinical indications) or self-financed item with safety net (i.e. items covered by the Samaritan Fund). In 2008, HA has enhanced the medical benefits scheme for its employees in 2008 by providing all self-financed oncology drugs under HA Drug Formulary to its employees and their dependants free of charge.

The number of HA staff and their dependants provided with free self-financed oncology drugs listed in the HA Drug Formulary and the average monthly expenditure incurred by HA for the provision of these drugs to HA staff and their dependants in 2008-09 and 2009-10 (up to 31 December 2009) are set out in the table below. The relevant figures concerning staff dependants only are not available.

	2008-09	2009-10 (up to 31 December 2009)
(a) Number of staff and their dependants provided with free self-financed oncology drugs listed in the HA Drug Formulary	259	273

	2008-09	2009-10 (up to 31 December 2009)
(b) Average monthly expenditure incurred by HA for provision of the drugs in (a)	\$1.01 million	\$1.38 million

For self-financed oncology drugs listed in the Drug Formulary which are provided free of charge to HA staff and their dependants, the expenditure for the HA staff/staff dependants who have incurred the largest amount of expenses in 2008-09 and 2009-10 (up to 31 December 2009) were \$0.63 million and \$0.36 million respectively.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)034

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

Question Serial No.

0412

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

- (a) In respect of specialist outpatient (SOP) services, please provide the number of patients triaged respectively as first priority and second priority patients in the Hospital Authority (HA) as a whole and in various hospital clusters from 2008-09 to 2009-10, and their respective percentages in the total number of specialist outpatient new attendances. Please also specify the median waiting time and the longest waiting time by specialty.
- (b) Over the past three years (i.e. from 2007-08 to 2009-10), which specialist services' waiting time for first appointment has been improved, and which has been prolonged? Please specify by the HA as a whole and by hospital cluster.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

- (a) The tables below set out the number and percentage of new cases for major specialist outpatient service triaged as Priority 1 (urgent) and Priority 2 (semi-urgent), and their respective median (50th percentile), 90th percentile and 99th percentile waiting time by cluster and specialty for 2008-09 and 2009-10 (up to 31 December 2009). The 90th percentile waiting time represents the longest waiting time for most of the patients, whereas the 99th percentile waiting time may involve some special cases of outliers.

2008-09

Cluster	Specialty	Priority 1					Priority 2				
		No. of new cases	% of new cases	Waiting time (week)			No. of new cases	% of new cases	Waiting time (week)		
				50 th	90 th	99 th			50 th	90 th	99 th
				percentile					percentile		
HKE	ENT	1 391	18%	<1	<1	5	2 588	33%	4	6	9
	MED	1 999	19%	1	2	6	3 504	33%	5	8	11
	GYN	1 301	25%	<1	1	3	457	9%	4	7	16
	OPH	5 142	44%	<1	1	6	1 291	11%	6	8	19
	ORT	1 362	17%	<1	2	6	2 171	27%	6	8	15
	PAE	2 354	64%	<1	<1	2	957	26%	6	8	13
	PSY	709	17%	<1	2	5	565	13%	2	7	36
	SUR	1 747	14%	1	2	6	3 717	30%	7	8	12

Cluster	Specialty	Priority 1					Priority 2				
		No. of new cases	% of new cases	Waiting time (week)			No. of new cases	% of new cases	Waiting time (week)		
				50 th	90 th	99 th			50 th	90 th	99 th
				percentile					percentile		
HKW	ENT	217	4%	<1	3	8	922	16%	2	8	16
	MED	275	3%	<1	2	8	625	7%	5	9	14
	GYN	712	9%	1	2	6	971	13%	4	7	11
	OPH	2 652	38%	<1	2	17	1 211	17%	8	10	60
	ORT	515	6%	<1	2	4	1 673	19%	3	8	19
	PAE	403	12%	<1	1	7	1 143	33%	5	8	13
	PSY	198	7%	1	2	10	436	14%	2	12	42
	SUR	2 084	16%	<1	2	12	2 259	17%	4	9	20
KC	ENT	1 720	12%	<1	<1	2	2 190	15%	1	3	6
	MED	1 370	13%	<1	1	4	1 155	11%	5	7	9
	GYN	351	8%	<1	3	8	1 073	24%	4	8	12
	OPH	8 460	39%	<1	1	2	4 150	19%	5	7	31
	ORT	514	8%	1	2	6	703	11%	4	8	26
	PAE	294	15%	<1	2	13	812	41%	7	9	13
	PSY	346	12%	<1	1	4	923	32%	3	6	7
	SUR	2 267	15%	1	2	8	2 478	16%	5	8	30
KE	ENT	1 758	23%	<1	1	6	1 884	25%	4	7	8
	MED	2 402	15%	1	2	8	5 397	33%	7	8	8
	GYN	1 553	21%	1	1	4	1 232	17%	7	8	13
	OPH	4 513	32%	<1	1	3	3 558	25%	7	8	8
	ORT	4 102	29%	<1	1	3	2 854	20%	5	7	14
	PAE	787	22%	<1	1	6	773	22%	6	7	11
	PSY	1 226	23%	<1	1	7	1 614	30%	4	8	32
	SUR	1 858	9%	1	1	7	5 882	28%	7	8	8
KW	ENT	4 192	29%	<1	1	6	3 288	23%	6	8	14
	MED	2 587	11%	<1	1	7	5 864	24%	6	8	12
	GYN	710	6%	1	2	7	2 279	18%	6	8	29
	OPH	6 145	36%	<1	<1	<1	3 259	19%	3	5	11
	ORT	4 576	24%	<1	1	3	4 092	21%	6	7	11
	PAE	1 628	21%	<1	1	3	984	12%	5	7	10
	PSY	357	4%	<1	2	8	1 519	17%	3	7	58
	SUR	4 211	11%	1	2	6	9 778	26%	6	7	18

Cluster	Specialty	Priority 1					Priority 2				
		No. of new cases	% of new cases	Waiting time (week)			No. of new cases	% of new cases	Waiting time (week)		
				50 th	90 th	99 th			50 th	90 th	99 th
				percentile					percentile		
NTE	ENT	3 659	26%	<1	4	57	2 704	19%	4	7	12
	MED	1 462	9%	<1	2	6	2 073	12%	5	8	18
	GYN	1 102	11%	<1	2	11	925	9%	4	8	25
	OPH	6 709	39%	<1	1	6	2 215	13%	4	7	8
	ORT	5 001	26%	<1	1	2	1 939	10%	4	8	14
	PAE	426	10%	1	2	24	902	22%	4	8	32
	PSY	1 098	15%	<1	2	5	1 443	20%	3	7	32
	SUR	2 058	9%	1	2	12	2 144	9%	5	8	44
NTW	ENT	2 803	26%	<1	1	3	771	7%	4	8	16
	MED	1 385	13%	1	2	8	2 573	25%	7	8	17
	GYN	1 565	22%	1	2	3	2 163	31%	3	8	15
	OPH	6 102	37%	<1	<1	2	3 367	20%	4	7	27
	ORT	1 638	15%	<1	1	2	1 495	14%	4	7	13
	PAE	73	3%	1	2	6	531	22%	4	7	12
	PSY	874	17%	<1	1	5	1 675	32%	3	7	30
	SUR	1 290	6%	1	2	8	2 773	13%	5	11	25
Overall HA	ENT	15 740	21%	<1	2	10	14 347	19%	4	7	12
	MED	11 480	12%	<1	2	7	21 191	22%	6	8	12
	GYN	7 294	13%	1	2	7	9 100	17%	5	8	17
	OPH	39 723	38%	<1	1	4	19 051	18%	4	8	19
	ORT	17 708	20%	<1	1	3	14 927	17%	5	7	15
	PAE	5 965	22%	<1	1	4	6 102	23%	5	8	13
	PSY	4 808	13%	<1	2	6	8 175	22%	3	7	32
	SUR	15 515	11%	1	2	8	29 031	20%	6	8	18

2009-10 (April – December 2009)

Cluster	Specialty	Priority 1					Priority 2				
		No. of new cases	% of new cases	Waiting time (week)			No. of new cases	% of new cases	Waiting time (week)		
				50 th	90 th	99 th			50 th	90 th	99 th
				percentile					percentile		
HKE	ENT	1 081	18%	<1	<1	4	2 028	34%	3	5	12
	MED	1 756	22%	1	2	4	2 878	35%	4	7	10
	GYN	876	23%	1	2	4	271	7%	5	7	10
	OPH	4 129	45%	<1	1	4	1 038	11%	6	8	15
	ORT	1 314	22%	<1	1	2	1 510	25%	6	7	12
	PAE	1 123	56%	<1	<1	2	687	34%	6	8	17
	PSY	506	17%	<1	2	4	508	17%	1	6	9
	SUR	1 457	16%	1	2	5	2 744	30%	7	8	11
HKW	ENT	172	4%	<1	1	3	593	14%	1	5	8
	MED	165	2%	<1	1	4	608	8%	3	6	9
	GYN	545	9%	1	2	7	537	9%	6	9	13
	OPH	2 099	39%	<1	2	8	839	15%	6	8	15
	ORT	319	4%	<1	2	3	1 103	15%	2	7	16
	PAE	309	12%	<1	1	5	710	27%	4	7	20
	PSY	185	7%	<1	2	7	446	17%	2	5	13
	SUR	1 465	15%	1	2	11	1 568	16%	4	8	12
KC	ENT	1 122	10%	<1	<1	1	1 554	14%	1	1	4
	MED	991	13%	<1	1	4	819	11%	4	7	8
	GYN	617	18%	<1	1	2	1 378	40%	5	7	8
	OPH	6 022	34%	<1	1	2	3 539	20%	3	7	11
	ORT	280	6%	1	2	4	466	10%	4	7	10
	PAE	354	25%	<1	1	2	170	12%	4	8	8
	PSY	334	15%	<1	1	3	926	42%	2	5	7
	SUR	1 833	16%	1	2	8	1 931	17%	4	8	12
KE	ENT	1 312	20%	<1	1	7	1 339	21%	7	7	11
	MED	1 844	14%	1	2	8	3 923	31%	7	8	8
	GYN	1 058	19%	1	1	4	652	12%	7	8	11
	OPH	3 607	33%	<1	1	6	2 902	27%	7	8	8
	ORT	2 982	27%	<1	1	2	2 019	19%	5	7	12
	PAE	693	26%	<1	1	3	494	19%	6	7	14
	PSY	550	12%	1	1	6	1 522	33%	3	7	14
	SUR	1 318	8%	1	1	7	4 601	29%	7	8	8

Cluster	Specialty	Priority 1					Priority 2				
		No. of new cases	% of new cases	Waiting time (week)			No. of new cases	% of new cases	Waiting time (week)		
				50 th	90 th	99 th			50 th	90 th	99 th
				percentile					percentile		
KW	ENT	3 222	29%	<1	2	6	2 312	21%	5	8	13
	MED	2 603	13%	<1	1	6	4 926	25%	6	8	11
	GYN	856	9%	<1	2	7	1 683	18%	6	8	12
	OPH	4 515	34%	<1	<1	<1	3 199	24%	1	3	7
	ORT	3 778	23%	<1	1	3	3 234	20%	6	8	11
	PAE	2 139	40%	<1	1	2	945	18%	4	7	10
	PSY	449	6%	<1	1	6	974	13%	4	8	14
	SUR	3 777	14%	1	1	4	7 784	28%	6	7	19
NTE	ENT	3 190	29%	<1	2	34	2 059	19%	4	7	14
	MED	2 113	17%	<1	1	4	2 085	17%	5	8	10
	GYN	1 040	12%	<1	2	13	1 130	13%	4	7	12
	OPH	5 235	38%	<1	1	13	1 738	13%	4	8	16
	ORT	4 512	32%	<1	1	3	1 660	12%	5	8	11
	PAE	435	15%	<1	2	7	579	20%	5	8	18
	PSY	1 120	19%	<1	2	5	1 335	22%	4	7	16
	SUR	1 854	12%	<1	2	9	2 148	14%	5	8	10
NTW	ENT	2 605	32%	<1	1	3	681	8%	4	7	11
	MED	1 336	15%	1	2	7	1 700	19%	7	8	14
	GYN	703	16%	1	2	3	1 038	24%	4	7	10
	OPH	4 195	33%	<1	<1	2	691	5%	3	8	33
	ORT	1 364	16%	<1	1	2	1 161	14%	4	7	8
	PAE	49	3%	1	2	6	391	23%	5	7	8
	PSY	632	15%	<1	1	4	1 284	31%	2	6	11
	SUR	1 131	8%	1	2	5	1 910	14%	4	7	10
Overall HA	ENT	12 704	22%	<1	1	7	10 566	18%	4	7	12
	MED	10 808	14%	<1	2	5	16 939	22%	6	8	10
	GYN	5 695	14%	<1	2	5	6 689	16%	5	8	11
	OPH	29 802	36%	<1	1	4	13 946	17%	4	8	13
	ORT	14 549	21%	<1	1	3	11 153	16%	5	8	12
	PAE	5 102	27%	<1	1	3	3 976	21%	5	7	15
	PSY	3 776	13%	<1	2	5	6 995	23%	3	7	13
	SUR	12 835	12%	1	2	7	22 686	22%	6	8	14

- (b) The table below sets out the overall median waiting time (week) for specialist outpatient new cases by cluster and major specialties for 2007-08, 2008-09 and 2009-10 (up to 31 December 2009). Overall speaking, HA has shown improvement in the waiting time for the specialties of Ear, Nose & Throat, Gynaecology, and Surgery from 2007-08 to 2009-10, whereas the waiting time for the specialties of Medicine, Ophthalmology, and Psychiatry remain stable in the period. The waiting time for the specialties of Orthopaedics & Traumatology and Paediatrics & Adolescent Medicine has increased from 2007-08 to 2009-10.

Cluster	Specialty	Median waiting time (week)		
		2007-08	2008-09	2009-10 (up to 31 December 2009)
HKE	ENT	12	7	4
	MED	4	4	4
	GYN	11	11	11
	OPH	4	4	4
	ORT	7	8	7
	PAE	<1	<1	<1
	PSY	1	2	1
	SUR	8	9	8
HKW	ENT	7	5	4
	MED	5	6	7
	GYN	5	4	6
	OPH	8	8	7
	ORT	14	11	10
	PAE	4	8	8
	PSY	6	5	8
	SUR	8	6	6
KC	ENT	3	3	1
	MED	15	14	12
	GYN	9	9	5
	OPH	2	2	2
	ORT	16	19	15
	PAE	3	6	4
	PSY	3	3	3
	SUR	13	21	16
KE	ENT	12	7	12
	MED	7	8	8
	GYN	13	12	20
	OPH	7	7	7
	ORT	7	7	11
	PAE	8	7	5
	PSY	5	5	5
	SUR	41	26	23

Cluster	Specialty	Median waiting time (week)		
		2007-08	2008-09	2009-10 (up to 31 December 2009)
KW	ENT	7	7	7
	MED	17	16	15
	GYN	13	10	8
	OPH	2	3	1
	ORT	7	7	13
	PAE	5	3	3
	PSY	4	4	4
	SUR	16	11	10
NTE	ENT	8	8	10
	MED	25	21	16
	GYN	17	16	15
	OPH	7	5	5
	ORT	19	18	12
	PAE	5	9	17
	PSY	4	4	4
	SUR	26	27	24
NTW	ENT	13	13	12
	MED	18	8	9
	GYN	7	6	9
	OPH	2	3	6
	ORT	13	16	25
	PAE	20	20	20
	PSY	7	4	2
	SUR	30	25	21
Overall HA	ENT	6	5	4
	MED	9	9	9
	GYN	11	10	9
	OPH	4	4	4
	ORT	8	11	12
	PAE	4	6	6
	PSY	4	4	4
	SUR	17	16	13

Notes:

Cluster: HKE – Hong Kong East Cluster
 HKW – Hong Kong West Cluster
 KC – Kowloon Central Cluster
 KE – Kowloon East Cluster
 KW – Kowloon West Cluster
 NTE – New Territories East Cluster
 NTW – New Territories West Cluster

Specialty: ENT – Ear, Nose & Throat
MED – Medicine
GYN – Gynaecology
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics and Adolescent Medicine
PSY – Psychiatry
SUR – Surgery

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 12.3.2010

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION****FHB(H)035**

Question Serial No.

0413

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

- (a) Please set out by age the number of accident and emergency (A&E) attendances categorized under Triage 1, Triage 2 and Triage 3 and the percentages of such attendances against the total A&E attendances of the corresponding age groups in 2008-09 and 2009-10.
- (b) Please list by Triage categories the number of A&E attendances of recipients and non-recipients of Comprehensive Social Security Assistance and the percentage of these A&E attendances under each Triage category.
- (c) Please advise the number of A&E patients granted a waiver of medical fees and the amount waived in 2008-09 and 2009-10.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

- (a) The table below sets out the respective numbers and percentage of Accident and Emergency (A&E) attendances under Triage 1 (critical), Triage 2 (emergency) and Triage 3 (urgent) categories by age group for 2008-09 and 2009-10 (up to 31 December 2009):

Age Group	Triage 1		Triage 2		Triage 3	
	Attendance	% of total attendances of corresponding age group	Attendance	% of total attendances of corresponding age group	Attendance	% of total attendances of corresponding age group
2008-09						
0-14	705	<1%	1 739	<1%	63 589	21%
15-64	6 199	<1%	14 524	1%	262 198	22%
65 and above	11 280	2%	18 341	3%	266 960	48%
Unknown	141	22%	28	4%	216	34%
Total	18 325	<1%	34 632	2%	592 963	29%
2009-10 (up to 31 December 2009)						
0-14	547	<1%	1 260	<1%	48 008	20%
15-64	4 856	<1%	10 492	1%	207 790	22%
65 and above	8 542	2%	12 791	3%	204 675	49%
Unknown	100	20%	20	4%	172	34%
Total	14 045	<1%	24 563	2%	460 645	29%

- (b) The table below sets out the respective numbers and percentage of A&E attendances of recipients and non-recipients of Comprehensive Social Security Assistance (CSSA) by Triage categories for 2008-09 and 2009-10 (up to 31 December 2009):

	Year	Triage 1		Triage 2		Triage 3	
		CSSA recipients	Non-CSSA recipients	CSSA recipients	Non-CSSA recipients	CSSA recipients	Non-CSSA recipients
2008-09	Attendance	4 867	13 458	9 081	25 551	139 176	453 787
	% of attendance by Triage	27%	73%	26%	74%	23%	77%
2009-10 (up to Dec 2009)	Attendance	3 754	10 291	6 394	18 169	108 318	352 327
	% of attendance by Triage	27%	73%	26%	74%	24%	76%

- (c) The table below sets out the number of A&E attendances granted with medical fee waivers and the amount of fees waived:

	2008-09	2009-10 (up to 31 December 2009)
Number of A&E attendances with fee waivers granted	456 891	360 210
Amount of fees waived for A&E attendances	\$47 million	\$37.6 million

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 12.3.2010

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

FHB(H)036

Question Serial No.

0414

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

- (a) Please provide, with a breakdown by specialties, the number of non-eligible persons (NEP) provided with medical services by the Hospital Authority (HA), the percentage they accounted for amongst the total number of patient bed-days for various specialties, the amount of medical fees billed and the amount written off for the past five years from 2005-06 to 2009-10.
- (b) As regards HA's additional income from the provision of medical services to NEP, please advise on the income sharing arrangements with the Government and set out the amount that HA returned to the Government and the amount retained by HA for the past five years from 2005-06 to 2009-10.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The tables below provide the number and percentage of inpatient bed days provided to non-eligible persons (NEP), the amount of medical fees billed and the amount written off by specialty for 2005-06, 2006-07, 2007-08, 2008-09 and 2009-10 (up to 31 December 2009).

2005-06

Specialty	No. of inpatient bed days provided to NEP	Percentage of inpatient bed days provided to NEP over the total number of inpatient bed days provided by HA	Amount of medical fees billed to NEP patients (\$ million)	Amount of medical fees billed to NEP patients that has been written off (\$ million)
Medicine	4 877	0.2%	18.8	6.3
Surgery	1 748	0.2%	6.1	2.2
Obstetrics & Gynaecology	32 276	11.6%	201.2	13.6
Paediatrics	1 336	0.5%	6.1	2.7
Orthopaedics & Traumatology	1 733	0.3%	5.2	3.7

Specialty	No. of inpatient bed days provided to NEP	Percentage of inpatient bed days provided to NEP over the total number of inpatient bed days provided by HA	Amount of medical fees billed to NEP patients (\$ million)	Amount of medical fees billed to NEP patients that has been written off (\$ million)
Psychiatry	869	0.1%	3.2	0.5
Others	3 048	0.2%	10.6	2.3
Total	45 887	0.6%	251.2	31.3

2006-07

Specialty	No. of inpatient bed days provided to NEP	Percentage of inpatient bed days provided to NEP over the total number of inpatient bed days provided by HA	Amount of medical fees billed to NEP patients (\$ million)	Amount of medical fees billed to NEP patients that has been written off (\$ million)
Medicine	5 415	0.2%	15.9	9.4
Surgery	2 049	0.3%	6.8	2.4
Obstetrics & Gynaecology	27 005	9.8%	265.8	36.3
Paediatrics	2 010	0.8%	9.1	2.5
Orthopaedics & Traumatology	1 905	0.3%	5.8	2.5
Psychiatry	1 568	0.1%	2.1	0.4
Others	3 169	0.2%	15.5	4.7
Total	43 121	0.6%	321.0	58.2

2007-08

Specialty	No. of inpatient bed days provided to NEP	Percentage of inpatient bed days provided to NEP over the total number of inpatient bed days provided by HA	Amount of medical fees billed to NEP patients (\$ million)	Amount of medical fees billed to NEP patients that has been written off (\$ million)
Medicine	6 342	0.2%	17.7	8.4
Surgery	1 957	0.3%	6.5	2.4
Obstetrics & Gynaecology	23 492	8.4%	379.7	30.1
Paediatrics	2 175	0.9%	6.2	1.9

Specialty	No. of inpatient bed days provided to NEP	Percentage of inpatient bed days provided to NEP over the total number of inpatient bed days provided by HA	Amount of medical fees billed to NEP patients (\$ million)	Amount of medical fees billed to NEP patients that has been written off (\$ million)
Orthopaedics & Traumatology	1 843	0.3%	5.1	1.5
Psychiatry	2 054	0.2%	2.5	0.1
Others	4 350	0.2%	12.3	5.1
Total	42 213	0.6%	430.0	49.5

2008-09

Specialty	No. of inpatient bed days provided to NEP	Percentage of inpatient bed days provided to NEP over the total number of inpatient bed days provided by HA	Amount of medical fees billed to NEP patients (\$ million)	Amount of medical fees billed to NEP patients that has been written off (\$ million)
Medicine	5 892	0.2%	19.4	6.7
Surgery	2 000	0.3%	6.5	2.3
Obstetrics & Gynaecology	26 629	9.5%	442.4	10.6
Paediatrics	1 596	0.6%	0.4	1.5
Orthopaedics & Traumatology	1 802	0.3%	5.6	1.9
Psychiatry	2 264	0.2%	1.3	0.7
Others	4 848	0.3%	7.2	2.8
Total	45 031	0.6%	482.8	26.5

2009-10 (up to 31 December 09)

Specialty	No. of inpatient bed days provided to NEP	Percentage of inpatient bed days provided to NEP over the total number of inpatient bed days provided by HA	Amount of medical fees billed to NEP patients (\$ million)	Amount of medical fees billed to NEP patients that has been written off (\$ million)
Medicine	4 523	0.2%	17.0	5.8
Surgery	1 300	0.2%	6.3	2.2
Obstetrics & Gynaecology	18 872	9.1%	312.5	6.9

Specialty	No. of inpatient bed days provided to NEP	Percentage of inpatient bed days provided to NEP over the total number of inpatient bed days provided by HA	Amount of medical fees billed to NEP patients (\$ million)	Amount of medical fees billed to NEP patients that has been written off (\$ million)
Paediatrics	1 342	0.7%	6.0	0.8
Orthopaedics & Traumatology	1 327	0.3%	4.7	1.1
Psychiatry	1 041	0.1%	2.0	0.5
Others	3 687	0.3%	7.0	1.9
Total	32 092	0.6%	355.5	19.2

Under the income sharing arrangements between the Government and HA, HA will retain 50% of additional income arising from new medical fees and increase in existing medical fees and return 50% of such additional income to the Government. The table below sets out the amount of additional income that HA has returned to the Government and that HA has retained in 2005-06, 2006-07, 2007-08, 2008-09 and 2009-10 (full-year projection) under the income sharing arrangements. The income as shown below has all come from the obstetric service package charge for NEP.

	Total amount of income subject to the sharing arrangement (\$ million)	Amount of income returned to the Government (\$ million)	Amount of income retained by HA (\$ million)
2005-06	75.8	37.9	37.9
2006-07	135.2	67.6	67.6
2007-08	256.6	128.3	128.3
2008-09	322.6	161.3	161.3
2009-10 (Full-year projection)	291.6	145.8	145.8

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 11.3.2010

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION****FHB(H)037**

Question Serial No.

0415

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

- (a) Please list the expenditures on salaries and benefits for the ten highest paid staff members of the Hospital Authority (HA) over the past five financial years (i.e. from 2005-06 to 2009-10).
- (b) In 2008-09 and 2009-10, which hospitals and departments have additional HA staff whose salary level is higher than the starting salary point of directorate civil servants? How many are added? What are the expenditures on salaries and benefits involved? How many of them belong to doctor ranks? What are the reasons for the increase in such manpower in 2009-10?
- (c) In 2008-09 and 2009-10, what are the total number of staff and the overall expenditures on personal emoluments and benefits in respect of the HA and its clusters respectively? In each cluster, what are the number of doctors at consultant level or above and the full-year expenditures on their emoluments and benefits as well as the percentage they account for in the cluster's overall expenditures on emoluments and benefits?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

- (a) Following the good corporate governance practice in the disclosure of executive remuneration of corporations, the Hospital Authority (HA) discloses the remuneration of its five highest paid staff in its Annual Report every year. The table below sets out the remuneration of the five highest paid staff in HA from 2005-06 to 2008-09. The information for 2009-10 is not yet available.

Position	2005-06 (\$ million)	2006-07 (\$ million)	2007-08 (\$ million)	2008-09 (\$ million)
Cluster Chief Executive (Kowloon West)	-	-	-	\$4.768 ¹
Chief Executive	\$4.705 ²	\$4.102	\$4.250	\$4.448
Hospital Chief Executive (Kwong Wah Hospital & Wong Tai Sin Hospital)	-	-	-	\$3.981 ³
Cluster Chief Executive (New Territories East)	\$3.532	\$3.530	\$3.719	\$3.942
Director (Cluster Services)	\$3.257	\$3.413	\$3.673	\$3.889
Cluster Chief Executive (Hong Kong West)	\$3.519	\$3.479	\$3.651	-
Cluster Chief Executive (Hong Kong East)	\$3.466	\$3.479	\$3.651	-

Notes:

1. While on pre-retirement leave under civil service terms from 24 June 2008 to 21 June 2009, Cluster Chief Executive (Kowloon West Cluster) continued to work in the same position under HA employment terms from 24 June 2008 to 23 March 2009. During the latter period, Cluster Chief Executive (Kowloon West Cluster) received remuneration both as a civil servant on pre-retirement leave and as an HA employee.
2. The remuneration for the Chief Executive in 2005-06 comprises the remuneration for three different incumbents, one succeeding after another.
3. The remuneration for Hospital Chief Executive (Kwong Wah Hospital and Wong Tai Sin Hospital) in 2008-09 included a one-off encashment of unutilized annual leave of HK\$398,000.

The table below sets out the total expenditure of HA on the salaries and benefits for the ten highest paid staff from 2005-06 to 2008-09. The information for 2009-10 is not yet available.

Year	Expenditure (\$ million)
2005-06	34.7
2006-07	34.4
2007-08	36.0
2008-09	39.9

- (b) HA's pay and conditions of service for their staff are de-linked from that of the civil service. The table below sets out changes in the headcount of staff in HA who are remunerated on a pay scale comparable to that of government directorate ranks in various hospitals and departments and the number of medical staff involved in 2008-09 and 2009-10 (up to 31 December 2009).

2008-09

Cluster/ Hospital	Department	Net change in the number of directorate staff over the previous year	Number of medical staff involved
Head Office	Allied Health Grade	+1	0
	Corporate Service Management	+1	0
	Finance	-1	0
	Human Resources	+1	0
	Infection Control Branch	-1	-1
	Information Technology	+2	0
	Patient Safety and Risk Management	+1	+1
	Patient Relations and Engagement	-1	-1
	Service Transformation	-1	0
	Statistics and Workforce Planning	+1	0
Hong Kong East Cluster			
Hong Kong East Cluster Office	Risk Management & Patient Relations	+1	+1
Pamela Youde Nethersole Eastern Hospital	Accident & Emergency	+1	+1
	Clinical Oncology	+1	+1
	Diagnostic Radiology	+1	+1
	Paediatrics	-1	-1
	Surgery	+1	+1

Tung Wah Eastern Hospital	Ophthalmology	+1	+1
Hong Kong West Cluster			
Grantham Hospital	Cardiac Thoracic	-1	-1
	Medicine	+1	+1
Queen Mary Hospital	Medicine	+2	+2
	Neurosurgery	-1	-1
Tung Wah Hospital	Anaesthesia	+1	+1
	Diagnostic Radiology	+1	+1
	Medicine	+1	+1
	Surgery	-1	-1
Kowloon Central Cluster			
Kowloon Hospital	Psychiatry	+1	+1
Queen Elizabeth Hospital	Anaesthesia	+1	+1
	Clinical Oncology	+1	+1
	Diagnostic Radiology	+1	+1
Kowloon East Cluster			
United Christian Hospital	Haematology	+1	+1
	Ophthalmology	-1	-1
	Surgery	+1	+1
Kowloon West Cluster			
Caritas Medical Centre	Orthopaedics & Traumatology	+1	+1
	Ophthalmology	-1	-1
Kwong Wah Hospital	Anaesthesia	+1	+1
Princess Margaret Hospital	Anaesthesia	+1	+1
	Pathology	+1	+1
Yan Chai Hospital	Anaesthesia	+1	+1
New Territories East Cluster			
Alice Ho Miu Ling	Ear, Nose, Throat	+1	+1
Nethersole Hospital	Ophthalmology	+1	+1
North District Hospital	Orthopaedics & Traumatology	+1	+1
Prince of Wales Hospital	Cardiac Thoracic	+1	+1
	Diagnostic Radiology	+2	+2
	Ear, Nose, Throat	+1	+1
	Obstetrics & Gynaecology	+1	+1
	Ophthalmology	+1	+1
	Paediatrics	+3	+3
	Surgery	+2	+2
New Territories West Cluster			
Castle Peak Hospital	Psychiatry	-1	-1
Tuen Mun Hospital	Anaesthesia	+1	+1
	Diagnostic Radiology	+2	+2
	Medicine	+1	+1
	Ophthalmology	+2	+2
	Paediatrics	+1	+1
	Surgery	+1	+1

Net Increase:

41

37

2009-10 (up to 31 December 2009)

Cluster/ Hospital	Department	Net change in the number of directorate staff over the previous year	Number of medical staff involved
Head Office	Capital Planning	+1	0
	Finance	+3	0
	Infection Control Branch	+1	+1
	Patient Relations and Engagement	+1	0
Hong Kong East Cluster			
Pamela Youde Nethersole Eastern Hospital	Anaesthesia	+1	+1
	Diagnostic Radiology	+1	+1
	Ear, Nose, Throat	+1	+1
	Obstetrics & Gynaecology	+2	+2
	Orthopaedics & Traumatology	+1	+1
Hong Kong West Cluster			
Hong Kong West Cluster Office	Cluster Management	-1	-1
Queen Mary Hospital	Cardiac Thoracic	-1	-1
	Clinical Oncology	+1	+1
	Diagnostic Radiology	-1	-1
	Obstetrics & Gynaecology	+1	+1
	Orthopaedics & Traumatology	+1	+1
Kowloon Central Cluster			
Hong Kong Eye Hospital	Ophthalmology	-1	-1
Queen Elizabeth Hospital	Surgery	-2	-2
Kowloon East Cluster			
Tseung Kwan O Hospital	Accident & Emergency	+1	+1
	Medicine	+2	+2
	Surgery	+1	+1
United Christian Hospital	Diagnostic Radiology	+1	+1
	Microbiology	+1	+1
	Ophthalmology	+1	+1
Kowloon West Cluster			
Kowloon West Cluster Office	Cluster Management	+1	+1
Kwong Wah Hospital	Diagnostic Radiology	-1	-1
	Microbiology	+1	+1
Princess Margaret Hospital	Obstetrics & Gynaecology	-1	-1
	Orthopaedics & Traumatology	-1	-1
	Paediatrics	+1	+1
	Surgery	+1	+1
Yan Chai Hospital	Orthopaedics & Traumatology	+1	+1
New Territories East Cluster			
Alice Ho Miu Ling Nethersole Hospital	Diagnostic Radiology	+1	+1
	Orthopaedics & Traumatology	+1	+1
North District Hospital	Accident & Emergency	+1	+1
	Medicine	+1	+1

Cluster/ Hospital	Department	Net change in the number of directorate staff over the previous year	Number of medical staff involved
Prince of Wales Hospital	Pathology	+1	+1
	Obstetrics & Gynaecology	-1	-1
	Orthopaedics & Traumatology	+1	+1
	Paediatrics	-1	-1
Shatin Hospital	Medicine	+1	+1
Tai Po Hospital	Orthopaedics & Traumatology	+1	+1
New Territories West Cluster			
Pok Oi Hospital	Medicine	+1	+1
Tuen Mun Hospital	Medicine	-1	-1
	Surgery	+1	+1

Net Increase: 25 20

The reasons for the increase in the number of directorate staff in HA are to meet the service and operational needs as well as to enhance the supervisory structure for the provision of quality services to the public. The net increase in expenditure on the salaries and benefits involved in the addition of directorate staff for 2008-09 as calculated on the basis of the basic salary rate of the year was \$42 million. The amount of expenditure involved for 2009-10 is not yet available.

- (c) The tables below set out the total number of staff, overall expenditure on personal emoluments (PE), the number of clinical doctors at consultant level or above, the expenditure on their PE, and the percentage of the expenditure on PE of clinical doctors at consultant level or above of the overall expenditure on PE in the HA Head Office and each hospital cluster for the past two years. The expenditure on PE for 2009-10 is not yet available.

2008-09

Cluster	(a) Total number of staff (as at 31 March 2009)	(b) Overall expenditure on PE of staff (\$ million)	(c) Number of clinical doctors at consultant level or above (as at 31 March 2009)	(d) Expenditure on PE of clinical doctors at consultant level or above (\$ million)	Percentage of (d) in (b)
Hong Kong East Cluster	6 295	2 894	60	162	5.6%
Hong Kong West Cluster	6 609	3 105	89	234	7.5%
Kowloon Central Cluster	7 502	3 575	82	221	6.2%
Kowloon East Cluster	5 562	2 636	47	133	5.0%
Kowloon West Cluster	12 717	6 187	127	354	5.7%
New Territories East Cluster	8 977	4 233	88	212	5.0%
New Territories West Cluster	7 050	3 227	69	180	5.6%

Cluster	(a) Total number of staff (as at 31 March 2009)	(b) Overall expenditure on PE of staff (\$ million)	(c) Number of clinical doctors at consultant level or above (as at 31 March 2009)	(d) Expenditure on PE of clinical doctors at consultant level or above (\$ million)	Percentage of (d) in (b)
Head Office	1 199	234	N/A	N/A	N/A
Total	55 911	26 091	562	1 496	5.7%

2009-10 (up to 31 December 2009)

Cluster	(a) Total number of staff (as at 31 December 2009)	(b) Number of clinical doctors at consultant level or above (as at 31 December 2009)
Hong Kong East Cluster	6 445	66
Hong Kong West Cluster	6 733	91
Kowloon Central Cluster	7 746	80
Kowloon East Cluster	5 759	53
Kowloon West Cluster	13 026	127
New Territories East Cluster	9 147	94
New Territories West Cluster	7 436	71
Head Office	1 359	N/A
Total	57 651	582

Notes:

- (1) PE includes basic salary, allowances and other benefits.
- (2) The above manpower figures are calculated on full-time equivalent basis. All HA staff on permanent, contract and temporary employment terms are included. Staff on honorary appointments and university clinical staff are excluded.
- (3) For medical interns, their headcounts are included in the clusters in which they work but the expenditure on their PE are charged under the funding of the Head Office.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

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

FHB(H)038

Question Serial No.

0416

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list by major ranks the number of contract staff and permanent staff, their minimum and maximum salary points, their median pay, and the percentage accounted for by the payroll cost of the staff of the particular rank in the overall payroll cost of the Hospital Authority in each of the past three years, i.e. from 2007-08 to 2009-10.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The tables below set out the number of permanent and contract staff of major ranks in the Hospital Authority (HA), their minimum and maximum pay point on the prevailing HA General Pay Scale (HGPS) or HA Model Pay Scale (HMODS), their monthly mid-point salary, and the percentage of the payroll cost of the respective ranks of staff in the overall payroll cost of HA in 2007-08, 2008-09 and 2009-10.

2007-08

Rank	Manpower strength as at 31 March 2008		Minimum Pay Point	Maximum Pay Point	Monthly Mid Point Salary	Percentage of HA Total Payroll cost
	Permanent	Contract				
Medical Officer (MO) / Resident	983	2 106	HGPS Pt 32 for MO HGPS Pt 30 for Resident	HGPS Pt 44B for MO HGPS Pt 44B for Resident	\$62,145 for MO \$59,580 for Resident	13%
Nursing Officer (NO) / Advanced Practice Nurse (APN) (Including NO(Psychiatric)(Psy), APN(Psy))	2 269	2	HGPS Pt 26 [HGPS Pt 27 for NO(Psy) & APN(Psy)]	HGPS Pt 33A [HGPS Pt 33A for NO(Psy) & APN(Psy)]	\$40,055 [\$41,935 for NO(Psy) & APN(Psy)]	7%
Enrolled Nurse (EN) (Including EN(Psy))	2 998	12	HGPS Pt 7 [HGPS Pt 9 for EN(Psy)]	HGPS Pt 21 [HGPS Pt 23 for EN(Psy)]	\$20,780 [\$22,910 for EN(Psy)]	5%

Rank	Manpower strength as at 31 March 2008		Minimum Pay Point	Maximum Pay Point	Monthly Mid Point Salary	Percentage of HA Total Payroll cost
	Permanent	Contract				
Registered Nurse (RN) (Including RN(Psy))	10 344	2 327	HGPS Pt 15 [HGPS Pt 17 for RN(Psy)]	HGPS Pt 25 [HGPS Pt 26 for RN(Psy)]	\$25,250 [\$27,765 for RN(Psy)]	25%
Health Care Assistant	3 597	1	HGPS Pt 3	HGPS Pt 7	\$11,690	3%
General Services Assistant	52	5 868	N/A	N/A	\$7,800	2%
Technical Services Assistant	126	1 486	N/A	N/A	\$12,500	1%
Clerk III	1 820	62	HGPS Pt 2	HGPS Pt 9	\$11,690	2%
Workman II	3 793	0	HMODS Pt 0	HMODS Pt 8	\$9,870	3%

2008-09

Major Ranks	Manpower strength as at 31 March 2009		Minimum Pay Point	Maximum Pay Point	Monthly Mid Point Salary	Percentage of HA Total Payroll cost
	Permanent	Contract				
Senior Medical Officer (SMO) / Associate Consultant (AC)	1 113	54	HGPS Pt 45	HGPS Pt 49	\$86,395	8%
Medical Officer (MO) / Resident	941	2 166	HGPS Pt 32 for MO HGPS Pt 30 for Resident	HGPS Pt 44B for MO HGPS Pt 44B for Resident	\$66,060 for MO \$63,335 for Resident	13%
Nursing Officer (NO) / Advanced Practice Nurse (APN) (Including NO(Psychiatric)(Psy), APN(Psy))	2 657	16	HGPS Pt 26 [HGPS Pt 27 for NO(Psy) & APN(Psy)]	HGPS Pt 33A [HGPS Pt 33A for NO(Psy) & APN(Psy)]	\$42,175 [\$44,155 for NO(Psy) & APN (Psy)]	7%
Enrolled Nurse (EN) (Including EN(Psy))	2 773	51	HGPS Pt 7 [HGPS Pt 9 for EN(Psy)]	HGPS Pt 21 [HGPS Pt 23 for EN(Psy)]	\$21,880 [\$24,120 for EN(Psy)]	5%
Registered Nurse (RN) (Including RN(Psy))	9 902	2 359	HGPS Pt 15 [HGPS Pt 17 for RN(Psy)]	HGPS Pt 25 [HGPS Pt 26 for RN(Psy)]	\$26,585 [\$29,235 for RN(Psy)]	24%
Health Care Assistant	3 465	0	HGPS Pt 3	HGPS Pt 7	\$12,310	3%

Major Ranks	Manpower strength as at 31 March 2009		Minimum Pay Point	Maximum Pay Point	Monthly Mid Point Salary	Percentage of HA Total Payroll cost
	Permanent	Contract				
General Services Assistant	1 076	5 916	N/A	N/A	\$8,000	3%
Technical Services Assistant	516	1 585	N/A	N/A	\$12,900	1%
Clerk III	1 740	158	HGPS Pt 2	HGPS Pt 9	\$12,310	2%
Workman II	3 604	0	HMODS Pt 0	HMODS Pt 8	\$10,395	2%

2009-10

Major Ranks	Manpower strength as at 31 December 2009		Minimum Pay Point	Maximum Pay Point	Monthly Mid Point Salary	Percentage of HA Total Payroll cost (Full-year projection)
	Permanent	Contract				
Senior Medical Officer (SMO) / Associate Consultant (AC)	1 168	58	HGPS Pt 45	HGPS Pt 49	\$81,750	9%
Medical Officer (MO) / Resident	897	2 294	HGPS Pt 32 for MO HGPS Pt 30 for Resident	HGPS Pt 44B for MO HGPS Pt 44B for Resident	\$62,510 for MO \$59,930 for Resident	13%
Nursing Officer (NO) / Advanced Practice Nurse (APN) (Including NO(Psychiatric)(Psy), APN(Psy))	2 756	22	HGPS Pt 26 [HGPS Pt 27 for NO(Psy) & APN(Psy)]	HGPS Pt 33A [HGPS Pt 33A for NO(Psy) & APN(Psy)]	\$42,175 [42,175 for NO(Psy) & APN (Psy)]	7%
Enrolled Nurse (EN) (Including EN(Psy))	2 409	63	HGPS Pt 7 [HGPS Pt 9 for EN(Psy)]	HGPS Pt 21 [HGPS Pt 23 for EN(Psy)]	\$21,880 [24,120 for EN(Psy)]	4%
Registered Nurse (RN) (Including RN(Psy))	9 899	2 751	HGPS Pt 15 [HGPS Pt 17 for RN(Psy)]	HGPS Pt 25 [HGPS Pt 26 for RN(Psy)]	\$26,585 [29,235 for RN(Psy)]	23%
Health Care Assistant	3 337	0	HGPS Pt 3	HGPS Pt 7	\$12,310	3%
General Services Assistant	1 415	6 250	N/A	N/A	\$8,000	3%
Technical Services Assistant	705	1 897	N/A	N/A	\$12,900	1%

Major Ranks	Manpower strength as at 31 December 2009		Minimum Pay Point	Maximum Pay Point	Monthly Mid Point Salary	Percentage of HA Total Payroll cost (Full-year projection)
	Permanent	Contract				
Clerk III	1 709	202	HGPS Pt 2	HGPS Pt 9	\$12,310	2%
Workman II	3 436	0	HMODS Pt 0	HMODS Pt 8	\$10,395	2%

Notes:

1. Major ranks refer to ranks with over 1 000 staff strength. Staff on temporary employment are not included.
2. The rank of Senior Medical Officer (SMO) / Associate Consultant (AC) is not included in the table for 2007-08 as its staff strength was less than 1,000 for that year.
3. The ranks of General Services Assistant and Technical Services Assistant are not remunerated using a pay point system. Instead, a pay range arrangement is adopted in determining the remuneration of these staff and hence they do not have a minimum and maximum pay point.
4. Monthly mid point salary is calculated by taking the average of the values of basic salary of the minimum and maximum pay points of the rank based on the pay scale of the major population of the ranks and taking the closest salary point from the pay scale.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)039

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

Question Serial No.

0464

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the consultancy studies commissioned by the Bureau for the purposes of formulating and assessing policies (if any), please provide the relevant information on the funded projects related to public policy research and strategic public policy research from 2007-08 to 2009-10 in the following format:

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning / in progress / completed)	Follow-up actions on the studies taken by the Administration and their progress (if any)	If completed, have they been released to the public? If yes, through which channels, If no, what are the reasons?

Asked by: Hon. HO Sau-lan, Cyd

Reply:

The information requested is provided in Annex.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

I. Funded projects in 2007 - 08

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning /in progress / completed)	Follow-up actions on the studies taken by the Administration and their progress (if any)	If completed, have they been released to the public? If yes, through which channels, If no, what are the reasons?
The University of Hong Kong	Project to update the Hong Kong Domestic Health Accounts (DHA) up to 2004/05: To update the estimates of Hong Kong's domestic health expenditure based on the Organization for Economic Co-operation and Development (OECD) standardization of health accounts, "A System of Health Accounts", and to project Hong Kong's future healthcare expenditure based on updated DHA results.*	749,010	Apr. 2005	Completed	Results of these studies have been considered by the Health and Medical Development Advisory Committee (HMDAC) in the course of developing healthcare financing options.	Results of these studies have been considered by the HMDAC and used for preparing the public consultation documents on healthcare reform launched in March 2008.
Project team from The University of Hong Kong and The Chinese University of Hong Kong	Study on medical savings scheme with insurance element: To study the impact of risk pooling by inclusion of a post-65 mandatory health insurance under a medical saving scheme.	294,120	Jan. 2007	Completed		

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning /in progress / completed)	Follow-up actions on the studies taken by the Administration and their progress (if any)	If completed, have they been released to the public? If yes, through which channels, If no, what are the reasons?
Milliman Limited	Voluntary top-up insurance as a supplement to mandatory health insurance scheme: To study possible top-up insurance products which provide comprehensive insurance coverage, and could be purchased on voluntary basis, to supplement the basic products offered by a mandatory private health insurance scheme.*	630,000	Jan. 2007	Completed	Results of these studies have been considered by the Health and Medical Development Advisory Committee (HMDAC) in the course of developing healthcare financing options.	Results of these studies have been considered by the HMDAC and used for preparing the public consultation documents on healthcare reform launched in March 2008.
The Chinese University of Hong Kong	Study on Income-based contributory scheme: To assess the economic impact of introducing an income-based contributory scheme (that is similar to social health insurance) in Hong Kong, in terms of macroeconomic indicators such as GDP, private consumption expenditure, employment, prices and wage bills.*	127,280	Jan.2007	Completed		

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning /in progress / completed)	Follow-up actions on the studies taken by the Administration and their progress (if any)	If completed, have they been released to the public? If yes, through which channels, If no, what are the reasons?
Milliman Limited	Standard medical insurance scheme in Hong Kong: To estimate the premium rates for an illustrative health insurance scheme which provides coverage for essential healthcare services and has benefit limits set at a level that enables the insured to afford private sector services; assuming that such scheme would be compulsory for a specified group of the population (e.g. the working population above a certain income level).	918,000	Aug.2007	Completed	Results of the study have been considered by the Health and Medical Development Advisory Committee (HMDAC) in the course of developing healthcare financing options.	Results of the study have been considered by the HMDAC and used for preparing the public consultation documents on healthcare reform launched in March 2008.
The University of Hong Kong	Project to update the Hong Kong Domestic Health Accounts (DHA) to 2005/06 and 2006/07: to further update the estimates of Hong Kong's domestic health expenditure based on the OECD standardization of health accounts, "A System of Health Accounts", and to appraise the applications of domestic health accounts.*	280,110	Jan.2008	In progress	When the part for 2006/07 is completed, results will be released to public through the website of Food and Health Bureau.	The part for 2005/06 has been completed with results released to public in September 2009 through the website of Food and Health Bureau.

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning /in progress / completed)	Follow-up actions on the studies taken by the Administration and their progress (if any)	If completed, have they been released to the public? If yes, through which channels, If no, what are the reasons?
The Hong Kong Polytechnic University and the Chinese University of Hong Kong	Opinion Poll on Healthcare Reform and Financing: To collect the public's views on healthcare reform, in particular the supplementary financing options, via telephone interviews.*	22,950	Mar.2008	Completed	Findings of these studies have been incorporated in the Report on First Stage Public Consultation on Healthcare Reform.	The Report on First Stage Public Consultation on Healthcare Reform has been published in Dec 2008. Study reports have been released through the website of Food and Health Bureau.
The University of Hong Kong	Studies in Health Services: Impact of anti-smoking legislation on youth smoking* (SHS- T- 03)	199,290	May 2007	In progress	When completed, the results of these studies will be considered by an Assessment Board comprising experts from the health sector and the Government.	The study is still on-going.
The University of Hong Kong	Studies in Health Services: Impact of the anti-smoking legislation on children's secondhand smoke exposure at home* (SHS- T- 02)	162,720	May 2007	In progress	When completed, the results of these studies will be considered by an Assessment Board comprising experts from the health sector and the Government.	The study is still on-going.

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning /in progress / completed)	Follow-up actions on the studies taken by the Administration and their progress (if any)	If completed, have they been released to the public? If yes, through which channels, If no, what are the reasons?
The Chinese University of Hong Kong	Studies in Health Services: Incentives and barriers to adopting the family doctor model* (SHS-P-02)	76,660	Jun. 2007	In progress	When completed, the results of these studies will be considered by an Assessment Board comprising experts from the health sector and the Government.	The study is still on-going.
The University of Hong Kong	Studies in Health Services: Utilization pattern of primary health care services* (SHS-P-10)	141,910	Jun.2007	In progress	When completed, the results of these studies will be considered by an Assessment Board comprising experts from the health sector and the Government.	The study is still on-going.
The University of Hong Kong	Studies in Health Services: Morbidity and management patterns of community-based primary health care services* (SHS-P-11)	112,500	Jun. 2007	In progress	When completed, the results of these studies will be considered by an Assessment Board comprising experts from the health sector and the Government.	The study is still on-going.

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning /in progress / completed)	Follow-up actions on the studies taken by the Administration and their progress (if any)	If completed, have they been released to the public? If yes, through which channels, If no, what are the reasons?
The University of Hong Kong	Studies in Health Services: Cervical cancer prevention through cytologic and HPV DNA screening* (SHS-P-08)	199,350	Jun.2007	In progress	When completed, the results of these studies will be considered by an Assessment Board comprising experts from the health sector and the Government.	The study is still on-going.
The Chinese University of Hong Kong	Studies in Health Services: Self management and the role of pharmacists in developing an effective primary care system* (SHS-P-04)	173,423	Jun. 2007	In progress	When completed, the results of these studies will be considered by an Assessment Board comprising experts from the health sector and the Government.	The study is still on-going.
Electrical and Mechanical Services Department	First stage of a consultancy study on the technical feasibility of smoking room: to examine the engineering feasibility of smoking room in eliminating or minimizing leakage of environmental tobacco smoke.	1,380,000	Aug.2007	Completed	Results of this study have been considered by the Food and Health Bureau for the planning of tobacco control.	The findings both stage one and stage two of this study have been reported to the Health Services Panel on 20 April 2009.

* These studies spanned over more than one financial year and payments are made in instalments. The expenditure here reflects the payments made in 2007/08.

II. Funded projects in 2008-09

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning/ in progress / completed)	Follow-up actions on the studies taken by the Administration and their progress (if any)	If completed, have they been released to the public? If yes, through which channels, If no, what are the reasons?
The Hong Kong Polytechnic University	Focus Group Research - Public Views on Healthcare Reform and Supplementary Financing Options: to solicit more in-depth qualitative views of different segments of the population towards the proposed healthcare reform initiatives and supplementary financing options.	414,050	Nov.2007	Completed	Findings of these studies have been incorporated in the Report on First Stage Public Consultation on Healthcare Reform.	The Report on First Stage Public Consultation on Healthcare Reform has been published in Dec 2008. Study reports have been released through the website of Food and Health Bureau.
The Hong Kong Polytechnic University and the Chinese University of Hong Kong	Opinion Poll on Healthcare Reform and Financing: to collect the public's views on healthcare reform, in particular the supplementary financing options, via telephone interviews.**	307,050	Mar.2008	Completed		
The University of Hong Kong	Survey on Healthcare Service Reform 2008: to canvass the general public's views on healthcare reform, in particular the service reform, via telephone interviews.	157,000	Jun.2008	Completed		

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning/ in progress / completed)	Follow-up actions on the studies taken by the Administration and their progress (if any)	If completed, have they been released to the public? If yes, through which channels, If no, what are the reasons?
The Nielsen Company (Hong Kong) Limited	Focus Group Research on Supplementary Financing for Healthcare: to understand the public's opinion towards different supplementary healthcare financing options after the first stage public consultation exercise.	246,000	Sep.2008	Completed	Findings of this study have been incorporated in the Report on First Stage Public Consultation on Healthcare Reform.	The Report on First Stage Public Consultation on Healthcare Reform has been published in Dec 2008. Study reports have been released through the website of Food and Health Bureau.
The University of Hong Kong	Public Opinion Research on Health Sector Reform in Hong Kong: to canvass the opinion of the general public and healthcare professionals on healthcare reform before, during and after the consultation.	1,095,580	Nov.2007	Completed	Findings of this study have been considered by the Food and Health Bureau for the overall planning of the healthcare reform public consultation.	This study is conducted for internal planning of healthcare reform consultation and not released for general consumption
The University of Hong Kong	Survey on Supplementary Financing for Healthcare: to canvass the views of the general public on values and preference in relation to supplementary financing for healthcare, via telephone interviews.	157,000	Sep.2008	Completed	Findings of this study have been considered by the Food and Health Bureau for the overall planning of healthcare reform public consultation.	This study is conducted for internal planning of healthcare reform consultation and not released for general consumption.

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning/ in progress / completed)	Follow-up actions on the studies taken by the Administration and their progress (if any)	If completed, have they been released to the public? If yes, through which channels, If no, what are the reasons?
Karl Research Limited	Opinion Poll on Health Care Financing: to gauge the views of the general public on supplementary financing for healthcare in late 2008/early 2009, via telephone interviews.	70,000	Dec.2008	Completed	Findings of this study have been considered by the Food and Health Bureau for the overall planning of healthcare reform public consultation.	This study is conducted for internal planning of healthcare reform consultation and not released for general consumption.
Karl Research Limited	Opinion Survey on Smoking Room: to gauge the public's views on the idea of introducing purpose-built smoking rooms for smokers to smoke.	35,000	Jan.2009	Completed	Results of this study have been considered by the Food and Health Bureau for formulation of its tobacco control policy.	This study is conducted for internal policy reference.
Consumer Search HK Limited	Opinion Poll on Tobacco Control Measures: to gauge the public's views on the level of support to various tobacco control measures such as tobacco duty increase.	56,000	Mar.2009	Completed	Results of this study have been considered by the Food and Health Bureau for formulation of its tobacco control policy.	This study is conducted for internal policy reference.
The University of Hong Kong	Studies in Health Services: Impact of anti-smoking legislation on youth smoking** (SHS- T- 03)	438,440	May 2007	In progress	When completed, the results of these studies will be considered by an Assessment Board comprising experts from the health sector and the Government.	The study is still on-going.

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning/ in progress / completed)	Follow-up actions on the studies taken by the Administration and their progress (if any)	If completed, have they been released to the public? If yes, through which channels, If no, what are the reasons?
The University of Hong Kong	Studies in Health Services: Impact of the anti-smoking legislation on children's secondhand smoke exposure at home** (SHS- T- 02)	357,980	May 2007	In progress	When completed, the results of these studies will be considered by an Assessment Board comprising experts from the health sector and the Government.	The study is still on-going.
The Chinese University of Hong Kong	Studies in Health Services: Incentives and barriers to adopting the family doctor model** (SHS-P-02)	168,650	Jun.2007	In progress	When completed, the results of these studies will be considered by an Assessment Board comprising experts from the health sector and the Government.	The study is still on-going.
The University of Hong Kong	Studies in Health Services: Utilization pattern of primary health care services** (SHS-P-10)	312,190	Jun.2007	In progress	When completed, the results of these studies will be considered by an Assessment Board comprising experts from the health sector and the Government.	The study is still on-going.
The University of Hong Kong	Studies in Health Services: Morbidity and management patterns of community-based primary health care services** (SHS-P-11)	247,500	Jun.2007	In progress	When completed, the results of these studies will be considered by an Assessment Board comprising experts from the health sector and the Government.	The study is still on-going.

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning/ in progress / completed)	Follow-up actions on the studies taken by the Administration and their progress (if any)	If completed, have they been released to the public? If yes, through which channels, If no, what are the reasons?
The University of Hong Kong	Studies in Health Services: Cervical cancer prevention through cytologic and HPV DNA screening** (SHS-P-08)	438,570	Jun.2007	In progress	When completed, the results of these studies will be considered by an Assessment Board comprising experts from the health sector and the Government.	The study is still on-going.
The Chinese University of Hong Kong	Studies in Health Services: Self management and the role of pharmacists in developing an effective primary care system** (SHS-P-04)	277,480	Jun.2007	In progress	When completed, the results of these studies will be considered by an Assessment Board comprising experts from the health sector and the Government.	The study is still on-going.
Electrical and Mechanical Services Department	Second stage of a consultancy study on the technical feasibility of smoking room: to examine the engineering feasibility of smoking room in eliminating or minimizing leakage of environmental tobacco smoke.	2,100,000	Aug.2007	Completed	Results of this study have been considered by the Food and Health Bureau for the planning of tobacco control.	The findings both stage one and stage two of this study have been reported to the Health Services Panel on 20 April 2009.

** This study spanned over more than one financial year and payments are made in instalments. The estimate here reflects the payments made in 2008-09.

III. Funded projects in 2009-10

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning/ in progress / completed)	Follow-up actions on the studies taken by the Administration and their progress (if any)	If completed, have they been released to the public? If yes, through which channels, If no, what are the reasons?
The University of Hong Kong	Project to update the Hong Kong Domestic Health Accounts (DHA) to 2005/06 and 2006/07: to further update the estimates of Hong Kong's domestic health expenditure based on the OECD standardization of health accounts, "A System of Health Accounts", and to appraise the applications of domestic health accounts.***	498,000	Jan. 2008	In progress	When the part for 2006/07 is completed, results will be released to public through the website of Food and Health Bureau.	The part for 2005/06 has been completed with results released to public in September 2009 through the website of Food and Health Bureau.
Consumer Search HK Limited	Opinion Poll on Tobacco Control Measures in Entertainment Premises: to gauge the public's views on the implementation of more stringent tobacco control measures in entertainment premises on 1 July 2009.	95,200	Apr. 2009	Completed	Results of this study have been considered by the Food and Health Bureau for formulation of its tobacco control policy.	This study is conducted for internal policy reference.

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning/ in progress / completed)	Follow-up actions on the studies taken by the Administration and their progress (if any)	If completed, have they been released to the public? If yes, through which channels, If no, what are the reasons?
Consumer Search HK Limited	Opinion survey on human swine influenza vaccination: to gauge the public's views and acceptance of human swine influenza vaccination	56,000	May 2009	Completed	Results of this study have been considered by the Food and Health Bureau for the planning of human swine influenza vaccination.	This study is conducted for internal planning of human swine influenza vaccination and not released for general consumption.
Consumer Search HK Limited	Opinion Survey on Healthcare Expenditure: to gauge the public's views on the levels of households' healthcare expenditure with various degree of impact on their quality of life under different hypothetical situations of illnesses.	62,000	Feb. 2010	Completed	Findings of this study will be considered by the Food and Health Bureau for the overall planning of healthcare reform public consultation.	This study is conducted for internal planning of healthcare reform consultation and not released for general consumption.
The University of Hong Kong	Studies in Health Services: Impact of anti-smoking legislation on youth smoking*** (SHS- T- 03)	148,990	May 2007	Completed	Result of the study has been considered by an Assessment Board comprising experts from the health sector and the Government.	Research findings will be released through the website of Food and Health Bureau.

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning/ in progress / completed)	Follow-up actions on the studies taken by the Administration and their progress (if any)	If completed, have they been released to the public? If yes, through which channels, If no, what are the reasons?
The University of Hong Kong	Studies in Health Services: Impact of the anti-smoking legislation on children's secondhand smoke exposure at home*** (SHS- T- 02)	104,920	May 2007	Completed	Result of the study has been considered by an Assessment Board comprising experts from the health sector and the Government.	Research findings will be released through the website of Food and Health Bureau.
The Chinese University of Hong Kong	Studies in Health Services: Incentives and barriers to adopting the family doctor model*** (SHS-P-02)	38,870	Jun. 2007	Completed	Result of the study has been considered by an Assessment Board comprising experts from the health sector and the Government.	Research findings will be released through the website of Food and Health Bureau.
The University of Hong Kong	Studies in Health Services: Utilization pattern of primary health care services*** (SHS-P-10)	102,890	Jun. 2007	Completed	Result of the study has been considered by an Assessment Board comprising experts from the health sector and the Government.	Research findings will be released through the website of Food and Health Bureau.
The University of Hong Kong	Studies in Health Services: Morbidity and management patterns of community-based primary health care services*** (SHS-P-11)	70,300	Jun. 2007	Completed	Result of the study has been considered by an Assessment Board comprising experts from the health sector and the Government.	Research findings will be released through the website of Food and Health Bureau.

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning/ in progress / completed)	Follow-up actions on the studies taken by the Administration and their progress (if any)	If completed, have they been released to the public? If yes, through which channels, If no, what are the reasons?
The Chinese University of Hong Kong	Studies in Health Services: Self management and the role of pharmacists in developing an effective primary care system*** (SHS-P-04)	104,060	Jun. 2007	In progress	When completed, the results of these studies will be considered by an Assessment Board comprising experts from the health sector and the Government.	The study is still on-going.
The Chinese University of Hong Kong	Studies Related to Melamine Incident: Metabolism and toxicity of melamine in developing and infant rats*** (MI-BS-06)	393,430	Apr. 2009	In progress	When completed, the results of these studies will be considered by an Assessment Panel comprising experts from the health sector and the Government.	The study is still on-going.
The Chinese University of Hong Kong	Studies Related to Melamine Incident: Formation of melamine crystals in urine and their effects on human cells*** (MI-BS-07)	396,850	Mar.2009	In progress	When completed, the results of these studies will be considered by an Assessment Panel comprising experts from the health sector and the Government.	The study is still on-going.

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning/ in progress / completed)	Follow-up actions on the studies taken by the Administration and their progress (if any)	If completed, have they been released to the public? If yes, through which channels, If no, what are the reasons?
The Chinese University of Hong Kong	Studies Related to Melamine Incident: Effect of melamine on kidney and vascular function in pregnant and newborn rats*** (MI-BS-12)	323,680	Apr. 2009	In progress	When completed, the results of these studies will be considered by an Assessment Panel comprising experts from the health sector and the Government.	The study is still on-going.
The University of Hong Kong	Studies Related to Melamine Incident: Transfer of melamine across the placenta and toxic effects on the developing mouse foetus*** (MI-BS-16)	346,230	Apr. 2009	In progress	When completed, the results of these studies will be considered by an Assessment Panel comprising experts from the health sector and the Government.	The study is still on-going.
The University of Hong Kong	Studies Related to Melamine Incident: Mechanism of melamine-induced human urinary bladder cancer (MI-BS-18) ***	139,380	Apr. 2009	In progress	When completed, the results of these studies will be considered by an Assessment Panel comprising experts from the health sector and the Government.	The study is still on-going.

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning/ in progress / completed)	Follow-up actions on the studies taken by the Administration and their progress (if any)	If completed, have they been released to the public? If yes, through which channels, If no, what are the reasons?
The Chinese University of Hong Kong	Studies Related to Melamine Incident: Medium- and long-term follow-up of Hong Kong children exposed to melamine (MI-FU-01) ***	244,030	Apr. 2009	In progress	When completed, the results of these studies will be considered by an Assessment Panel comprising experts from the health sector and the Government.	The study is still on-going.
The Chinese University of Hong Kong	Studies Related to Melamine Incident: Prevalence of melamine in stored urine samples and clinical follow-up of affected Hong Kong children (MI-FU-04) ***	134,290	Apr. 2009	In progress	When completed, the results of these studies will be considered by an Assessment Panel comprising experts from the health sector and the Government.	The study is still on-going.
The University of Hong Kong	Studies Related to Melamine Incident: Case-control study of Sichuan and Hong Kong children with melamine-associated renal stones (MI-FU-08) ***	224,770	Apr. 2009	In progress	When completed, the results of these studies will be considered by an Assessment Panel comprising experts from the health sector and the Government.	The study is still on-going.

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning/ in progress / completed)	Follow-up actions on the studies taken by the Administration and their progress (if any)	If completed, have they been released to the public? If yes, through which channels, If no, what are the reasons?
The Chinese University of Hong Kong	Studies Related to Melamine Incident: Development and application of novel diagnostic tests for melamine exposure*** (MI-LAB-02)	478,680	Apr.2009	In progress	When completed, the results of these studies will be considered by an Assessment Panel comprising experts from the health sector and the Government.	The study is still on-going.

*** This study spanned over more than one financial year and payments are made in instalments. The estimate here reflects the payments made in 2009/10.

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

FHB(H)040

Question Serial No.

0465

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:

Is there any project for which provision has been allocated for conducting consultancy study in 2010-11?
If yes, please provide the following information:

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning / in progress / completed)	Will the studies be released to the public if they are expected to be completed in 2010-2011? If yes, through which channels? If no, what are the reasons?

Asked by: Hon. HO Sau-lan, Cyd

Reply:

The information requested is provided in Annex.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning / in progress / completed)	Will the studies be released to the public if they are expected to be completed in 2010-2011? If yes, through which channels? If no, what are the reasons?
The University of Hong Kong	Project to update the Hong Kong Domestic Health Accounts (DHA) to 2005/06 and 2006/07: to further update the estimates of Hong Kong's domestic health expenditure based on the OECD standardization of health accounts, "A System of Health Accounts", and to appraise the applications of domestic health accounts.*	498,000	Jan. 2008	In progress	When the study is completed, results will be released to public through the website of Food and Health Bureau.
The University of Hong Kong	Project to update the Hong Kong Domestic Health Accounts (DHA) to 2007/08 and 2008/09: to further update the estimates of Hong Kong's domestic health expenditure based on the OECD standardization of health accounts, "A System of Health Accounts", and to appraise the applications of domestic health accounts.*	708,280	Oct. 2009	In progress	When the study is completed, results will be released to public through the website of Food and Health Bureau.

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning / in progress / completed)	Will the studies be released to the public if they are expected to be completed in 2010-2011? If yes, through which channels? If no, what are the reasons?
Milliman Limited	Studies on Voluntary Supplementary Financing Scheme – Analyses on Stakeholders’ Views, Overseas Experience and Local Market Situation about Private Health Insurance: To serve as a background research by collecting and analyzing stakeholders’ views, reviewing theoretical framework and overseas experience, and assessing local market situation through an investigation of available information and data.	1,430,000	Mar. 2010	In progress	When the study is completed, results will be considered by the Food and Health Bureau for the overall planning of healthcare reform public consultation.
Milliman Limited	Studies on Voluntary Supplementary Financing Scheme – Feasibility Study on the Key Features of the Scheme: to design actuarially sound insurance product templates, and develop policy options for provision of incentives where necessary to enable the Scheme to operate effectively.	1,430,000	Mar. 2010	In progress	When the study is completed, results will be considered by the Food and Health Bureau for the overall planning of healthcare reform public consultation.
The University of Hong Kong	Studies in Health Services: Cervical cancer prevention through cytologic and HPV DNA screening* (SHS-P-08)	159,480	Jun.2007	Expected to complete within 2010	Research findings will be released through the website of Food and Health Bureau

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning / in progress / completed)	Will the studies be released to the public if they are expected to be completed in 2010-2011? If yes, through which channels? If no, what are the reasons?
The Chinese University of Hong Kong	Studies in Health Services: Self management and the role of pharmacists in developing an effective primary care system* (SHS-P-04)	138,740	Jun.2007	Expected to complete within 2010	Research findings will be released through the website of Food and Health Bureau
The Chinese University of Hong Kong	Studies Related to Melamine Incident: Metabolism and toxicity of melamine in developing and infant rats* (MI-BS-06)	393,430	Apr.2009	In progress	The study is still on-going.
The Chinese University of Hong Kong	Studies Related to Melamine Incident: Formation of melamine crystals in urine and their effects on human cells* (MI-BS-07)	238,110	Mar. 2009	In progress	The study is still on-going.
The Chinese University of Hong Kong	Studies Related to Melamine Incident: Effect of melamine on kidney and vascular function in pregnant and newborn rats* (MI-BS-12)	323,680	Apr. 2009	In progress	The study is still on-going.
The University of Hong Kong	Studies Related to Melamine Incident: Transfer of melamine across the placenta and toxic effects on the developing mouse foetus* (MI-BS-16)	346,230	Apr.2009	In progress	The study is still on-going.
The University of Hong Kong	Studies Related to Melamine Incident: Mechanism of melamine-induced human urinary bladder cancer (MI-BS-18) *	447,970	Apr.2009	In progress	The study is still on-going.

Name of consultant	Title, content and objective of the project	Consultancy fee (\$)	Start date	Progress of studies (under planning / in progress / completed)	Will the studies be released to the public if they are expected to be completed in 2010-2011? If yes, through which channels? If no, what are the reasons?
The Chinese University of Hong Kong	Studies Related to Melamine Incident: Medium- and long-term follow-up of Hong Kong children exposed to melamine (MI-FU-01) *	317,180	Apr.2009	In progress	The study is still on-going.
The Chinese University of Hong Kong	Studies Related to Melamine Incident: Prevalence of melamine in stored urine samples and clinical follow-up of affected Hong Kong children (MI-FU-04) *	134,290	Apr.2009	In progress	The study is still on-going.
The University of Hong Kong	Studies Related to Melamine Incident: Case-control study of Sichuan and Hong Kong children with melamine-associated renal stones (MI-FU-08) *	173,740	Apr. 2009	In progress	The study is still on-going.
The Chinese University of Hong Kong	Studies Related to Melamine Incident: Development and application of novel diagnostic tests for melamine exposure * (MI-LAB-02)	287,210	Apr. 2009	In progress	The study is still on-going.

* This study spanned over more than one financial year and payments are made in instalments. The estimate here reflects the payments made in 2010-11.

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

FHB(H)041

Question Serial No.

0472

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the FHB's initiative to allocate additional resources and establish a dedicated team to implement the initial recommendations of the Working Group on Primary Care to enhance primary care, please provide the details of developing protocols for managing chronic disease and continuing to implement pilot projects based on these protocols, including the types of chronic diseases covered, the staffing and resources involved as well as the estimated number of patients served under the pilot projects. How will the effectiveness be assessed?

Asked by: Hon. HO Sau-lan, Cyd

Reply:

Following the broad public support during the first-stage public consultation on healthcare reform in 2008, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health has put forward a set of recommendations to enhance primary care in Hong Kong. These include:

- (i) developing conceptual models and clinical protocols for primary care;
- (ii) setting up and promoting a Primary Care Directory; and
- (iii) designing feasible service delivery models, based on the primary care conceptual models and clinical protocols, to enhance primary care services in the community.

Based on these recommendations, the Government has earmarked a total of about \$600 million for the period 2010-11 to 2012-13 (of which about \$169 million will be allocated in 2010-11) to implement a series of pilot projects to enhance primary care, including –

- (1) \$254 million for strengthening the support for chronic disease patients;
- (2) \$65 million for setting up community health centres or network; and
- (3) \$80 million for enhancing primary dental services and oral health promotion programmes in collaboration with the dental profession, particularly those for the elderly in need.

We are working out the implementation details of the above pilot projects, including their scale, manpower requirement, and participation arrangements.

In addition to the above, starting from August 2009, the Government has already launched, through the Hospital Authority (HA), a series of pilot projects under the policy initiative announced by the Chief Executive in his 2008-09 Policy Address to enhance support for chronic disease patients in the primary care settings. These include promoting the prevention and treatment of chronic diseases in both the public and

private sectors in local communities, conducting health risk assessments and drawing up management plans for high-risk groups, helping chronic disease patients improve their self-care skills through enhanced education, etc.

In order to support the development of primary care in Hong Kong and co-ordinate the implementation of various programmes to enhance primary care, the Government has planned to set up a Primary Care Office (PCO) in 2010-11. The PCO will be responsible for supporting the WGPC for the strategic planning, implementation and overall co-ordination of long-term development of primary care, so as to improve health of the population and to strengthen disease prevention and control. It will be set up under the Department of Health (DH) and comprise staff of relevant expertise including those from DH, the Hospital Authority (HA) and the Food and Health Bureau (FHB).

Out of the \$226 million earmarked for the PCO for the period 2010-11 to 2012-13, about \$194 million is earmarked for implementing specific tasks relating to primary care development, including developing primary care conceptual models and preventive protocols, establishing and maintaining the Primary Care Directory, implementing and evaluating new primary care delivery models, supporting research on primary care, improving primary care related training and capacity building in collaboration with healthcare professionals, etc. It will also coordinate and monitor the progress of all the pilot projects mentioned above, and continuously work with independent assessment bodies to evaluate the arrangements and effectiveness of the projects during the pilot period.

The PCO will involve an initial setup of 19 civil service posts, comprising Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, Administrative Officer, Executive Officers and supporting clerical and secretarial staff, breakdown of which is at Annex. The Head of the PCO will be pitched at the Assistant Director of Health (D2) rank, underpinned by a Principal Medical and Health Officer (D1). We will seek the Finance Committee's approval in due course to create the two directorate posts later. We have earmarked about \$9 million in 2010-11 for these civil service posts. In addition, we have also earmarked resources (about \$6 million) for secondment of staff from HA (e.g. Medical and Health Officers, Scientific Officer (Medical), Nursing Officer) with relevant expertise in the provision and development of primary care and other related tasks such as the development of clinical protocols.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

Proposed Civil Service Staffing Complement for the Primary Care Office

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Assistant Director of Health	1
Principal Medical & Health Officer	1
Senior Medical & Health Officer	2
Medical & Health Officer	2
Nursing Officer	2
Scientific Officer (Medical)	2
<u>Administration support</u>	
Senior Executive Officer	2
Executive Officer I*	1
Executive Officer II	1
Clerical Officer	1
Assistant Clerical Officer	2
Personal Secretary I	1
<u>Policy and strategy development</u>	
Administrative Officer*	1
Total	19

*Existing posts in the Food and Health Bureau. All other posts are new posts to be created under the Department of Health.

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

FHB(H)042

Question Serial No.

0473

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the FHB's initiative to allocate additional resources and establish a dedicated team to implement the initial recommendations of the Working Group on Primary Care to enhance primary care, please advise on the details of launching pilot projects in various districts to set up community health centres and networks under different service models, the estimated number of districts for launching pilot projects, the staffing and resources involved, the estimated number of patients served under the pilot projects and the estimated number of private practitioners and non-government organisations involved. How will the effectiveness be assessed?

Asked by: Hon. HO Sau-lan, Cyd

Reply:

Following the broad public support during the first-stage public consultation on healthcare reform in 2008, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health has put forward a set of recommendations to enhance primary care in Hong Kong. These include:

- (i) developing conceptual models and clinical protocols for primary care;
- (ii) setting up and promoting a Primary Care Directory; and
- (iii) designing feasible service delivery models, based on the primary care conceptual models and clinical protocols, to enhance primary care services in the community.

Based on these recommendations, the Government has earmarked a total of about \$600 million for the period 2010-11 to 2012-13 (of which about \$169 million will be allocated in 2010-11) to implement a series of pilot projects to enhance primary care, including –

- (1) \$254 million for strengthening the support for chronic disease patients;
- (2) \$65 million for setting up community health centres or network; and
- (3) \$80 million for enhancing primary dental services and oral health promotion programmes in collaboration with the dental profession, particularly those for the elderly in need.

We are working out the implementation details of the above pilot projects, including their scale, manpower requirement, and participation arrangements.

In addition to the above, starting from August 2009, the Government has already launched, through the Hospital Authority (HA), a series of pilot projects under the policy initiative announced by the Chief Executive in his 2008-09 Policy Address to enhance support for chronic disease patients in the primary care

settings. These include promoting the prevention and treatment of chronic diseases in both the public and private sectors in local communities, conducting health risk assessments and drawing up management plans for high-risk groups, helping chronic disease patients improve their self-care skills through enhanced education, etc.

In order to support the development of primary care in Hong Kong and co-ordinate the implementation of various programmes to enhance primary care, the Government has planned to set up a Primary Care Office (PCO) in 2010-11. The PCO will be responsible for supporting the WGPC for the strategic planning, implementation and overall co-ordination of long-term development of primary care, so as to improve health of the population and to strengthen disease prevention and control. It will be set up under the Department of Health (DH) and comprise staff of relevant expertise including those from DH, the Hospital Authority (HA) and the Food and Health Bureau (FHB).

Out of the \$226 million earmarked for the PCO for the period 2010-11 to 2012-13, about \$194 million is earmarked for implementing specific tasks relating to primary care development, including developing primary care conceptual models and preventive protocols, establishing and maintaining the Primary Care Directory, implementing and evaluating new primary care delivery models, supporting research on primary care, improving primary care related training and capacity building in collaboration with healthcare professionals, etc. It will also coordinate and monitor the progress of all the pilot projects mentioned above, and continuously work with independent assessment bodies to evaluate the arrangements and effectiveness of the projects during the pilot period.

The PCO will involve an initial setup of 19 civil service posts, comprising Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, Administrative Officer, Executive Officers and supporting clerical and secretarial staff, breakdown of which is at Annex. The Head of the PCO will be pitched at the Assistant Director of Health (D2) rank, underpinned by a Principal Medical and Health Officer (D1). We will seek the Finance Committee's approval in due course to create the two directorate posts later. We have earmarked about \$9 million in 2010-11 for these civil service posts. In addition, we have also earmarked resources (about \$6 million) for secondment of staff from HA (e.g. Medical and Health Officers, Scientific Officer (Medical), Nursing Officer) with relevant expertise in the provision and development of primary care and other related tasks such as the development of clinical protocols.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 15.3.2010

Proposed Civil Service Staffing Complement for the Primary Care Office

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Assistant Director of Health	1
Principal Medical & Health Officer	1
Senior Medical & Health Officer	2
Medical & Health Officer	2
Nursing Officer	2
Scientific Officer (Medical)	2
<u>Administration support</u>	
Senior Executive Officer	2
Executive Officer I*	1
Executive Officer II	1
Clerical Officer	1
Assistant Clerical Officer	2
Personal Secretary I	1
<u>Policy and strategy development</u>	
Administrative Officer*	1
Total	19

*Existing posts in the Food and Health Bureau. All other posts are new posts to be created under the Department of Health.

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

FHB(H)043

Question Serial No.

0474

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Bureau will formulate proposals for a voluntary supplementary healthcare financing scheme comprising insurance and savings components, and standardized and regulated by the Government in 2010-11. What are the details? Please advise on the expected implementation timetable of the scheme, consultation and assessment to be carried out, and the estimated manpower and resources involved.

Asked by: Hon. HO Sau-lan, Cyd

Reply:

As announced by the Chief Executive in the 2009/10 Policy Address, the Food and Health Bureau (FHB) is working on a supplementary healthcare financing scheme based on voluntary participation, comprising insurance and savings components, which will be standardized and regulated by the Government.

The scheme aims to (i) improve sustained access to affordable private healthcare through medical insurance, thereby facilitating choice for private healthcare as an alternative to public healthcare; (ii) enhance transparency about service standards and price in the private health insurance and healthcare services market, thereby promoting market competition and enhancing consumer protection and confidence.

FHB is conducting consultancy studies and working with relevant stakeholders with a view to formulating detailed proposals for the scheme. In working out the scheme, the Government will consider how to make use of the \$50 billion earmarked in the fiscal reserve for implementing the healthcare financing reform, and take into account the suggestion of providing tax deduction for private medical insurance premium.

We aim to have the proposals ready and launch the second stage public consultation on healthcare reform in the second half of 2010. The workload arising from the formulation of the scheme including the public consultation is being undertaken as part of the day-to-day operations of the FHB. We have no separate estimates on the expenditure and manpower required.

Plans for implementation including timetable and resource requirements will be determined in due course taking into account the outcomes of the consultation on the proposals for the scheme.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)044

Question Serial No.

0475

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

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 implementation of a pilot case management programme in some districts to provide customized intensive community support for patients with severe mental illness, what are the details? What is the implementation timetable and in what districts will this programme be run? How many patients are expected to be served initially? Please also advise:

- (a) What co-ordination will the Administration carry out in terms of the number of existing hospital beds for the mentally ill and the community care services to be provided? Will the Administration further reduce the number of existing hospital beds?
- (b) Is there any plan to conduct public education on mental health? If yes, what are the details?

Asked by: Hon. HO Sau-lan, Cyd

Reply:

The Hospital Authority (HA) will implement the following programmes to strengthen mental health services in 2010-11:

- To further strengthen the platform for provision of mental health services and enhance the support for mental patients in the community, HA will launch a case management programme for patients with severe mental illness in individual districts to provide personalized and intensive support to these patients in the community settings. Under the case management programme, healthcare workers will be trained as case managers to establish close service relationship with the patients and their family members. They will coordinate and arrange for the patients to receive various services. The case managers will also establish linkages with the Integrated Community Centres for Mental Wellness set up by the Social Welfare Department in various districts to arrange one-stop social rehabilitation services for patients in need. The programme will be piloted in the second quarter of 2010 in Kwai Tsing, Kwun Tong and Yuen Long districts where more patients with severe mental illness reside. An additional 100 nurses and allied health staff will be recruited to provide the service and the additional recurrent expenditure involved is estimated at \$78 million. About 5 000 patients will benefit from the programme in 2010-11.
- To enhance support for patients with common mental disorders, HA will promote collaboration between psychiatric specialist outpatient service and primary healthcare service to provide enhanced assessment and consultation services for patients with common mental disorders. Under the initiative, HA will provide more timely assessment and treatment services to patients with common mental disorders at the psychiatric specialist outpatient clinics in all seven hospital clusters and introduce an integrated mental health programme in the primary care settings (including family medicine specialist clinics and general outpatient clinics) in the Hong Kong East, Hong Kong West, Kowloon East, Kowloon West and New Territories East Clusters. An additional eight doctors, five nurses and 17 allied health professionals

will be recruited to provide the service under the initiative and the additional recurrent expenditure involved is estimated at \$31 million. About 7 000 patients will benefit from the initiative in 2010-11.

Our reply to parts (a) and (b) of the question is as follows:

- (a) In 2010-11, HA has no plan to further reduce its psychiatric beds. It will continue to keep in view the demand for inpatient psychiatric services and make suitable adjustments where necessary.

In the light of the international trend to divert the focus of the treatment of mental illness from inpatient care to community and ambulatory services, HA has been reviewing its inpatient psychiatric services in recent years and has launched a number of new programmes to enhance its community psychiatric services. These programmes such as the “Early Assessment Services for Young persons with psychosis” and the “Extended care patients Intensive Treatment, Early diversion and Rehabilitation Stepping Stone (EXITERS) Project” progressively allow more mental patients with stabilized conditions to receive treatment in the community, thereby enhancing their prospect of re-integration into the community after rehabilitation. Notably, the EXITERS project has successfully facilitated the discharge of more than 1 000 long stay mental patients back into the community during the period from 2002-03 to 2009-10 (up to 31 December 2009). With the provision of various community support services, the demand for inpatient services has been decreasing. Therefore, HA had gradually closed down unused psychiatric beds in recent years and has redeployed the resources for enhancement of other mental health services.

- (b) On public education, the Labour and Welfare Bureau will continue to organize “Mental Health Month”, an annual event which consists of a series of territory-wide and district-based publicity campaigns, to enhance the awareness of the public on mental health. HA will continue to support this event by organizing relevant activities in collaboration with non-governmental organizations. Furthermore, HA will continue to educate patients and their carers on various aspects of mental health through the educational talks, seminars and workshops conducted by its psychiatric department.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

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

FHB(H)045

Question Serial No.

0487

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority will “enhance service provision for life-threatening diseases including chemotherapy, oncology service, cytogenetic service, haemodialysis, liver transplant, blood collection and transfusion service and acute cardiac care”. In this connection, would the Administration advise on the details of such measures as well as the expenditure, the manpower and the ranks of staff involved for 2010-11? Please also advise on the number of beds, the number of new cases and the waiting time of new cases in each hospital cluster for the services provided for the above life-threatening diseases respectively at present.

Asked by: Hon. HO Sau-lan, Cyd

Reply:

The Hospital Authority (HA) will enhance services for treatment of life-threatening diseases in 2010-11, including haemodialysis service, palliative care for patients with end-stage renal diseases, clinical oncology service, integrated cancer care and acute cardiac care. The details are set out in the table below. The detailed manpower requirements for the initiatives are being worked out and are not yet available.

Service	Description	Estimated expenditure
Haemodialysis (HD) service	HA will enhance HD service for patients with end stage renal disease by providing additional 41 hospital HD places and 20 home HD places, as well as expanding the private public partnership of HD service in eligible community HD centres.	\$30 million
Palliative care for patients with end stage renal disease	HA will introduce palliative care to improve quality of life of patients with end stage renal disease for about 720 patients in 2010-11. The service will be piloted in four hospitals, namely the Ruttonjee & Tang Shiu Kin Hospitals, United Christian Hospital, Caritas Medical Centre and Shatin Hospital.	\$14 million
Clinical oncology service	HA will improve the clinical oncology service of Kowloon East Cluster through enhanced provision of onsite clinical oncology service and chemotherapy day care at the United Christian Hospital. About 500 consultations and 500 day attendances will be provided in 2010-11.	\$3.5 million
Integrated cancer care	HA will pilot a case manager programme to streamline and enhance coordination on management of cancer patients. The programme aims to benefit 500 breast cancer and 600	\$6 million

Service	Description	Estimated expenditure
	colorectal cancer patients respectively. The programme will be launched in New Territories West Cluster and Kowloon West Cluster in 2010-11.	
Acute cardiac service	HA will improve acute cardiac services by providing four additional cardiac care unit beds, and enhancing the provision of emergency, urgent and primary percutaneous coronary intervention (PCI) service. About 100 patients will be benefited in 2010-11.	\$12.5 million

The table below sets out the relevant number of beds, number of specialist outpatient (SOP) new cases and median waiting time of clinical oncology service, the number of hospital HD places and the number of coronary care beds in HA.

Cluster ¹	HKE	HKW	KC	KE	KW	NTE	NTW	HA Overall
Number of beds under clinical oncology specialty (As of 31 December 2009)	56	28	89	0 ²	73	157	48	451
Number of clinical oncology SOP new cases (From 1 April to 31 December 2009)	1 901	1 854	4 353	331	1 987	3 302	2 073	15 801
Median waiting time for clinical oncology SOP new cases (From 1 April to 31 December 2009)	< 1 week	1 week	1 week	1 week	2 weeks	1 week	< 1 week	1 week
Number of hospital HD places	57	124	87	72	202	123	74	739
Number of Coronary Care Beds (As of 31 December 2009)	6	16	13	7	22	14	8	86

Notes:

- (1) Cluster:
HKE – Hong Kong East Cluster
HKW – Hong Kong West Cluster
KC – Kowloon Central Cluster
KE – Kowloon East Cluster
KW – Kowloon West Cluster
NTE – New Territories East Cluster
NTW – New Territories West Cluster
- (2) No clinical oncology inpatient service is provided in KE cluster.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 12.3.2010

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

FHB(H)046

Question Serial No.

0499

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the continuous efforts to explore sites for setting up Chinese medicine clinics in the public sector, please provide the following information:

- (a) the progress made so far;
- (b) the estimated expenditures involved;
- (c) whether the Administration has conducted any research to find out which population group has a greater demand for Chinese medical services. If yes, what are the research findings; if no, what are the reasons?
- (d) whether the Administration has considered setting up a hospital of Chinese medicine. If yes, what are the details and the estimated expenditures involved; if no, what are the reasons?

Asked by: Hon. WONG Kwok-kin

Reply:

The Government has committed to establish a total of 18 public Chinese medicine clinics (CMCs) to develop "evidence-based" Chinese medicine and to provide training opportunities for local Chinese medicine degree programmes graduates. We plan to set up one CMC in each district and a total of 14 CMCs have been set up so far. The four remaining districts are Kowloon City, Southern, Yau Tsim Mong and Islands Districts. We are actively identifying suitable sites to set up CMCs in the four districts as early as possible.

In 2010-11, the Government has earmarked some \$77 million to fund the operation of the 14 existing CMCs, to cover the maintenance of the Toxicology Reference Laboratory, quality assurance and central procurement of Chinese medicine herbs, the development and provision of training in "evidence-based" Chinese medicine, and enhancement and maintenance of the Chinese Medicine Information System. Additional funding will be provided as and when new CMCs are set up.

According to the Thematic Household Survey Report No. 41 published by the Census and Statistics Department in September 2009, persons aged 55-64 had the highest rate of having consulted Chinese medicine practitioners (CMPs) during the survey period. Analysed by sex, females had a higher rate of having consulted CMPs as compared to males.

In December 2009, the Government launched an Expression of Interest (EOI) Exercise to solicit the interests of the market in developing private hospitals in the four reserved sites (in Wong Chuk Hang, Tseung Kwan O, Tai Po and Lantau respectively). The EOI exercise will close on 31 March 2010. The Government is open-minded about the scope of service, including both Chinese and Western medicines, that may be provided in the new hospital to be developed at each site, subject to the relevant special requirements which the Government will determine for development of the sites.

Signature _____

Name in block letters _____ Ms Sandra LEE _____

Post Title _____ Permanent Secretary for Food and
Health (Health) _____

Date _____ 12.3.2010 _____

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

FHB(H)047

Question Serial No.

0500

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With respect to opening of additional acute and convalescent beds in Kowloon East and New Territories West Clusters, please provide the following information :

- (a) What are the details? How many additional acute and convalescent beds are expected to be opened in the Clusters?
- (b) Will the additional beds be distributed evenly among all hospitals in the Clusters? If not, what are the details of the distribution of additional beds? What are the criteria adopted for the distribution?
- (c) Please tabulate the total number of beds in each Cluster after additional beds are opened.
- (d) What is the estimated total expenditure involved in opening additional acute and convalescent beds ? What is the average expenditure for each additional bed?
- (e) Please provide the actual allocation for the hospitals under the Kowloon East Cluster in 2009-10 and the estimated allocation for the respective hospitals in 2010-11.
- (f) In view of the serious problem of an ageing population in Kowloon East, will there be additional resources to improve the healthcare services in the Kowloon East Cluster? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. WONG Kwok-kin

Reply:

- (a) The Hospital Authority (HA) will open additional beds in three hospital clusters below to cope with the growing service demand in 2010-11:

Cluster \ Bed type	Acute	Rehabilitation / Convalescent	Total
HKEC	30	30	60
KEC	42	18	60
NTWC	22	75	97
Total	94	123	217

- (b) The distribution of new beds to be opened in KEC and NTWC is set out in the table below. In allocating beds to different hospitals within a cluster, HA has taken into account the increase of service demand as a result of population growth and demographic changes, as well as the organization of services of the clusters and hospitals and the service demand of local community.

Cluster	Hospital	New beds to be opened	Total number of new beds
KEC	Tseung Kwan O Hospital (TKOH)	40 acute and 2 Intensive Care unit (ICU) beds	42
	United Christian Hospital (UCH)	18 rehabilitation beds	18
NTWC	Pok Oi Hospital (POH)	1 ICU, 1 High Dependency Unit (HDU), 10 acute and 38 rehabilitation/convalescent beds	50
	Tuen Mun Hospital (TMH)	10 acute and 37 rehabilitation beds	47

- (c) The table below sets out the estimated number of general beds in each cluster as at 31 March 2011:

Cluster	Number of general beds (as at 31 March 2011)
HKEC	2 002
HKWC	2 853
KCC	3 002
KEC	2 135
KWC	5 174
NTEC	3 473
NTWC	2 094
Total	20 733

- (d) HA has earmarked an additional \$137 million for opening additional beds in 2010-11 (including \$47.5 million for KEC, \$68 million for NTWC and \$21 million for HKEC). HA will deploy existing staff and recruit additional staff to cope with the opening of additional beds. The detailed additional manpower required is being worked out and not yet available.
- (e) In 2009-10, the allocation to the UCH, TKOH and Heaven of Hope Hospital in KEC were \$2,080 million, \$719 million, and \$282 million respectively. Allocation for the three hospitals in 2010-11 is being worked out and not yet available.
- (f) To cater for the projected increase in service demand arising from the population growth and demographic changes, the KEC will implement a number of initiatives for service improvement apart from opening additional beds. These include provision of additional cataract surgeries, enhancement of clinical oncology services, introduction of palliative care for patients with end stage renal disease; and enhancement of coronary care services in TKOH, etc.

Notes:

HKEC – Hong Kong East Cluster

HKWC – Hong Kong West Cluster

KCC – Kowloon Central Cluster

KEC – Kowloon East Cluster

KWC – Kowloon West Cluster

NTEC - New Territories East Cluster

NTWC – New Territories West Cluster

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 12.3.2010

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

FHB(H)048

Question Serial No.

0633

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

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 opening of additional acute and convalescent beds by the Hospital Authority for the Hong Kong East Cluster, please provide the following information :

- (a) What are the details? How many additional acute and convalescent beds are expected for the cluster?
- (b) Will the additional beds be allocated evenly to all the hospitals in the cluster? If not, what are the details on the allocation of the additional beds? What allocation criteria will the authorities follow?
- (c) Please tabulate the total number of beds in each cluster upon the opening of additional beds.
- (d) What is the total expenditure involved in the opening of additional acute and convalescent beds expected to be? What is the average expenditure per additional bed?
- (e) Please list the actual and estimated financial provisions for each hospital in the Hong Kong East Cluster in 2009-10 and 2010-11.

Asked by: Hon. PAN Pey-chyou

Reply:

- (a) The Hospital Authority (HA) will open additional beds in three hospital clusters below to cope with the growing service demand in 2010-11:

Cluster \ Bed type	Acute	Rehabilitation / Convalescent	Total
HKEC	30	30	60
KEC	42	18	60
NTWC	22	75	97
Total	94	123	217

- (b) The 60 additional beds to be opened in the HKEC in 2010-11 include 28 acute and 25 rehabilitation/convalescent beds in the Pamela Youde Nethersole Eastern Hospital, and 2 acute and 5 rehabilitation/convalescent beds in the Ruttonjee and Tang Shiu Kin Hospitals. In allocating beds to different hospitals within a cluster, HA has taken into account the increase of service demand as a result of population growth and demographic changes, as well as the organization of services of the clusters and hospitals and service demand of local community.

(c) The table below sets out the estimated number of general beds in each cluster as at 31 March 2011:

Cluster	Number of general beds (as at 31 March 2011)
HKEC	2 002
HKWC	2 853
KCC	3 002
KEC	2 135
KWC	5 174
NTEC	3 473
NTWC	2 094
Total	20 733

(d) HA has earmarked an additional \$137 million for opening additional beds in 2010-11 (including \$47.5 million for KEC, \$68 million for NTWC and \$21 million for HKEC). HA will deploy existing staff and recruit additional staff to cope with the opening of additional beds. The detailed additional manpower required is being worked out and not yet available.

(e) The table below sets out the allocation to the hospitals in HKE cluster in 2009-10. Allocation for the hospitals in 2010-11 is being worked out and not yet available.

Hospital	Allocation
Pamela Youde Nethersole Eastern Hospital	\$2,301 million
Ruttonjee and Tang Shiu Kin Hospitals	\$711 million
Tung Wah Eastern Hospital	\$254 million
St. John Hospital	\$51 million
Cheshire Home, Chung Hom Kok	\$64 million
Wong Chuk Hang Hospital	\$61 million

Note:

HKEC – Hong Kong East Cluster
 HKWC – Hong Kong West Cluster
 KCC – Kowloon Central Cluster
 KEC – Kowloon East Cluster
 KWC – Kowloon West Cluster
 NTEC - New Territories East Cluster
 NTWC – New Territories West Cluster

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 12.3.2010

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

FHB(H)049

Question Serial No.

0539

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary mentioned in the Budget Speech that : “The Hospital Authority (HA) will make use of the additional funding to strengthen the services provided for cancer, cataract and renal patients. A case management programme on cancer treatment will be introduced for 1100 patients. Cataract surgeries will also be increased by about 40%. For renal patients, the HA will strengthen haemodialysis services and introduce a pilot programme on palliative care”. In this connection, please advise on the following :

- (a) An estimate of the amount required for strengthening the services provided for cancer, cataract and renal patients.
- (b) On the introduction of a case management programme on cancer treatment for 1100 patients, will there be additional staff to be responsible for the management of cases? If yes, please list out their rank and the number of staff. At which hospitals will the programme be introduced?
- (c) How many additional cataract surgeries will be performed every year following the increase? Will the additional surgeries be undertaken by the HA or by procuring services from the private medical sector? What is the cost of each case?
- (d) How many renal patients will be benefitted from the strengthening of haemodialysis services and the introduction of a pilot programme on palliative care? Where will the pilot programme be implemented?

Asked by: Hon. LI Wah-ming, Fred

Reply:

The Hospital Authority (HA) will enhance haemodialysis service, palliative care for patients with end-stage renal diseases, integrated cancer care and cataract surgery service in 2010-11. The table below sets out the details of the initiatives. The detailed manpower requirements are being worked out and are not yet available.

Service	Description	Estimated expenditure
Haemodialysis (HD) service	HA will enhance HD service for patients with end stage renal disease by providing additional 41 hospital HD places and 20 home HD places, as well as expanding the private public partnership of HD service in eligible community HD centres.	\$30 million

Service	Description	Estimated expenditure
Palliative care for patients with end stage renal disease	HA will introduce palliative care to improve quality of life of patients with end stage renal disease for about 720 patients in 2010-11. The service will be piloted in four hospitals, namely the Ruttonjee & Tang Shiu Kin Hospitals, United Christian Hospital, Caritas Medical Centre and Shatin Hospital.	\$14 million
Integrated cancer care	HA will pilot a case manager programme to streamline and enhance coordination on management of cancer patients. The programme aims to benefit 500 breast cancer and 600 colorectal cancer patients respectively. The programme will be launched in New Territories West Cluster and Kowloon West Cluster in 2010-11.	\$6 million
Cataract Surgeries	<p>HA will provide additional 8480 cataract surgeries in 2010-11, including 5480 surgeries to be conducted in HA hospitals and 3000 to be conducted in the private sector through the provision of subsidy to patients, subject to co-payment.</p> <p>The average cost per cataract surgery is around \$14,500 in 2008-09, which represents the average cost covering both same-day treatment as well as more complex cases requiring multi-day inpatient services.</p>	\$55 million

Signature _____

Name in block letters _____ Ms Sandra LEE _____

Post Title _____ Permanent Secretary for Food and Health (Health) _____

Date _____ 12.3.2010 _____

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

FHB(H)050

Question Serial No.

0540

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary mentioned in his Budget Speech that “the Hospital Authority (HA) will make use of the additional funding incorporating eight drugs into the Hospital Authority Drug Formulary to enhance the efficacy in treating cancer and rare genetic diseases. The HA will also expand the clinical application of nine drug classes”. In this regard, please provide the following information:

- (a) the names and targeted illnesses of the eight drugs, as well as the respective number of subsidized patients and the amount of subsidy of the drugs; and whether the drugs are general drugs, special drugs or self-financed items (SFI) with safety net. As for SFI with safety net, what is the estimated percentage of patients who need to purchase drugs at their own expense among HA patients?
- (b) the names and scope of expansion of the nine drug classes, as well as the estimated number of patients to be benefited and the amount of fund required; and whether the drugs are general drugs, special drugs or self-financed items (SFI) with safety net.

Asked by: Hon. LI Wah-ming, Fred

Reply:

The Government has earmarked additional recurrent funding of \$194 million to the Hospital Authority (HA) to incorporate eight drugs into the HA Drug Formulary and expand the clinical application of nine drug classes. It is estimated that a total of 38 200 patients will benefit from these two initiatives.

- (a) The table below sets out the name and the indication for clinical application of eight drugs to be incorporated into the HA Drug Formulary in 2010-11 as well as the estimated number of patients benefited and the estimated expenditure involved for each drug. All eight drugs will be included as special drugs in the Formulary and provided at standard fees and charges to patients who meet the specific clinical conditions.

Drug name	Indication for clinical application	Estimated number of patients benefited	Estimated expenditure involved (\$ million)
1. Laronidase	Mucopolysaccharidosis I	Patients will be assessed by an expert panel on their clinical suitability for use of the drug on a case-by-case basis	35
2. Idursulfase	Mucopolysaccharidosis II		
3. Galsulfase	Mucopolysaccharidosis VI		
4. Alglucosidase alpha	Pompe		
5. Algalsidase beta	Fabry		
6. Imiglucerase	Gaucher		
7. Irinotecan	Colorectal cancer	167	10
8. Vinorelbine	Lung cancer	160	3

(Note: Items 1-6 are for treatment of rare genetic diseases and items 7-8 are for treatment of cancer.)

- (b) The table below sets out the name and scope of expansion of the nine drug classes as well as the estimated number of patients benefited and the estimated expenditure involved for each drug class. The drug class “Vascular endothelial growth factor inhibitors” is self-financed item and the remaining classes of drugs are special drugs in the HA Drug Formulary.

Drug class	Expanded scope for application	Estimated number of patients benefited	Estimated expenditure involved (\$ million)
1. Drugs for active Hepatitis B cases	To initiate the drug therapy for Hepatitis B patients earlier to enhance treatment outcome	2 575	54
2. Drugs for active Hepatitis C cases	To expand the provision of the drugs to Hepatitis C patients infected through other means apart from blood transfusion	600	22.8
3. Angiotensin-receptor blocker	To expand the provision of the drugs to patients with diabetes mellitus and hypertension at general outpatient clinics	25 000	18.6
4. Glitasones	To expand the provision of the drugs to patients with diabetes mellitus at general outpatient clinics		
5. Insulin	To expand the provision of the drugs to patients with		

Drug class	Expanded scope for application	Estimated number of patients benefited	Estimated expenditure involved (\$ million)
	diabetes mellitus at general outpatient clinics		
6. Aromatase inhibitors	To relax the use of the drugs (including the use in adjuvant therapy) on breast cancer patients	400	16
7. Vascular endothelial growth factor inhibitors	To provide treatment for wet aged-related macular degeneration on a trial basis under special programmes	500	12.45
8. Clopidogrel	To align the duration of providing the drug to patients after post coronary/vascular intervention or high risk acute coronary syndrome	6 650	12
9. Atypical anti-psychotics	To relax the use of the drugs on patients with mental illness	2 170	10

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 12.3.2010

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

FHB(H)051

Question Serial No.

0629

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

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 fact that in 2010-11 the Health Branch will implement a pilot case management programme in some districts to provide customized intensive community support for patients with severe mental illness, please provide the following information:

- (a) What are the details of the programme?
- (b) What districts do "some districts" refer to? What are the criteria adopted by the Administration in deciding on the implementation of the pilot case management programme in these "some districts"?
- (c) What is the expenditure involved expected to be?
- (d) Does the programme require recruitment of additional staff? If so, what are the details? What is the expenditure involved in the recruitment of additional staff expected to be?
- (e) Does Hong Kong have sufficient psychiatric healthcare personnel to cope with the growing incidence of mental illness? Has the Administration sought to match the relevant demand in its manpower training?

Asked by: Hon. PAN Pey-chyou

Reply:

(a) to (d)

The Hospital Authority (HA) will implement the following programmes to strengthen mental health services in 2010-11:

- To further strengthen the platform for provision of mental health services and enhance the support for mental patients in the community, HA will launch a case management programme for patients with severe mental illness in individual districts to provide personalized and intensive support to these patients in the community settings. Under the case management programme, healthcare workers will be trained as case managers to establish close service relationship with the patients and their family members. They will coordinate and arrange for the patients to receive various services. The case managers will also establish linkages with the Integrated Community Centres for Mental Wellness set up by the Social Welfare Department in various districts to arrange one-stop social rehabilitation services for patients in need. The programme will be piloted in the second quarter of 2010 in Kwai Tsing, Kwun Tong and Yuen Long districts where more patients with severe mental illness reside. An additional 100 nurses and allied health staff will be recruited to provide the service and the additional recurrent expenditure involved is estimated at \$78 million. About 5 000 patients will benefit from the programme in 2010-11.

- To enhance support for patients with common mental disorders, HA will promote collaboration between psychiatric specialist outpatient service and primary healthcare service to provide enhanced assessment and consultation services for patients with common mental disorders. Under the initiative, HA will provide more timely assessment and treatment services to patients with common mental disorders at the psychiatric specialist outpatient clinics in all seven hospital clusters and introduce an integrated mental health programme in the primary care settings (including family medicine specialist clinics and general outpatient clinics) in the Hong Kong East, Hong Kong West, Kowloon East, Kowloon West and New Territories East Clusters. An additional eight doctors, five nurses and 17 allied health professionals will be recruited to provide the service under the initiative and the additional recurrent expenditure involved is estimated at \$31 million. About 7 000 patients will benefit from the initiative in 2010-11.
- (e) The Administration conducts manpower planning for mental health services from time to time in the light of the manpower situation and the service needs. HA will continue to assess regularly its manpower requirements and make suitable arrangements in manpower planning and deployment, and works closely with relevant institutions to provide training to psychiatric healthcare personnel.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

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

FHB(H)052

Question Serial No.

0630

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

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 item "Access to services" under the Targets, the number of community nurses and community psychiatric nurses will increase from 377 and 137 as stated in the Revised Estimate for 2010 to 395 and 154 in 2011. Please advise on:

- (a) what the expenditure involved is expected to be;
- (b) whether the additional manpower is adequate to meet the public's ever-increasing demand for rehabilitation and geriatric services as well as psychiatric services.

Asked by: Hon. PAN Pey-chyou

Reply:

- (a) With regard to the increase in the number of community nurse of the Hospital Authority (HA) from 377 in 2009-10 to 395 in 2010-11 (an increase of 18), the additional expenditure involved is estimated at \$7.6 million. As for the increase in the number of community psychiatric nurses from 137 in 2009-10 to 154 in 2010-11 (an increase of 17), the additional expenditure involved is estimated at \$7.9 million.
- (b) In assessing its manpower requirements, HA takes into account the service needs and other various factors including the ageing population, different models of care and the direction of enhancing community care.

The addition of 18 community nurses and 17 community psychiatric nurses in HA in 2010-11 has taken into account the projected increase in the number of outreach visits to be conducted in the coming year as well as the manpower required to strengthen the staffing support.

HA will continue to monitor the manpower situation of community nurse and community psychiatric nurse and make appropriate arrangements in manpower planning and deployment to meet the service needs.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)053

Question Serial No.

0631

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

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 indicator "Delivery of services", "no. of psychiatric outreach attendances", which comes under "psychiatric services" encompassed in "ambulatory and outreach services", will increase from 122900 as stated in the Revised Estimate for 2009-10 to 160000 as stated in the Estimate for 2010-11. In this regard, please provide the following information :

- (a) On what basis does the Administration increase the number of attendances?
- (b) What is the expenditure involved expected to be?
- (c) From what grades do healthcare personnel presently involved in the delivery of "psychiatric outreach services" come from and how many people are involved respectively?
- (d) Is the existing manpower sufficient to deal with the raised attendance? Will the Administration come up with additional manpower to meet the demand? If yes, what are the details and expenditure involved? If not, what are the reasons?

Asked by: Hon. PAN Pey-chyou

Reply:

(a), (b), (c) and (d)

The Hospital Authority (HA) delivers a range of mental health services, including inpatient, outpatient and community psychiatric services, using an integrated and multi-disciplinary team approach involving psychiatrists, clinical psychologists, occupational therapists, psychiatric nurses, community psychiatric nurses and medical social workers. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with the service needs and operational requirements. As at 31 December 2009, there were 310 psychiatrists, 1 904 psychiatric nurses (including 136 community psychiatric nurses), 41 clinical psychologists and 133 occupational therapists in HA providing various services to psychiatric patients, including psychiatric community outreach services.

HA will increase the number of community nurses from 377 in 2009-10 to 395 in 2010-11 (an increase of 18). The additional expenditure involved is estimated at \$7.6 million. It will also increase the number of community psychiatric nurses from 137 in 2009-10 to 154 in 2010-11 (an increase of 17). The additional expenditure involved is estimated at \$7.9 million.

In assessing its manpower requirements, HA takes into account the service needs and other various factors including the ageing population, different models of care and the direction of enhancing community care.

The addition of 18 community nurses and 17 community psychiatric nurses in HA in 2010-11 has taken into account the projected increase in the number of outreach visits to be conducted in the coming year as well as the manpower required to strengthen the staffing support.

HA will continue to monitor the manpower situation of community nurse and community psychiatric nurse and make appropriate arrangements in manpower planning and deployment to meet the service needs.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 15.3.2010

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

FHB(H)054

Question Serial No.

0632

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

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 indicator "Delivery of services", under "Nursing" which is encompassed in "Manpower", the number of trainees has decreased from 444 as stated in the Revised Estimate for 2009-10 to 300 as stated in the Estimate for 2010-11. In this connection, please provide the following information:

- (a) What are the reasons for the expected decrease in the number of trainees?
- (b) Is deletion of trainee posts involved? If yes, what are the details?
- (c) Will the decrease in the number of trainees affect delivery of services?

Asked by: Hon. PAN Pey-chyou

Reply:

(a), (b) and (c)

In anticipation of the increase in the supply of qualified nurse in 2010-11, HA plans to employ more qualified nurses and less nursing trainees in 2010-11. In 2010-11, HA plans to recruit 1 100 qualified nurses and it is estimated that there will be a net increase of 434 qualified nurses in 2010-11. The number of nursing trainees in HA is estimated to decrease from 444 in 2009-10 to 300 in 2010-11.

With the increase in the number of qualified nursing staff, we hope to enhance the delivery of quality care and service to patients.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

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

FHB(H)055

Question Serial No.

1477

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2010-11 that the Administration will explore in collaboration with the dental profession possible programmes for enhancing primary dental care and promoting oral health. With respect to the programmes, will the Government inform this Committee:

- (a) What are the details of the programmes?
- (b) What are the estimated expenditure on implementing the programmes in 2010-11 and the number of people to be benefited?

Asked by: Hon. CHAN Hak-kan

Reply:

(a) and (b)

The Government has earmarked \$80 million for the period 2010-11 to 2012-13 (of which about \$22 million will be allocated in 2010-11) to support programmes for enhancing primary dental services and oral health promotion, particularly those for the elderly in need. The programmes are still being developed in collaboration with the dental profession and no concrete details of the programmes have been finalized at this juncture.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)056

Question Serial No.

1478

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the staffing establishment and recurrent expenditure for the newly established Drug Quality Assurance Office in 2010-11.

Asked by: Hon. CHAN Hak-kan

Reply:

The Drug Quality Assurance Office (Office) of the Hospital Authority (HA) has come into operation since December 2009. The Office serves to strengthen the quality control mechanism for pharmaceutical products through implementation of various in-house quality assurance measures, including drug sample testing, handling of drug quality incidents and management of performance of HA's drug manufacturers and suppliers.

The Office has four professional staff (one Senior Pharmacist, two Pharmacists and one Dispenser) and two supporting staff (one Senior Executive Officer and one Technical Services Assistant). The estimated recurrent expenditure of the Office is \$11 million each year.

Signature _____

Name in block letters _____ Ms Sandra LEE _____

Post Title _____ Permanent Secretary for Food and
Health (Health) _____

Date _____ 12.3.2010 _____

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

FHB(H)057

Question Serial No.

1479

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In addition to the establishment of the Drug Quality Assurance Office, what other measures the Hospital Authority has taken to enhance drug quality and its ability to monitor drug dispensing? If yes, what are the expenses incurred?

Asked by: Hon. CHAN Hak-kan

Reply:

In addition to the establishment of the Drug Quality Assurance Office, the Hospital Authority (HA) has implemented the following key initiatives to enhance its pharmaceutical products procurement system, strengthen its regulatory compliance and minimize error in the dispensing process :

Enhancement of HA's pharmaceutical products procurement system

- (1) to require manufacturers to introduce microbiology testing as a prerequisite to procurement of drug items, and provide batch release reports on delivery of drug products;
- (2) to enhance HA's sample testing to include a wider range of drugs and microbiology testing ;
- (3) to require suppliers to provide additional standard information for drug delivery documentation ;
- (4) to work with the Department of Health to improve ease of access to key additional registration details ;
- (5) to consider introducing multi-source for high volume / high risk drugs; and
- (6) to enhance HA's pharmaceutical information technology systems to improve controls.

Strengthening of HA's regulatory compliance and minimizing error in the dispensing process

- (1) to provide additional training to staff and monitor the workflow in repacking activities in drug dispensing to minimize errors;
- (2) to require evidence from suppliers on the registration of their products or exemption from registration under the law; and
- (3) to require suppliers to provide drugs in suitable pack sizes to reduce the need for repacking.

The estimated expenditure for implementation of the above initiatives is about \$37.5 million in 2010-11.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 15.3.2010

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

FHB(H)058

Question Serial No.

1484

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2010-11 that the Administration will “enhance service provision of Substance Abuse Clinics to improve early treatment to drug abusers with mental health problems”. Would the Government inform this Committee of: (a) the number and locations of the Substance Abuse Clinics, and the staffing establishment and expenditure involved; and (b) the plans to enhance such service in 2010-11, and the additional expenditure and manpower involved?

Asked by: Hon. CHAN Hak-kan

Reply:

The Hospital Authority (HA) operates seven substance abuse clinics (SACs) to provide treatment to drug abusers with mental health problems. The seven SACs are located in Pamela Youde Nethersole Eastern Hospital, Queen Mary Hospital, Kowloon Hospital, United Christian Hospital, Kwai Chung Hospital, Prince of Wales Hospital and Castle Peak Hospital. In 2009-10, about 11 doctors and 12 nurses provided a total of 12 932 attendances (as at 31 December 2009) at the seven SACs, which altogether incurred an estimated recurrent expenditure of about \$27 million. In 2010-11, HA will recruit five more doctors to provide about 5 000 additional consultation sessions and the additional expenditure involved is estimated at about \$10 million.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and
Health (Health)

Date 15.3.2010

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

FHB(H)059

Question Serial No.

1482

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list the numbers of attendances at the A&E Departments by triage categories (i.e. Triage 1, Triage 2 and Triage 3) and their respective percentages in 2008-09 and 2009-10.

Asked by: Hon. CHAN Hak-kan

Reply:

The table below sets out the number of Accident and Emergency (A&E) attendances under Triage 1 (critical), Triage 2 (emergency) and Triage 3 (urgent) categories for 2008-09 and 2009-10 (up to 31 December 2009), and their respective percentages of the total number of A&E attendances.

	2008-09		2009-10 (up to December 2009)	
	Attendances	% of total A&E attendances	Attendances	% of total A&E attendances
Triage 1	18 325	1%	14 045	1%
Triage 2	34 632	2%	24 563	2%
Triage 3	592 963	29%	460 645	29%

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)060

Question Serial No.

1483

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What is the percentage of patients granted fee exemptions and waivers among those attending the accident and emergency departments in 2008-09 and 2009-10?

Asked by: Hon. CHAN Hak-kan

Reply:

The table below sets out the number and percentage of Accident and Emergency (A&E) attendances granted with medical fee waivers for 2008-09 and 2009-10 (up to 31 December 2009).

	2008-09	2009-10 (up to 31 December 2009)
Number of A&E attendances granted with medical fee waivers	456 891	360 210
Percentage of the total number of A&E attendances	21.6%	21.6%

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and
Health (Health)

Date 12.3.2010

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

FHB(H)061

Question Serial No.

1489

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please state the average working hours per week and the turnover rates of doctors and nurses in different specialties in 2008-09 and 2009-10.

Asked by: Hon. CHAN Hak-kan

Reply:

The table below sets out the average weekly work hour of doctors according to the survey conducted on the work hours of doctors in 2009-10 and the turnover rates of doctors by department in 2008-09 and 2009-10. HA had not conducted surveys on the work hours of doctors in 2008-09.

Department	2008-09	2009-10	
	Turnover Rate (1 April 2008 to 31 March 2009)	Average weekly work hour ¹	Turnover rate (1 January 2009 to 31 December 2009)
Accident & Emergency	4.9%	43.7	3.0%
Anaesthesia	3.8%	51.1	5.2%
Family Medicine	6.8%	44.4	6.5%
Medicine	4.8%	53.4	4.3%
Obstetrics & Gynaecology	6.0%	59.8	6.8%
Ophthalmology	6.5%	50.5	4.9%
Orthopaedics & Traumatology	6.2%	57.9	4.7%
Paediatrics	6.6%	56.3	5.5%
Pathology	1.1%	46.9	2.8%
Psychiatry ²	4.1%	47.6	2.3%
Radiology	5.6%	47.2	4.6%
Surgery	4.3%	58.4	3.7%
Overall	5.0%	51.9	4.3%

Notes:

- The average weekly work hours are calculated based on rostered hours and self-reported hours of called back duties during off-site calls from July to December 2009.
- The services of the psychiatric department include services for the mentally handicapped.

Nurses are generally rostered to work on shift with an average weekly work hour of 44 hours per nurse. The table below sets out the turnover rates of nurses by department in 2008-09 and 2009-10.

Department	Turnover rate	
	2008-09 (1 April 2008 to 31 March 2009)	2009-10 (1 January 2009 to 31 December 2009)
Medicine	4.5%	3.3%
Obstetrics & Gynaecology	5.0%	4.1%
Orthopaedics & Traumatology	4.8%	3.4%
Paediatrics	6.5%	5.2%
Psychiatry ¹	1.7%	1.9%
Surgery	4.2%	4.0%
Others ²	5.0%	4.2%
Overall	4.7%	3.8%

Notes:

1. The services of the psychiatric department include services for the mentally handicapped.
2. About 4 000 nursing staff are posted under the “central pool” of Nursing Management or Nursing Administration department. The turnover of these 4 000 staff is not reflected in the turnover figures for the major departments as indicated above. The exact figures deployed to the individual departments from the pool are not readily available.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

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

FHB(H)062

Question Serial No.

1490

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list out the ratio of doctors and nurses to beds and patients in 2008-09 and 2009-10 respectively by different specialties.

Asked by: Hon. CHAN Hak-kan

Reply:

The table below sets out the number of doctors and nurses in the Hospital Authority (HA) and the ratio of the number of doctors and nurses to the number of available beds and the number of inpatient discharges and deaths for major specialties in 2008-09 and 2009-10 (up to 31 December 2009).

2008-09						
Specialty	Number of doctors	Ratio per 10 available beds as at 31 March 2009	Ratio per 1 000 inpatient discharges and deaths (1 April 2008 to 31 March 2009)	Number of nurses	Ratio per 10 available beds as at 31 March 2009	Ratio per 1 000 inpatient discharges and deaths (1 April 2008 to 31 March 2009)
Medicine	1 088	0.9	2.8	4 848	4.2	12.6
Surgery	561	1.7	3.7	1 725	5.1	11.5
Obstetrics & Gynaecology	206	1.6	2.4	993	7.7	11.5
Paediatrics	305	2.0	3.9	1 163	7.5	14.7
Orthopaedics & Traumatology	288	1.3	4.2	723	3.3	10.5
Psychiatry	293	0.6	18.5	2 004	4.3	126.6
2009-10 (up to 31 December 2009)						
Specialty	Number of doctors	Ratio per 10 available beds as at 31 December 2009	Ratio per 1 000 inpatient discharges and deaths (1 January 2009 to 31 December 2009)	Number of nurses	Ratio per 10 available beds as at 31 December 2009	Ratio per 1 000 inpatient discharges and deaths (1 January 2009 to 31 December 2009)
Medicine	1 111	1.0	2.8	4 853	4.2	12.2
Surgery	587	1.7	3.9	1 694	4.9	11.2
Obstetrics & Gynaecology	210	1.6	2.5	997	7.6	11.7
Paediatrics	316	2.0	3.9	1 155	7.5	14.2
Orthopaedics & Traumatology	298	1.3	4.2	720	3.2	10.1
Psychiatry	315	0.7	19.5	2 032	4.7	125.8

Notes:

1. The services of the psychiatric department include services for the mentally handicapped.
2. As the condition of each patient and the complexity of each case vary among different specialties, the workload of relevant healthcare staff cannot be assessed and compared simply on the ratio of the number of healthcare staff to the number of beds or discharge/death.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 15.3.2010

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

FHB(H)063

Question Serial No.

0536

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In the Budget Speech, the Financial Secretary pointed out that “The HA will make use of the additional funding Setting up a specialist centre for joint replacement, which also provides comprehensive post-surgical care and rehabilitation support to patients”. Please advise on the location of the joint replacement centre, whether any private beds will be provided in the centre, the additional manpower, staff ranks as well as the expenditure involved. Please also set out the medical items and the amounts expected to be paid by joint-replacement patients.

Asked by: Hon. LI Wah-ming, Fred

Reply:

The specialist centre for joint replacement (the Centre) will be established at the Buddhist Hospital in the Kowloon Central Cluster. An estimated amount of \$42 million will be required for the setting up of the Centre and its first year of operation. The additional manpower involved include two Consultants, two Medical Residents, two Advanced Practice Nurses, 11 Registered Nurses, one Physiotherapist, five Technical Service Assistants, four Clinical Service Assistants and three General Service Assistants. Patients receiving joint replacement services at the Centre will be charged the standard fees and charges of HA. No private beds will be provided at the Centre.

Signature _____

Name in block letters Ms Sandra LEE _____

Post Title Permanent Secretary for Food and
Health (Health) _____

Date 12.3.2010 _____

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

FHB(H)064

Question Serial No.

0537

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding "Improving medication safety in the HA through the newly established Drug Quality Assurance Office the Government will allocate additional funding of about \$40 million in the next financial year to enhance the regulation of drugs" as mentioned in the Financial Secretary's Budget Speech, please advise on the following :

- (a) the specific use and breakdown of expenditure of the \$40 million additional funding earmarked for enhancing the regulation of drugs. The additional staff to be recruited, their ranks and the expenditure involved; and
- (b) the location of the Drug Quality Assurance Office, the additional manpower, staff ranks and expenditure involved and whether there would be duplication of efforts between the Office and the Pharmaceutical Service of the Department of Health.

Asked by: Hon. LI Wah-ming, Fred

Reply:

An additional funding of \$42.1 million has been earmarked to the Government Laboratory (GL) and the Department of Health (DH) in 2010-11 to enhance the regulation of drugs. Details are as follows:

- (a) A sum of \$8.6 million in 2010-11 is for GL to provide analytical services in assisting the regulatory and law enforcement activities related to pharmaceutical products and proprietary Chinese medicines. A total of 12 civil service posts will be created under this initiative, including three Chemist, two Science Laboratory Technologist, three Science Laboratory Technician I and four Science Laboratory Technician II posts.
- (b) A sum of \$33.5 million in 2010-11 is for DH to strengthen the regulation of pharmaceutical products and proprietary Chinese medicines. A total of 27 civil service posts will be created under this initiative, including one Senior Pharmacist, 11 Pharmacist, six Scientific Officer (Medical), two Foreman, two Medical Technologist, one Senior Executive Officer, one Executive Officer II, two Assistant Clerical Officer and one Clerical Assistant posts.

Separately, the Hospital Authority (HA) has set up a Drug Quality Assurance Office (the Office) in December 2009 to strengthen the quality control mechanism for pharmaceutical products through implementation of various in-house quality assurance measures, including drug sample testing, handling of drug quality incidents and management of performance of HA's drug manufacturers and suppliers. The Office has four professional staff (one Senior Pharmacist, two Pharmacists and one Dispenser) and two supporting staff (one Senior Executive Officer and one Technical Services Assistant). The estimated recurrent expenditure of the Drug Quality Assurance Office is \$11 million each year. The Office in HA

serves different function from the drug regulation work in GL and DH and there will be no duplication of efforts among them.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)065

Question Serial No.

0538

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In the Budget Speech, the Financial Secretary pointed out that he would allocate a total of about \$600 million for the next three financial years to implement a number of proposals put forward by the Working Group on Primary Care. These include extending the pilot project for strengthening the support to chronic patients, setting up community health centres or networks and enhancing primary dental services. In this connection, please provide the following information:

- a) In 2010-11, how much provision will be allocated to implement the aforementioned proposals and how much will be earmarked for extending the pilot project for strengthening the support to chronic patients, setting up community health centres or networks, and enhancing primary dental services and oral health promotion programmes respectively? How many citizens are expected to benefit? Which department or agency is responsible for the implementation and where will the services be provided?
- b) How many elderly are expected to be provided with dental services? How much allocation will be set aside for enhancing such services for the elderly? What items will be covered? Will the elderly be required to pay? If yes, please list out the charged items and the fee required.

Asked by: Hon. LI Wah-ming, Fred

Reply:

(a) and (b)

Following the broad public support during the first-stage public consultation on healthcare reform in 2008, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health has put forward a set of recommendations to enhance primary care in Hong Kong. These include:

- (i) developing conceptual models and clinical protocols for primary care;
- (ii) setting up and promoting a Primary Care Directory; and
- (iii) designing feasible service delivery models, based on the primary care conceptual models and clinical protocols, to enhance primary care services in the community.

Based on these recommendations, the Government has earmarked a total of about \$600 million for the period 2010-11 to 2012-13 (of which about \$169 million will be allocated in 2010-11) to implement a series of pilot projects to enhance primary care, including –

- (1) \$254 million for strengthening the support for chronic disease patients;
- (2) \$65 million for setting up community health centres or network; and

- (3) \$80 million for enhancing primary dental services and oral health promotion programmes in collaboration with the dental profession, particularly those for the elderly in need.

We are working out the implementation details of the above pilot projects, including their scale, manpower requirement, and participation arrangements.

In addition to the above, starting from August 2009, the Government has already launched, through the Hospital Authority (HA), a series of pilot projects under the policy initiative announced by the Chief Executive in his 2008-09 Policy Address to enhance support for chronic disease patients in the primary care settings. These include promoting the prevention and treatment of chronic diseases in both the public and private sectors in local communities, conducting health risk assessments and drawing up management plans for high-risk groups, helping chronic disease patients improve their self-care skills through enhanced education, etc.

In order to support the development of primary care in Hong Kong and co-ordinate the implementation of various programmes to enhance primary care, the Government has planned to set up a Primary Care Office (PCO) in 2010-11. The PCO will be responsible for supporting the WGPC for the strategic planning, implementation and overall co-ordination of long-term development of primary care, so as to improve health of the population and to strengthen disease prevention and control. It will be set up under the Department of Health (DH) and comprise staff of relevant expertise including those from DH, the Hospital Authority (HA) and the Food and Health Bureau (FHB).

Out of the \$226 million earmarked for the PCO for the period 2010-11 to 2012-13, about \$194 million is earmarked for implementing specific tasks relating to primary care development, including developing primary care conceptual models and preventive protocols, establishing and maintaining the Primary Care Directory, implementing and evaluating new primary care delivery models, supporting research on primary care, improving primary care related training and capacity building in collaboration with healthcare professionals, etc. It will also coordinate and monitor the progress of all the pilot projects mentioned above, and continuously work with independent assessment bodies to evaluate the arrangements and effectiveness of the projects during the pilot period.

The PCO will involve an initial setup of 19 civil service posts, comprising Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, Administrative Officer, Executive Officers and supporting clerical and secretarial staff, breakdown of which is at Annex. The Head of the PCO will be pitched at the Assistant Director of Health (D2) rank, underpinned by a Principal Medical and Health Officer (D1). We will seek the Finance Committee's approval in due course to create the two directorate posts later. We have earmarked about \$9 million in 2010-11 for these civil service posts. In addition, about \$6 million in 2010-11 has been earmarked for secondment of staff from HA (e.g. Medical and Health Officers, Scientific Officer (Medical), Nursing Officer) with relevant expertise in the provision and development of primary care and other related tasks such as the development of clinical protocols.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

Proposed Civil Service Staffing Complement for the Primary Care Office

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Assistant Director of Health	1
Principal Medical & Health Officer	1
Senior Medical & Health Officer	2
Medical & Health Officer	2
Nursing Officer	2
Scientific Officer (Medical)	2
<u>Administration support</u>	
Senior Executive Officer	2
Executive Officer I*	1
Executive Officer II	1
Clerical Officer	1
Assistant Clerical Officer	2
Personal Secretary I	1
<u>Policy and strategy development</u>	
Administrative Officer*	1
Total	19

*Existing posts in the Food and Health Bureau. All other posts are new posts to be created under the Department of Health.

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

FHB(H)066

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

Question Serial No.

1480

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the names, therapeutic efficacy, the number of patients benefited and the expenditure involved for each of the eight drugs to be incorporated into the Hospital Authority Drug Formulary.

Asked by: Hon. CHAN Hak-kan

Reply:

The Government has earmarked additional recurrent funding of \$194 million to the Hospital Authority (HA) to incorporate eight drugs into the HA Drug Formulary and expand the clinical application of nine drug classes. It is estimated that a total of 38 200 patients will benefit from these two initiatives.

The table below sets out the name and the indication for clinical application of eight drugs to be incorporated into the HA Drug Formulary in 2010-11 as well as the estimated number of patients benefited and the estimated expenditure involved for each drug. All eight drugs will be included as special drugs in the Formulary and provided at standard fees and charges to patients who meet the specific clinical conditions.

Drug name	Indication for clinical application	Estimated number of patients benefited	Estimated expenditure involved (\$ million)
1. Laronidase	Mucopolysaccharidosis I	Patients will be assessed by an expert panel on their clinical suitability for use of the drug on a case-by-case basis	35
2. Idursulfase	Mucopolysaccharidosis II		
3. Galsulfase	Mucopolysaccharidosis VI		
4. Alglucosidase alpha	Pompe		
5. Algalsidase beta	Fabry		
6. Imiglucerase	Gaucher		
7. Irinotecan	Colorectal cancer	167	10
8. Vinorelbine	Lung cancer	160	3

(Note: Items 1-6 are for treatment of rare genetic diseases and items 7-8 are for treatment of cancer.)

The table below sets out the name and scope of expansion of the nine drug classes as well as the estimated number of patients benefited and the estimated expenditure involved for each drug class. The drug class “Vascular endothelial growth factor inhibitors” is self-financed item and the remaining classes of drugs are special drugs in the HA Drug Formulary.

Drug class	Expanded scope for application	Estimated number of patients benefited	Estimated expenditure involved (\$ million)
1. Drugs for active Hepatitis B cases	To initiate the drug therapy for Hepatitis B patients earlier to enhance treatment outcome	2 575	54
2. Drugs for active Hepatitis C cases	To expand the provision of the drugs to Hepatitis C patients infected through other means apart from blood transfusion	600	22.8
3. Angiotensin-receptor blocker	To expand the provision of the drugs to patients with diabetes mellitus and hypertension at general outpatient clinics	25 000	18.6
4. Glitasones	To expand the provision of the drugs to patients with diabetes mellitus at general outpatient clinics		
5. Insulin	To expand the provision of the drugs to patients with diabetes mellitus at general outpatient clinics		
6. Aromatase inhibitors	To relax the use of the drugs (including the use in adjuvant therapy) on breast cancer patients	400	16
7. Vascular endothelial growth factor inhibitors	To provide treatment for wet aged-related macular degeneration on a trial basis under special programmes	500	12.45
8. Clopidogrel	To align the duration of providing the drug to patients after post coronary/vascular intervention or high risk acute coronary syndrome	6 650	12
9. Atypical anti-psychotics	To relax the use of the drugs on patients with mental illness	2 170	10

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 15.3.2010

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

FHB(H)067

Question Serial No.

1481

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to the proposal to expand the clinical application of nine drug classes, please provide information on the names, specific scope of the expanded application, the number of patients benefited and the expenditure involved for the classes of drugs.

Asked by: Hon. CHAN Hak-kan

Reply:

The Government has earmarked additional recurrent funding of \$194 million to the Hospital Authority (HA) to incorporate eight drugs into the HA Drug Formulary and expand the clinical application of nine drug classes. It is estimated that a total of 38 200 patients will benefit from these two initiatives.

The table below sets out the name and the indication for clinical application of eight drugs to be incorporated into the HA Drug Formulary in 2010-11 as well as the estimated number of patients benefited and the estimated expenditure involved for each drug. All eight drugs will be included as special drugs in the Formulary and provided at standard fees and charges to patients who meet the specific clinical conditions.

Drug name	Indication for clinical application	Estimated number of patients benefited	Estimated expenditure involved (\$ million)
1. Laronidase	Mucopolysaccharidosis I	Patients will be assessed by an expert panel on their clinical suitability for use of the drug on a case-by-case basis	35
2. Idursulfase	Mucopolysaccharidosis II		
3. Galsulfase	Mucopolysaccharidosis VI		
4. Alglucosidase alpha	Pompe		
5. Algalsidase beta	Fabry		
6. Imiglucerase	Gaucher		
7. Irinotecan	Colorectal cancer	167	10
8. Vinorelbine	Lung cancer	160	3

(Note: Items 1-6 are for treatment of rare genetic diseases and items 7-8 are for treatment of cancer.)

The table below sets out the name and scope of expansion of the nine drug classes as well as the estimated number of patients benefited and the estimated expenditure involved for each drug class. The drug class “Vascular endothelial growth factor inhibitors” is self-financed item and the remaining classes of drugs are special drugs in the HA Drug Formulary.

Drug class	Expanded scope for application	Estimated number of patients benefited	Estimated expenditure involved (\$ million)
1. Drugs for active Hepatitis B cases	To initiate the drug therapy for Hepatitis B patients earlier to enhance treatment outcome	2 575	54
2. Drugs for active Hepatitis C cases	To expand the provision of the drugs to Hepatitis C patients infected through other means apart from blood transfusion	600	22.8
3. Angiotensin-receptor blocker	To expand the provision of the drugs to patients with diabetes mellitus and hypertension at general outpatient clinics	25 000	18.6
4. Glitasones	To expand the provision of the drugs to patients with diabetes mellitus at general outpatient clinics		
5. Insulin	To expand the provision of the drugs to patients with diabetes mellitus at general outpatient clinics		
6. Aromatase inhibitors	To relax the use of the drugs (including the use in adjuvant therapy) on breast cancer patients	400	16
7. Vascular endothelial growth factor inhibitors	To provide treatment for wet aged-related macular degeneration on a trial basis under special programmes	500	12.45
8. Clopidogrel	To align the duration of providing the drug to patients after post coronary/vascular intervention or high risk acute coronary syndrome	6 650	12
9. Atypical anti-psychotics	To relax the use of the drugs on patients with mental illness	2 170	10

Signature _____

Name in block letters _____ Ms Sandra LEE _____

Post Title _____ Permanent Secretary for Food and
Health (Health) _____

Date _____ 15.3.2010 _____

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

FHB(H)068

Question Serial No.

0522

Head: 37 Department of HealthSubhead (No. & title):Programme: (4) Curative CareControlling Officer: Director of HealthDirector of Bureau: Secretary for Food and HealthQuestion:

Please provide the following information concerning each dental clinic in the past three years (2007-08, 2008-09 and 2009-10 (for the months with data)):

- What is the maximum number of people (non-civil servants) who can be provided with pain relief and extraction services in each session (or what is the maximum number of disc that can be allocated in each session)?
- How many people (non-civil servants) on average can receive treatment in each session?
- What is the age distribution of the people seeking dental treatment?
- How many are recipients of Comprehensive Social Security Assistance?

Asked by: Hon. CHEUNG Kwok-cheReply:

- The Department of Health provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. In the financial years of 2007-08, 2008-09 and 2009-10, the maximum number of disc allocated per GP session is as follows –

	Service session	Max. no. of discs allocated per session		
		2007-08	2008-09	2009-10
Dental clinics with GP sessions				
Lee Kee Government Dental Clinic	Monday (AM)	84	84	84
	Thursday (AM)	42	42	42
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	84	84	84
Western Dental Clinic / Kennedy Town Community Complex Dental Clinic ^{Note 1}	Monday (AM)	84	84	84
	Friday (AM)	84	84	84
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	50	50
Mona Fong Dental Clinic	Thursday (PM)	42	42	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	42	42
Tsuen Wan Dental Clinic	Tuesday (AM)	84	84	84
	Friday (AM)	84	84	84
Yan Oi Dental Clinic	Wednesday (AM) ^{Note 2}	42	42	42
Yuen Long Jockey Club Dental Clinic	Tuesday (AM) ^{Note 2}	42	42	42
	Friday (AM) ^{Note 2}	42	42	42
Tai O Dental Clinic	2 nd Thursday (AM) of each month	32	32	32
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	32	32	32

- (b) In financial years 2007-08, 2008-09 and 2009-10, the average number of attendances per GP session is as follows –

	Service session	Average no. of attendances per session		
		2007-08	2008-09	2009-10 (up to January 2010)
Dental clinic with GP sessions				
Lee Kee Government Dental Clinic	Monday (AM)	80	81	76
	Thursday (AM)	40	40	38
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	80	81	78
Western Dental Clinic / Kennedy Town Community Complex Dental Clinic ^{Note 1}	Monday (AM)	41	45	52
	Friday (AM)	41	45	52
Fanling Health Centre Dental Clinic	Tuesday (AM)	45	47	50
Mona Fong Dental Clinic	Thursday (PM)	33	36	36
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	40	40	41
Tsuen Wan Dental Clinic	Tuesday (AM)	80	82	81
	Friday (AM)	80	82	81
Yan Oi Dental Clinic	Wednesday (AM) ^{Note 2}	40	40	41
Yuen Long Jockey Club Dental Clinic	Tuesday (AM) ^{Note 2}	40	40	40
	Friday (AM) ^{Note 2}	40	40	40
Tai O Dental Clinic	2 nd Thursday (AM) of each month	11	10	9
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	21	22	22

Note 1: Western Dental Clinic was closed in January 2008 and the GP session was relocated to Kennedy Town Community Complex Dental Clinic.

Note 2: The service session of Yan Oi Dental Clinic and Yuen Long Jockey Club Dental Clinic were changed from PM session to AM session with effect from 1st June 2009.

- (c) The breakdown by age group for the number of attendances in 2007-08, 2008-09 and 2009-10 is as follows –

Age Group	% Distribution of Attendances by age group		
	2007-08	2008-09	2009-10 (up to January 2010)
0-18	2.9%	2.5%	3.0%
19-42	13.6%	13.2%	14.4%
43-60	29.9%	30.2%	30.3%
61-85 and above	53.6%	54.1%	52.3%

- (d) The government dental clinics do not collect information on whether the attendees are recipients of Comprehensive Social Security Assistance or not. Relevant figure is not available.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)069

Question Serial No.

1363

Head: 37 Department of Health

Subhead (No. & title):

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

What are the annual expenditures on the publicity and education programmes on smoking prevention and cessation respectively in the past three years (i.e. 2007-08 to 2009-10)? How many clients utilised the smoking cessation service provided by the Department of Health in 2009? What was the percentage of adolescents aged under 18 and women among these clients? What was the cessation rate at one year after the smoking cessation programme?

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

The expenditures for publicity and education programme on smoking prevention and cessation in 2007-08, 2008-09 and 2009-10 are \$35.1 million, \$35.8 million and \$34.5 million respectively.

In 2009, a total of 567 clients attended smoking cessation clinics of the Department of Health (DH). Adolescents aged 18 or below accounted for 0.4% and women accounted for 18.5% of the clients. The smoking cessation rate for patients at one year after treatment in 2009 was 36.7% which was comparable to the performance in overseas countries.

To further strengthen its efforts on smoking prevention and cessation, DH has entered into a funding and service agreement with the Tung Wah Group of Hospitals (TWGHs) for the provision of community-based smoking cessation programme from January 2009. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for health care professionals and research projects. In 2009, a total of 717 clients attended the TWGHs smoking cessation clinics. Adolescents aged 18 or below accounted for 0.1% and women accounted for 24.5% of the clients. The smoking cessation rate for TWGHs patients at one year after treatment in 2009 would not be available until the end of 2010.

DH will also enter into a funding and service agreement with Pok Oi Hospital (POH) for the provision of a one-year smoking cessation pilot programme using traditional Chinese medicine with effect from 1 April 2010. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public and research projects. Free smoking cessation service including counselling and acupuncture will be provided by POH Chinese medicine practitioners in ten mobile clinics which serve 48 locations at different districts. A Chinese Medicine Community Health Care Centre will be established to support these mobile clinics.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 17.3.2010

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

FHB(H)070

Question Serial No.

1450

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:

What are the staff establishment, turnover rates and expenditures of the Tobacco Control Office in 2008-09 and 2009-10 respectively? What are the estimates of the staff establishment and expenditures in 2010-11?

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

The expenditure / provision of the Tobacco Control Office (TCO) of the Department of Health in 2008-09, 2009-10 and 2010-11 are \$45.5 million, \$44.5 million and \$58.5 million respectively. Please refer to the Annex for details of staffing of TCO in these three years. The staff turnover rate for TCO in 2008-09 was 31%. With the first phase implementation of conversion of non-civil service contract positions to civil service posts in 2009-10, the staff turnover rate has dropped to 15.7% (up to 28 February 2010).

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

Staffing of Tobacco Control Office

Rank	2008-09	2009-10	2010-11 Estimate
<u>Head, TCO</u>			
Principal Medical & Health Officer	1	1	1
<u>Enforcement</u>			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	2	2	2
Superintendent of Police/ Chief Inspector of Police/ Police Sergeant	7	5	5
Tobacco Control Inspector	85	67	30
Senior Executive Officer/ Executive Officer	0	5	12
Overseer/ Senior Foreman/ Foreman	0	27	57
<u>Health Education and Smoking Cessation</u>			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Nursing Officer/ Registered Nurse	2	3	3
Research Officer/ Scientific Officer (Medical)	1	1	1
Health Promotion Officer/ Hospital Administrator II	4	4	4
<u>Administrative and Logistics Support</u>			
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4	4
Clerical Officer/ Clerical Assistant/ Project Assistant/ General Worker	13	14	18
Motor Driver	1	1	1
Total no. of staff:	124	137	141

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

FHB(H)071

Head: 37 Department of Health

Subhead (No. & title):

Question Serial No.

1451

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please list out the number of prosecution summonses issued by the Tobacco Control Office in 2009 by types of premises.

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

In 2009, the Tobacco Control Office of the Department of Health issued 4 180 summonses and 1 477 fixed penalty notices (FPNs) for smoking offences. Another 118 summonses were issued for other offences under the Smoking (Public Health) Ordinance. Breakdown of the 4 180 summonses and 1 477 FPNs for smoking offences by types of premises is as follows-

Type of Premises where summonses or FPNs were issued	Number of Summonses	Number of FPNs
Amusement Game Centres	1 266	413
Shopping malls and shops	657	225
Food premises	581	186
Public pleasure grounds (including parks)	374	103
Markets	236	68
Other statutory no smoking areas	1 066	482
Total	4 180	1 477

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 17.3.2010

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

FHB(H)072

Head: 37 Department of Health

Subhead (No. & title):

Question Serial No.

1452

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

What are the number of complaints received, and operations and prosecutions conducted by the Tobacco Control Office respectively in 2008 and 2009? What is the average time used to complete follow-up actions upon receipt of complaints?

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

The numbers of complaints received, inspections conducted and summonses and fixed penalty notices issued by the Tobacco Control Office in 2008 and 2009 were as follows-

	2008	2009
Complaints received	15 321	17 399
Inspections conducted	13 302	17 627
Summonses issued	7 428	4 298
Fixed penalty notices issued	-	1 477 (since 1 September 2009)

Tobacco Control Inspectors will normally initiate investigations within five to ten days of receipt of complaints. Some straight-forward cases could be resolved within one or two days while investigations of more complex complaints might take several weeks. The average time taken for completing investigation for a case is about ten working days.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 17.3.2010

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

FHB(H)073

Question Serial No.

0685

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in Programme (1) that in 2010-11, the Food and Health Bureau (Health Branch) will formulate proposals for a voluntary supplementary healthcare financing scheme comprising insurance and savings components, and standardized and regulated by the Government. Please inform this Committee when the scheme is expected to be implemented at the earliest if consultation on the proposals can commence in the second part of this year.

Asked by: Hon. CHAN Kin-por

Reply:

As announced by the Chief Executive in the 2009/10 Policy Address, the Food and Health Bureau (FHB) is working on a supplementary healthcare financing scheme based on voluntary participation, comprising insurance and savings components, which will be standardized and regulated by the Government.

The scheme aims to (i) improve sustained access to affordable private healthcare through medical insurance, thereby facilitating choice for private healthcare as an alternative to public healthcare; (ii) enhance transparency about service standards and price in the private health insurance and healthcare services market, thereby promoting market competition and enhancing consumer protection and confidence.

FHB is conducting consultancy studies and working with relevant stakeholders with a view to formulating detailed proposals for the scheme. In working out the scheme, the Government will consider how to make use of the \$50 billion earmarked in the fiscal reserve for implementing the healthcare financing reform, and take into account the suggestion of providing tax deduction for private medical insurance premium.

We aim to have the proposals ready and launch the second stage public consultation on healthcare reform in the second half of 2010. The workload arising from the formulation of the scheme including the public consultation is being undertaken as part of the day-to-day operations of the FHB. We have no separate estimates on the expenditure and manpower required.

Plans for implementation including timetable and resource requirements will be determined in due course taking into account the outcomes of the consultation on the proposals for the scheme.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)074

Question Serial No.

0733

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It has been mentioned under Matters Requiring Special Attention in 2010-11 that the Branch will "continue to explore sites for setting up Chinese medicine clinics in the public sector". Would the Administration inform us of the following:

- (a) What is the schedule for setting up Chinese medicine clinics and its details?
- (b) Has estimation been made on the number of relevant professional staff needed after the setting up of the Chinese medicine clinics? If yes, what is the number? If no, what are the reasons?
- (c) Will the number of places for local degree programmes in Chinese medicine be increased to meet the demand arising from the setting up of Chinese medicine clinics in future? If yes, what is the estimated number of additional places? If no, what are the reasons?

Asked by: Hon. Joseph LEE Kok-long

Reply:

The Government has committed to establish a total of 18 public Chinese medicine clinics (CMCs) to develop "evidence-based" Chinese medicine and to provide training opportunities for local Chinese medicine degree programmes graduates. We plan to set up one CMC in each district and a total of 14 CMCs have been set up so far. The four remaining districts are Kowloon City, Southern, Yau Tsim Mong and Islands Districts. We are actively identifying suitable sites to set up CMCs in the four districts as early as possible.

The services of public CMCs are provided through tripartite collaboration of the Hospital Authority, a non-governmental organization (NGO) and a university for each of the clinics. The NGO partner is responsible for the day-to-day operation of the clinic and training opportunities are provided to graduates of the universities. Each NGO is required to employ at least four part-time (or two full-time) senior Chinese medicine practitioners (CMPs) and five graduates of local Chinese medicine degree programmes as junior CMPs. The NGO may decide to engage other clinical and supporting staff (including registered/enrolled nurse, Chinese medicine pharmacist, Chinese medicine dispensers and general support staff) to meet operational needs.

At present, three local universities funded by the University Grants Committee, namely the Hong Kong Baptist University, the Chinese University of Hong Kong and the University of Hong Kong, offer a total of 79 places for undergraduate degree courses in Chinese medicine per year. Students of undergraduate courses in Chinese medicine of the three local universities can obtain registration status as CMPs through

taking and passing the CMPs Licensing Examination. The local supply of human resources in Chinese medicine is basically able to meet the needs in the community. As to postgraduate places, their allocation is determined by the institutions themselves and they will increase incrementally from four in 2007/08 to 13 in 2011/12.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 12.3.2010

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

FHB(H)075

Question Serial No.

0734

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In the Matters Requiring Special Attention in 2010-11, the Administration mentions that it will develop the long term regulatory framework for medical devices. What are the details of the plan? What are the estimated expenditures and manpower involved?

Asked by: Hon. LEE Kok-long

Reply:

We are working out the long-term statutory regulatory proposal, taking into account the results of the regulatory impact assessment, views of stakeholders and the public collected during the study, previous discussions with the Legislative Council (LegCo), and experience gained from the operation of the Medical Device Administrative Control System (MDACS) currently in place. We will consult the LegCo Panel on Health Services on our proposal in 2010-2011.

In 2010-2011, there will be a provision of \$15.5 million for the operation and further developments of the existing MDACS and the legislative works on regulation of medical devices. Three posts for professional staff including a Senior Medical & Health Officer, a Medical & Health Officer and a Scientific Officer (Medical) will be created in the Department of Health in 2010-11, in addition to the current establishment of 13 professionals and 5 supporting staff.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)076

Question Serial No.

0735

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

There will be an increase of 15 posts in the Health Branch in 2010-11. What are the nature of work, salaries and rank of these posts?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Details of the 15 additional posts to be created in the Health Branch in 2010-11 are as follows -

<u>Nature of work</u>	<u>Rank</u>	<u>No. of Post</u>	<u>Annual Salary (Notional annual mid-point salary) (\$)</u>
(a) Enhancing support for the Electronic Health Record Office	Chief Management Services Officer	1	981,000
	Senior Systems Manager	1	981,000
	Senior Executive Officer	1	719,160
	Clerical Officer	1	303,840
	Assistant Clerical Officer	3	568,260
(b) Providing support for the piloting of oral health promotion and dental care projects	Chief Executive Officer *	1	981,000
	Senior Executive Officer *	1	719,160
	Executive Officer II *	1	350,820

* denotes three-year time-limited posts

<u>Nature of work</u>	<u>Rank</u>	<u>No. of Post</u>	<u>Annual Salary (Notional annual mid-point salary) (\$)</u>
(c) Supporting researches and studies on medical and health related issues in the Research Office	Scientific Officer (Medical)**	4	2,628,720
(d) Strengthening clerical support to the Bureau	Assistant Clerical Officer	1	189,420
	Total:	15	8,422,380

** denotes civil service posts to be created to replace four existing short-term non-civil service contract positions in the Research Office of the Bureau

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 10.3.2010

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

FHB(H)077

Question Serial No.

0736

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In the Matters Requiring Special Attention in 2010-11, the Administration mentioned that it will implement the recommendations of the Working Group on Primary Care and prepare a Primary Care Directory in 2010-11. Could the Administration advise on:

- (a) the timetable and details of the preparation of the Directory?
- (b) the specific contents of the Primary Care Directory?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

(a) and (b)

Following the broad public support during the first-stage public consultation on healthcare reform in 2008, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health has put forward a set of recommendations to enhance primary care in Hong Kong. One of these recommendations is to establish a Primary Care Directory aiming at promoting the "family doctor" concept and fostering multi-disciplinary collaboration in providing comprehensive primary care for patients.

The Directory is planned to be an easily accessible electronic database to provide practising information including qualifications and availability of primary care professionals of various disciplines, so as to help the public choose their primary care providers in the community, and to facilitate the co-ordination among primary care providers functioning as multi-disciplinary teams. The Directory will be developed in phases, starting with the Doctor and Dentist Sub-directories, for which a first version is planned within 2010-11.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)078

Question Serial No.

0737

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Government plans to provide \$1,395.9 million under Programme (2) to meet increasing demand for hospital services and to implement measures for improving the quality of clinical care. Please advise on the detailed measures for improving the quality of clinical care and specify the expenditure and manpower involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The financial provision for the Hospital Authority (HA) for 2010-11 is \$1,396 million (4.3%) higher than the revised estimate for 2009-10. This is mainly due to the following additional provision, partly offset by reduction of \$315 million in HA's recurrent subvention resulted from the 2009 civil service pay cut effective from 1 January 2010:

- (i) an additional recurrent subvention of \$872 million for HA to enhance its health care services and to improve the quality of clinical care through implementation of various initiatives, which mainly include:
 - (1) expansion of service capacity in the Hong Kong East, the Kowloon East and the New Territories West clusters through opening of additional beds and operating theatre suites;
 - (2) enhancement of mental health services through new initiatives including introduction of the case management programme for patients with severe mental illness, enhanced assessment and treatment to patients with common mental disorders;
 - (3) enhancement of services for treatment of life-threatening diseases, including haemodialysis service, palliative care for patients with end-stage renal diseases, clinical oncology service, integrated cancer care and acute cardiac care;
 - (4) enhancement of cataract services by increasing the number of cataract surgeries in HA's hospitals, and providing subsidy to eligible HA patients to conduct surgeries in the private sector, subject to a co-payment;
 - (5) improvement in waiting time for joint replacement surgeries through establishment of a specialist centre for joint replacement surgery;
- (ii) an additional provision of \$309 million for HA to implement a number of healthcare reform related initiatives including:
 - (1) expansion of the coverage of the HA Drug Formulary by including eight new drugs of proven cost effectiveness and efficacy as standard drugs in the Formulary and expanding the clinical use of nine classes of drugs in HA; and

- (2) strengthening the support for chronic patients by increasing the throughput of the Chronic Disease Management Shared Care Programme;
- (iii) an additional provision of \$161 million for HA to implement various new / on-going initiatives including:
- (1) strengthening the quality control mechanism for pharmaceutical products supplied to HA;
 - (2) enhancing infection control measures to cope with the Human Swine Influenza (HSI);
 - (3) sustaining supply of nursing manpower in Hong Kong through provision of registered nurse and enrolled nurse training places;
 - (4) strengthening support to discharged patients through expansion of HA Community Health Call Centre services; and
 - (5) enhancing the service capacity of Substance Abuse Clinics for early treatment to drug abusers with mental health problem
- (iv) a one-off funding of \$110 million to meet part of HA's 2009-10 funding requirements for enhancement of infection control measures to cope with the Human Swine Influenza (HSI) and strengthening the quality control mechanism for pharmaceutical products; and
- (v) an additional provision of \$157 million for procurement of medical and information technology equipment and development of information systems.

HA will deploy existing staff and recruit additional staff to implement the above initiatives. The detailed manpower requirements are being worked out and are not yet available.

Signature	_____
Name in block letters	Ms Sandra LEE _____
Post Title	Permanent Secretary for Food and Health (Health) _____
Date	15.3.2010 _____

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

FHB(H)079

Question Serial No.

0738

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With an ageing population, the Government estimates that there will be an increase in the number of geriatric day attendances for 2010-11 over that for 2009-10. However, the number of geriatric day places is not increased accordingly. What are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Hospital Authority (HA) is providing a range of services for discharged elderly patients to facilitate their rehabilitation in the community. Apart from geriatric day hospital, HA is also providing home-based rehabilitation programs for residents in Residential Care Homes for the Elderly through the Community Geriatric Assessment Teams and community nurses, post-discharge programs with home care services for high risk elders, as well as healthcare advice to elders in the community through the Community Health Call Centre.

The above initiatives would enhance the overall community care for discharged elderly patients and in turn facilitate patients' rehabilitation in the community. As a result, the geriatric day services could be delivered more efficiently to provide more attendances even the number of geriatric day places is not increased.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)080

Question Serial No.

0739

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The numbers of psychiatric outreach attendances, psychiatric day attendances and psychogeriatric outreach attendances increase every year. It is estimated that the numbers of attendances of all these services for 2010-11 will increase by 40100 over the revised estimate for 2009-10. However, there will only be an increase of 17 in the number of community psychiatric nurses as compared with last year (ie. 2009-10). Please advise on the following :

- (a) On what basis does the Government consider that 154 community psychiatric nurses are sufficient to cope with the increase in service demand?
- (b) Has the Government planned to provide additional resources or adopt other measures to cope with the increased demand for service? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

(a) and (b)

The Hospital Authority (HA) delivers a range of mental health services, including inpatient, outpatient and community psychiatric services, using an integrated and multi-disciplinary team approach involving psychiatrists, clinical psychologists, occupational therapists, psychiatric nurses, community psychiatric nurses and medical social workers. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with the service needs and operational requirements. As at 31 December 2009, there were 310 psychiatrists, 1 904 psychiatric nurses (including 136 community psychiatric nurses), 41 clinical psychologists and 133 occupational therapists in HA providing various services to psychiatric patients, including psychiatric community outreach services.

HA will increase the number of community nurses from 377 in 2009-10 to 395 in 2010-11 (an increase of 18). The additional expenditure involved is estimated at \$7.6 million. It will also increase the number of community psychiatric nurses from 137 in 2009-10 to 154 in 2010-11 (an increase of 17). The additional expenditure involved is estimated at \$7.9 million.

In assessing its manpower requirements, HA takes into account the service needs and other various factors including the ageing population, different models of care and the direction of enhancing community care.

The addition of 18 community nurses and 17 community psychiatric nurses in HA in 2010-11 has taken into account the projected increase in the number of outreach visits to be conducted in the coming year as well as the manpower required to strengthen the staffing support.

HA will continue to monitor the manpower situation of community nurse and community psychiatric nurse and make appropriate arrangements in manpower planning and deployment to meet the service needs.

Signature _____

Name in block letters _____ Ms Sandra LEE _____

Post Title _____ Permanent Secretary for Food and Health (Health) _____

Date _____ 15.3.2010 _____

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

FHB(H)081

Question Serial No.

0740

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The numbers of allied health (including community and outpatient) attendances increased substantially over the past two years (i.e. 2008-09 and 2009-10). The Administration plans to recruit an additional 218 allied health staff in 2010-11, but amid the ever increasing service demand and expanding primary healthcare stratum, will the Administration inform this Committee:

- (a) of the job nature and salary levels of the 218 allied health staff?
- (b) whether it has assessed if the size of the additional allied health staff is adequate to cope with the growth in service demand?
- (c) whether additional resources will be provided for training and recruiting additional allied health staff to cope with the social demand? If so, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

- (a) The Hospital Authority (HA) will recruit 218 additional allied health staff in 2010-11. The table below sets out the breakdown by grade and the mid-point monthly salary for the entry rank of the respective grades:

Grade	Mid-point monthly salary for entry rank	Number of additional staff to be recruited in 2010-11
Pharmacist and Dispenser	Pharmacist - \$52,295 Dispenser - \$20,835	39
Medical Laboratory Technologist	\$25,320	23
Radiographer (Diagnostic Radiographer and Radiation Therapist)	\$25,320	19
Occupational Therapist	\$25,320	53
Physiotherapist	\$25,320	24
Social Worker	\$35,095	47
Others (including Clinical Psychologist, Dietitian, Prosthetist & Orthotist, Podiatrist, Speech Therapist etc.)	\$25,320 - \$52,295	13
Total		218

- (b) HA delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. It constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. In conducting overall planning for its manpower, HA takes into account the past trend of staff turnover and estimates the level of additional manpower required in the coming years. It also takes into consideration the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for health services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and the plans for service enhancement. Its plan to recruit additional allied health staff in 2010-11 has taken into consideration the necessary manpower for maintaining existing services and implementing the service enhancement initiatives.
- (c) A sum of \$107 million has been earmarked by HA to recruit the 218 additional allied health staff in 2010-11. The Administration will continue to monitor the manpower situation of allied health professionals and make necessary arrangements in the light of the circumstances. HA will also make appropriate arrangements in manpower planning and deployment to meet the service needs. Meanwhile, the Institute of Advanced Allied Health Studies of HA will also continue to provide training programmes to new and experienced allied health professionals on a continuous basis to enhance their professional competency.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)082

Question Serial No.

0741

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2010-11, the total number of primary care attendances is estimated to increase by 312 800 over that of the 2009-10 Revised Estimate. Would the Administration inform us of the following:

- What is the number of staff in the primary care service? What are their ranks and job nature?
- What is the additional number of staff allocated to the primary care service in 2010-11 over that of 2009-10?
- Has any assessment been made on whether the current manpower is adequate to meet the increasing service demand? If yes, what are the assessment criteria? If no, will any assessment be made?
- Will there be additional staff, resources or other measures to cope with the increasing service demand? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The number of primary care attendances comprises attendances at General Outpatient (GOP) clinics and Family Medicine Specialist clinics. Eight GOP clinics have been assigned as Designated Flu Clinics (DFCs) for Human Swine Influenza since June 2009 and the manpower of GOP clinics have been re-deployed for operating the DFCs. The GOP attendances is therefore expected to drop in the revised estimate of 2009-10. In 2010-11, the number of primary care attendances is anticipated to increase by 312 800 as the services of DFCs is expected to be scaled down.

- The table below sets out the type and number of staff working in the primary care setting, including GOPCs and Family Medicine Specialist Clinics (FMSCs) in 2009-10.

Doctors	Nursing	Allied health	Supporting staff
418	699 *	258 *	1 269 *

Note: * Number of nursing, allied health and supporting staff include those working in Specialist Outpatient Clinics (SOPCs) apart from GOPCs and FMSCs. No separate data for GOPCs and FMSCs are available.

- It is estimated that an addition of 68 staff, comprising three doctors, 19 nurses, 11 allied health professionals and 35 supporting staff will be provided in 2010-11 to implement new primary care programmes.

- (c) HA conducts manpower projection based on a number of factors including population growth and demographic changes, disease epidemiology, turnover of healthcare workers, professional training needs, etc..
- (d) To cope with the increasing service demand, the Government has earmarked a total of about \$600 million for the period 2010-11 to 2012-13 (of which about \$169 million will be allocated in 2010-11) to implement a series of pilot projects to enhance primary care, including –
 - (1) \$254 million for strengthening the support for chronic disease patients;
 - (2) \$65 million for setting up community health centres or network; and
 - (3) \$80 million for enhancing primary dental services and oral health promotion programmes in collaboration with the dental profession, particularly those for the elderly in need.

We are working out the implementation details of the above pilot projects, including their scale, manpower requirement, and participation arrangements.

In addition to the above, starting from August 2009, the Government has already launched, through the HA, a series of pilot projects under the policy initiative announced by the Chief Executive in his 2008-09 Policy Address to enhance support for chronic disease patients in the primary care settings. These include promoting the prevention and treatment of chronic diseases in both the public and private sectors in local communities, conducting health risk assessments and drawing up management plans for high-risk groups, helping chronic disease patients improve their self-care skills through enhanced education, etc.

In order to support the development of primary care in Hong Kong and co-ordinate the implementation of various programmes to enhance primary care, the Government has planned to set up a Primary Care Office (PCO) in 2010-11. The PCO will be responsible for supporting the WGPC for the strategic planning, implementation and overall co-ordination of long-term development of primary care, so as to improve health of the population and to strengthen disease prevention and control. It will be set up under the Department of Health (DH) and comprise staff of relevant expertise including those from DH, HA and the Food and Health Bureau FHB.

Out of the \$226 million earmarked for the PCO for the period 2010-11 to 2012-13, about \$194 million is earmarked for implementing specific tasks relating to primary care development, including developing primary care conceptual models and preventive protocols, establishing and maintaining the Primary Care Directory, implementing and evaluating new primary care delivery models, supporting research on primary care, improving primary care related training and capacity building in collaboration with healthcare professionals, etc. It will also coordinate and monitor the progress of all the pilot projects mentioned above, and continuously work with independent assessment bodies to evaluate the arrangements and effectiveness of the projects during the pilot period.

The PCO will involve an initial setup of 19 civil service posts, comprising Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, Administrative Officer, Executive Officers and supporting clerical and secretarial staff, breakdown of which is at Annex. The Head of the PCO will be pitched at the Assistant Director of Health (D2) rank, underpinned by a Principal Medical and Health Officer (D1). We will seek the Finance Committee's approval in due course to create the two directorate posts later. We have earmarked about \$9 million in 2010-11 for these civil service posts. In addition, about \$6 million in 2010-11 has been earmarked for secondment of staff from HA (e.g. Medical and Health Officers, Scientific Officer (Medical), Nursing Officer) with relevant expertise in the provision and development of primary care and other related tasks such as the development of clinical protocols.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 15.3.2010

Proposed Civil Service Staffing Complement for the Primary Care Office

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Assistant Director of Health	1
Principal Medical & Health Officer	1
Senior Medical & Health Officer	2
Medical & Health Officer	2
Nursing Officer	2
Scientific Officer (Medical)	2
<u>Administration support</u>	
Senior Executive Officer	2
Executive Officer I*	1
Executive Officer II	1
Clerical Officer	1
Assistant Clerical Officer	2
Personal Secretary I	1
<u>Policy and strategy development</u>	
Administrative Officer*	1
Total	19

*Existing posts in the Food and Health Bureau. All other posts are new posts to be created under the Department of Health.

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

FHB(H)083

Question Serial No.

0742

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In the Matters Requiring Special Attention in 2010-11, it is stated that the Administration will open additional acute and convalescent beds in Hong Kong East, Kowloon East and New Territories West Clusters. Will the Administration inform this Committee of the following :

- (a) What is the number of additional acute and convalescent beds to be opened in the above clusters?
- (b) Will there be a corresponding increase in manpower and resources to cope with the increase in the number of beds?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

- (a) The Hospital Authority (HA) will open additional beds in three hospital clusters below to cope with the growing service demand in 2010-11:

Cluster \ Bed type	Acute	Rehabilitation / Convalescent	Total
Hong Kong East (HKEC)	30	30	60
Kowloon East (KEC)	42	18	60
New Territories West (NTWC)	22	75	97
Total	94	123	217

- (b) HA has earmarked an additional \$137 million for opening additional beds in 2010-11 (including \$47.5 million for KEC, \$68 million for NTWC and \$21 million for HKEC). HA will deploy existing staff and recruit additional staff to cope with the opening of additional beds. The detailed additional manpower required is being worked out and not yet available.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)084

Question Serial No.

0743

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The introduction of primary care service and case manager scheme as well as population ageing etc. add to the demand for public healthcare services. However, there will only be a net increase of 290 nursing staff. Would the Administration please advise the Committee on the following:

- (a) Has the Administration assessed how many additional nursing staff will actually be required in 2010-11 in view of the continued growth and development needs of services?
- (b) Will the estimated increase of 290 nursing staff in 2010-11 be sufficient to meet the increase in service demand? If not, does the Administration have any plan to allocate additional resources or introduce other measures to cope with the increasing service demand?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

(a) and (b)

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. It constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. In conducting overall planning for its manpower, HA takes into account the past trend of staff turnover and estimates the level of additional manpower required in the coming years. It also takes into consideration the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for health services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and the plans for service enhancement.

To provide necessary manpower for maintaining existing services and implementing the service enhancement initiatives, HA plans to recruit 1 100 nurses in 2010-11, which is 90% of the available nurse graduates in Hong Kong. It is estimated that there will be a net increase of 290 nursing staff in 2010-11. HA will continue to monitor the manpower situation of nurses and make appropriate arrangements in manpower planning and deployment to meet the service needs.

To enhance the supply of nurses, the Administration has earmarked additional funding of \$21.2 million to HA to provide 650 nurse training places in 2010-11. Meanwhile, the University Grants Committee (UGC)-funded institutions will provide 1 700 places for intakes in nursing programmes in the next two academic years, 850 each in 2010-11 and 2011-12. The Administration will closely monitor the manpower situation of nurses and make necessary arrangements in the light of new development.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 12.3.2010

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

FHB(H)085

Question Serial No.

0744

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2010-11 that mental health services will be strengthened through introduction of case management programme and personalised care programme for patients with severe mental illness in the community. Will the Administration inform this Committee of:

- (a) the details and timetable of the case management programme?
- (b) the respective numbers of various types of staff (nurse, allied health staff and social worker, etc) who act as case managers?
- (c) whether the number of patients with severe mental illness who need to be included in the case management programme has been assessed?
- (d) whether the adequacy of the existing manpower has been assessed? If so, what are the details? If no, what are the reasons? If the manpower is inadequate, will more staff be trained to cope with the service demand for the programme?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

(a) to (c)

The Hospital Authority (HA) will implement the following programmes to strengthen mental health services in 2010-11:

- To further strengthen the platform for provision of mental health services and enhance the support for mental patients in the community, HA will launch a case management programme for patients with severe mental illness in individual districts to provide personalized and intensive support to these patients in the community settings. Under the case management programme, healthcare workers will be trained as case managers to establish close service relationship with the patients and their family members. They will coordinate and arrange for the patients to receive various services. The case managers will also establish linkages with the Integrated Community Centres for Mental Wellness set up by the Social Welfare Department in various districts to arrange one-stop social rehabilitation services for patients in need. The programme will be piloted in the second quarter of 2010 in Kwai Tsing, Kwun Tong and Yuen Long districts where more patients with severe mental illness reside. An additional 100 nurses and allied health staff will be recruited to provide the service and the additional recurrent expenditure involved is estimated at \$78 million. About 5 000 patients will benefit from the programme in 2010-11.

- To enhance support for patients with common mental disorders, HA will promote collaboration between psychiatric specialist outpatient service and primary healthcare service to provide enhanced assessment and consultation services for patients with common mental disorders. Under the initiative, HA will provide more timely assessment and treatment services to patients with common mental disorders at the psychiatric specialist outpatient clinics in all seven hospital clusters and introduce an integrated mental health programme in the primary care settings (including family medicine specialist clinics and general outpatient clinics) in the Hong Kong East, Hong Kong West, Kowloon East, Kowloon West and New Territories East Clusters. An additional eight doctors, five nurses and 17 allied health professionals will be recruited to provide the service under the initiative and the additional recurrent expenditure involved is estimated at \$31 million. About 7 000 patients will benefit from the initiative in 2010-11.
- (d) The Administration conducts manpower planning for mental health services from time to time in the light of the manpower situation and the service needs. HA will continue to constantly assess its manpower requirements and make suitable arrangements in manpower planning and deployment, and works closely with relevant institutions to provide training to psychiatric healthcare personnel.

Signature _____

Name in block letters _____ Ms Sandra LEE _____

Post Title _____ Permanent Secretary for Food and Health (Health) _____

Date _____ 15.3.2010 _____

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

FHB(H)086

Question Serial No.

0745

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

As regards rehabilitation and palliative care services, the estimate for the number of home visits by community nurses for 2010-11 represents a substantial increase of 19 000 over the revised estimate for 2009-10. However, the number of community nurses has only increased by 18. Please advise:

- (a) what is the rationale for the decision to recruit 18 additional community nurses?
- (b) whether the Administration has assessed if the existing establishment of community nurses is sufficient to meet the increasing service demand? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

(a) and (b)

To meet the rise in service demand, HA will increase the number of its community nurses from 377 in 2009-10 to 395 in 2010-11 (an increase of 18), involving an additional expenditure of \$7.6 million. It will also increase the number of its community psychiatric nurses from 137 in 2009-10 to 154 in 2010-11 (an increase of 17), involving an additional expenditure of \$7.9 million.

In assessing its manpower requirements, HA takes into account the service needs and other various factors including the ageing population, different models of care and the direction of enhancing community care.

The addition of 18 community nurses and 17 community psychiatric nurses in HA in 2010-11 has taken into account the projected increase in the number of outreach visits to be conducted in the coming year as well as the manpower required to strengthen the staffing support.

HA will continue to monitor the manpower situation of community nurse and community psychiatric nurse and make appropriate arrangements in manpower planning and deployment to meet the service needs.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)087

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

Question Serial No.

0746

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget that the Government will allocate additional funding of about \$40 million in the next financial year (i.e. 2011-12) to enhance the regulation of drugs. Will the Administration inform this Committee of the following:

- (a) Is enhancing the regulation of drugs a short-term initiative or a long-term on-going initiative? If it is an on-going one, will the future funding be included in the recurrent expenditure? If yes, what are the details? If no, what are the reasons?
- (b) How will the additional funding be allocated for resources and manpower?
- (c) How many additional staff will be recruited? What are their posts and the nature of work?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

- (a) Enhancing the regulatory regime of drugs is a long term on-going commitment of the Government. The Government will allocate additional funding of about \$42.1 million in 2010-11 to enhance the regulation of pharmaceutical products and proprietary Chinese medicines. In addition, the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong released its report in January 2010 and proposed 75 recommendations to further strengthen the regulatory framework of pharmaceutical products in Hong Kong. We will go through the established procedures to seek additional staff resources, if required, to implement the recommendations.
- (b)&(c) A sum of \$8.6 million in 2010-11 is for GL to provide analytical services in assisting the regulatory and law enforcement activities related to pharmaceutical products and proprietary Chinese medicines. Of this sum, \$5.2 million is for personal emoluments and \$3.4 million for other costs. 12 civil service posts will be created, including 3 Chemists, 2 Science Laboratory Technologists, 3 Science Laboratory Technician I and 4 Science Laboratory Technician II. Furthermore, major instruments and equipment costing a total of \$ 13.580 million will also be acquired by GL.

A sum of \$33.5 million in 2010-11 is for DH to strengthen the regulation of pharmaceutical products and proprietary Chinese medicines. Of this sum, \$15.5 million is for personal emoluments and \$18 million for other costs. 27 civil service posts will be created, including 1 Senior Pharmacist, 11 Pharmacists, 6 Scientific Officers (Medical), 2 Foremen, 2 Medical Technologists, 1 Senior Executive Officer, 1 Executive Officer II, 2 Assistant Clerical Officers and 1 Clerical Assistant.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)088

Question Serial No.

0747

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that a new Drug Quality Assurance Office will be established to improve medication safety in the HA. Will the Administration inform this Committee:

- (a) when will the Drug Quality Assurance Office formally come into operation? What are the details of the programme concerned?
- (b) what are the estimated expenditure and manpower involved?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

- (a) The Drug Quality Assurance Office (Office) of the Hospital Authority (HA) has come into operation since December 2009. The Office serves to strengthen the quality control mechanism for pharmaceutical products through implementation of various in-house quality assurance measures, including drug sample testing, handling of drug quality incidents and management of performance of HA's drug manufacturers and suppliers.
- (b) The Office has four professional staff (one Senior Pharmacist, two Pharmacists and one Dispenser) and two supporting staff (one Senior Executive Officer and one Technical Services Assistant). The estimated recurrent expenditure of the Office is \$11 million each year.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 11.3.2010

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

FHB(H)089

Question Serial No.

0748

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in the Budget that the Government will provide a total of 2 350 places in nursing programmes and training in the next two academic years (i.e. 2010-11 and 2011-12 academic years). Please advise on the following:

- (a) Regarding the places in nursing programmes and training to be provided in the two academic years, what are the respective numbers of places to be provided through the University Grants Committee (UGC), nursing schools and other channels?
- (b) Regarding the places in nursing programmes and training to be provided, what are the respective numbers of places for training of registered nurses and enrolled nurses?
- (c) Has the Government considered providing additional funding to the UGC for training adequate registered nurses to cope with the increasingly huge demand for service?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

(a) and (b)

There will be a total of 2 350 places in nursing programmes and training in the 2010-11 and 2011-12 academic years. Among them, 650 will be provided by the Hospital Authority (HA) nurse training schools in 2010-11, including 300 places for the training of registered nurses and 350 places for the training of enrolled nurses. The remaining 1 700 places will be provided by University Grants Committee (UGC)-funded institutions for the training of registered nurses in the next two academic years, 850 each in 2010-11 and 2011-12.

(c)

The Government constantly assesses the manpower situation of healthcare professionals, including nurses. It is expected that 1 400 nurses will graduate in 2010 and the number of nurse graduates will rise to 2 150 in 2012. The Government makes suggestion to UGC as necessary on the number of places for nursing programmes, which serves as a reference for the institutions in formulating their academic plans.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 15.3.2010

FHB(H)090

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

Question Serial No.

0801

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With reference to the specialist outpatient services at various hospitals under the Hospital Authority (HA) (including ear, nose and throat; gynaecology; medicine; ophthalmology; orthopaedics and traumatology; paediatrics and adolescent medicine; surgery and psychiatry), will the Administration advise on the numbers of new cases triaged respectively as first priority, second priority and routine categories in 2008-09 and 2009-10 and their respective percentages. Among the above cases of different priorities, what are the respective lower quartile, median and upper quartile of the waiting time, and the longest waiting time for consultation appointments at HA hospitals?

Asked by: Hon. LEE Cheuk-yan

Reply:

The table below sets out the number of specialist outpatient new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine, their respective percentages in the total number of specialist outpatient new cases, and their respective lower quartile (25th percentile), median (50th percentile), upper quartile (75th percentile), 90th percentile and 99th percentile waiting time in each hospital cluster for 2008-09 and 2009-10 (up to December 2009). The 90th percentile waiting time represents the longest waiting time for most of the patients, whereas the 99th percentile waiting time may involve some special cases of outliers.

2008-09

Cluster	Specialty	Priority 1							Priority 2							Routine						
		Number of new cases	% of new cases	Waiting Time (weeks)					Number of new cases	% of new cases	Waiting Time (weeks)					Number of new cases	% of new cases	Waiting Time (weeks)				
				25 th	50 th	75 th	90 th	99 th			25 th	50 th	75 th	90 th	99 th			25 th	50 th	75 th	90 th	99 th
				percentile							percentile							percentile				
HKE	ENT	1 391	18%	<1	<1	<1	<1	5	2 588	33%	2	4	5	6	9	3 930	50%	20	20	20	21	24
	MED	1 999	19%	<1	1	1	2	6	3 504	33%	3	5	7	8	11	4 831	45%	3	10	32	44	67
	GYN	1 301	25%	<1	<1	1	1	3	457	9%	3	4	6	7	16	3 428	66%	11	15	22	31	41
	OPH	5 142	44%	<1	<1	1	1	6	1 291	11%	4	6	7	8	19	5 051	44%	9	13	19	23	26
	ORT	1 362	17%	<1	<1	1	2	6	2 171	27%	4	6	7	8	15	4 413	54%	12	19	32	44	52
	PAE	2 354	64%	<1	<1	<1	<1	2	957	26%	4	6	7	8	13	373	10%	11	19	22	26	41
	PSY	709	17%	<1	<1	1	2	5	565	13%	<1	2	4	7	36	2 888	68%	<1	17	32	44	53
	SUR	1 747	14%	<1	1	1	2	6	3 717	30%	4	7	7	8	12	6 950	55%	13	24	38	123	172
HKW	ENT	217	4%	<1	<1	1	3	8	922	16%	<1	2	4	8	16	4 661	80%	3	7	13	17	42
	MED	275	3%	<1	<1	1	2	8	625	7%	3	5	8	9	14	8 169	89%	2	6	12	19	51
	GYN	712	9%	<1	1	1	2	6	971	13%	3	4	5	7	11	5 450	71%	2	13	24	44	70
	OPH	2 652	38%	<1	<1	1	2	17	1 211	17%	7	8	8	10	60	3 069	44%	51	58	76	84	87
	ORT	515	6%	<1	<1	1	2	4	1 673	19%	2	3	5	8	19	6 838	76%	7	16	38	55	64
	PAE	403	12%	<1	<1	<1	1	7	1 143	33%	2	5	7	8	13	1 924	55%	8	11	17	24	36
	PSY	198	7%	<1	1	1	2	10	436	14%	1	2	3	12	42	2 406	79%	2	9	43	63	91
	SUR	2 084	16%	<1	<1	1	2	12	2 259	17%	3	4	6	9	20	8 402	65%	4	17	103	173	235
KC	ENT	1 720	12%	<1	<1	<1	<1	2	2 190	15%	<1	1	2	3	6	10 497	71%	2	4	8	12	15
	MED	1 370	13%	<1	<1	1	1	4	1 155	11%	4	5	6	7	9	7 472	72%	13	20	27	37	55
	GYN	351	8%	<1	<1	1	3	8	1 073	24%	3	4	6	8	12	2 577	58%	11	13	14	16	38
	OPH	8 460	39%	<1	<1	<1	1	2	4 150	19%	1	5	7	7	31	7 955	36%	30	32	32	34	34
	ORT	514	8%	1	1	2	2	6	703	11%	3	4	6	8	26	4 575	71%	18	35	75	81	123
	PAE	294	15%	<1	<1	1	2	13	812	41%	5	7	7	9	13	785	39%	2	10	12	13	14
	PSY	346	12%	<1	<1	1	1	4	923	32%	1	3	4	6	7	1 253	44%	3	10	25	39	41
	SUR	2 267	15%	<1	1	2	2	8	2 478	16%	3	5	6	8	30	10 012	66%	21	34	35	44	69

Cluster	Specialty	Priority 1							Priority 2							Routine						
		Number of new cases	% of new cases	Waiting Time (weeks)					Number of new cases	% of new cases	Waiting Time (weeks)					Number of new cases	% of new cases	Waiting Time (weeks)				
				25 th	50 th	75 th	90 th	99 th			25 th	50 th	75 th	90 th	99 th			25 th	50 th	75 th	90 th	99 th
				percentile							percentile							percentile				
KE	ENT	1 758	23%	<1	<1	1	1	6	1 884	25%	3	4	7	7	8	4 023	52%	14	24	27	35	62
	MED	2 402	15%	<1	1	1	2	8	5 397	33%	6	7	7	8	8	8 393	51%	14	56	76	80	80
	GYN	1 553	21%	<1	1	1	1	4	1 232	17%	6	7	7	8	13	4 562	62%	15	48	56	71	85
	OPH	4 513	32%	<1	<1	1	1	3	3 558	25%	7	7	7	8	8	6 187	43%	106	111	120	129	134
	ORT	4 102	29%	<1	<1	1	1	3	2 854	20%	4	5	7	7	14	6 976	50%	44	50	79	95	105
	PAE	787	22%	<1	<1	<1	1	6	773	22%	4	6	7	7	11	1 977	56%	7	14	38	42	113
	PSY	1 226	23%	<1	<1	1	1	7	1 614	30%	2	4	7	8	32	2 101	39%	12	27	56	82	98
	SUR	1 858	9%	<1	1	1	1	7	5 882	28%	6	7	8	8	8	13 188	63%	33	91	99	104	140
KW	ENT	4 192	29%	<1	<1	1	1	6	3 288	23%	4	6	7	8	14	6 685	46%	14	24	79	89	100
	MED	2 587	11%	<1	<1	1	1	7	5 864	24%	4	6	7	8	12	14 771	60%	25	37	44	48	69
	GYN	710	6%	<1	1	1	2	7	2 279	18%	3	6	7	8	29	9 232	74%	5	19	28	45	72
	OPH	6 145	36%	<1	<1	<1	<1	<1	3 259	19%	1	3	4	5	11	7 709	45%	4	13	37	42	52
	ORT	4 576	24%	<1	<1	<1	1	3	4 092	21%	4	6	7	7	11	9 818	51%	13	58	65	67	72
	PAE	1 628	21%	<1	<1	1	1	3	984	12%	4	5	6	7	10	3 486	44%	6	8	10	13	23
	PSY	357	4%	<1	<1	1	2	8	1 519	17%	1	3	6	7	58	5 693	65%	1	12	33	59	64
	SUR	4 211	11%	<1	1	1	2	6	9 778	26%	4	6	7	7	18	22 849	61%	16	45	96	185	268
NTE	ENT	3 659	26%	<1	<1	1	4	57	2 704	19%	2	4	6	7	12	4 348	31%	36	41	63	68	70
	MED	1 462	9%	<1	<1	1	2	6	2 073	12%	4	5	6	8	18	9 915	59%	25	40	74	89	92
	GYN	1 102	11%	<1	<1	1	2	11	925	9%	3	4	7	8	25	7 564	75%	14	20	31	64	128
	OPH	6 709	39%	<1	<1	<1	1	6	2 215	13%	3	4	4	7	8	7 300	43%	32	45	47	61	62
	ORT	5 001	26%	<1	<1	<1	1	2	1 939	10%	3	4	7	8	14	10 372	54%	45	57	73	83	93
	PAE	426	10%	<1	1	1	2	24	902	22%	2	4	7	8	32	2 428	59%	14	27	35	41	50
	PSY	1 098	15%	<1	<1	1	2	5	1 443	20%	2	3	5	7	32	2 970	40%	10	31	68	111	218
	SUR	2 058	9%	<1	1	2	2	12	2 144	9%	3	5	7	8	44	14 198	62%	26	66	98	192	278

Cluster	Specialty	Priority 1					Priority 2					Routine										
		Number of new cases	% of new cases	Waiting Time (weeks)					Number of new cases	% of new cases	Waiting Time (weeks)					Number of new cases	% of new cases	Waiting Time (weeks)				
				25 th	50 th	75 th	90 th	99 th			25 th	50 th	75 th	90 th	99 th			25 th	50 th	75 th	90 th	99 th
				percentile							percentile							percentile				
NTW	ENT	2 803	26%	<1	<1	<1	1	3	771	7%	3	4	6	8	16	5 759	53%	20	85	89	91	92
	MED	1 385	13%	<1	1	2	2	8	2 573	25%	5	7	7	8	17	6 271	61%	14	35	37	38	40
	GYN	1 565	22%	<1	1	1	2	3	2 163	31%	2	3	6	8	15	2 746	39%	10	14	20	39	53
	OPH	6 102	37%	<1	<1	<1	<1	2	3 367	20%	2	4	5	7	27	7 158	43%	6	22	32	36	60
	ORT	1 638	15%	<1	<1	1	1	2	1 495	14%	3	4	6	7	13	7 547	69%	14	25	27	34	62
	PAE	73	3%	1	1	2	2	6	531	22%	3	4	6	7	12	1 767	74%	20	21	22	22	25
	PSY	874	17%	<1	<1	1	1	5	1 675	32%	1	3	4	7	30	2 524	48%	8	25	46	56	100
	SUR	1 290	6%	<1	1	1	2	8	2 773	13%	3	5	7	11	25	16 169	77%	14	28	30	59	323

2009-10 (up to December 2009)

Cluster	Specialty	Priority 1							Priority 2							Routine						
		Number of new cases	% of new cases	Waiting Time (weeks)					Number of new cases	% of new cases	Waiting Time (weeks)					Number of new cases	% of new cases	Waiting Time (weeks)				
				25 th	50 th	75 th	90 th	99 th			25 th	50 th	75 th	90 th	99 th			25 th	50 th	75 th	90 th	99 th
				percentile							percentile							percentile				
HKE	ENT	1 081	18%	<1	<1	<1	<1	4	2 028	34%	2	3	4	5	12	2 781	47%	20	20	20	21	24
	MED	1 756	22%	<1	1	1	2	4	2 878	35%	3	4	7	7	10	3 461	43%	3	9	25	44	60
	GYN	876	23%	<1	1	1	2	4	271	7%	4	5	6	7	10	2 687	70%	11	14	16	19	25
	OPH	4 129	45%	<1	<1	1	1	4	1 038	11%	4	6	8	8	15	3 963	43%	10	18	26	27	29
	ORT	1 314	22%	<1	<1	1	1	2	1 510	25%	4	6	7	7	12	3 091	52%	11	19	29	62	65
	PAE	1 123	56%	<1	<1	<1	<1	2	687	34%	5	6	7	8	17	204	10%	12	13	15	19	26
	PSY	506	17%	<1	<1	1	2	4	508	17%	<1	1	4	6	9	1 966	66%	<1	4	15	43	48
	SUR	1 457	16%	<1	1	1	2	5	2 744	30%	4	7	7	8	11	4 923	54%	13	18	40	120	197
HKW	ENT	172	4%	<1	<1	1	1	3	593	14%	<1	1	3	5	8	3 515	82%	1	5	11	14	16
	MED	165	2%	<1	<1	1	1	4	608	8%	1	3	5	6	9	6 519	89%	3	7	16	24	41
	GYN	545	9%	<1	1	1	2	7	537	9%	4	6	8	9	13	4 465	75%	1	9	17	70	80
	OPH	2 099	39%	<1	<1	1	2	8	839	15%	3	6	8	8	15	2 489	46%	49	52	55	57	58
	ORT	319	4%	<1	<1	1	2	3	1 103	15%	1	2	4	7	16	5 790	80%	5	15	34	38	46
	PAE	309	12%	<1	<1	<1	1	5	710	27%	2	4	6	7	20	1 574	61%	13	17	24	32	46
	PSY	185	7%	<1	<1	1	2	7	446	17%	1	2	4	5	13	2 005	76%	3	16	50	90	102
	SUR	1 465	15%	<1	1	1	2	11	1 568	16%	3	4	6	8	12	6 579	68%	2	12	50	138	259
KC	ENT	1 122	10%	<1	<1	<1	<1	1	1 554	14%	<1	1	1	1	4	8 180	75%	1	1	1	2	4
	MED	991	13%	<1	<1	1	1	4	819	11%	4	4	6	7	8	5 453	73%	12	15	24	37	56
	GYN	617	18%	<1	<1	1	1	2	1 378	40%	3	5	7	7	8	1 433	42%	3	9	11	25	34
	OPH	6 022	34%	<1	<1	<1	1	2	3 539	20%	1	3	6	7	11	7 685	44%	31	34	36	36	37
	ORT	280	6%	<1	1	1	2	4	466	10%	2	4	5	7	10	3 629	75%	12	23	51	71	80
	PAE	354	25%	<1	<1	<1	1	2	170	12%	3	4	7	8	8	861	62%	2	8	9	10	13
	PSY	334	15%	<1	<1	1	1	3	926	42%	1	2	4	5	7	932	42%	3	8	12	22	43
	SUR	1 833	16%	<1	1	1	2	8	1 931	17%	3	4	6	8	12	7 417	66%	16	27	30	38	62

Cluster	Specialty	Priority 1							Priority 2							Routine						
		Number of new cases	% of new cases	Waiting Time (weeks)					Number of new cases	% of new cases	Waiting Time (weeks)					Number of new cases	% of new cases	Waiting Time (weeks)				
				25 th	50 th	75 th	90 th	99 th			25 th	50 th	75 th	90 th	99 th			25 th	50 th	75 th	90 th	99 th
				percentile							percentile							percentile				
KE	ENT	1 312	20%	<1	<1	1	1	7	1 339	21%	5	7	7	7	11	3 805	59%	19	22	24	24	28
	MED	1 844	14%	<1	1	1	2	8	3 923	31%	5	7	7	8	8	6 961	55%	12	60	80	93	101
	GYN	1 058	19%	<1	1	1	1	4	652	12%	6	7	8	8	11	3 901	69%	16	64	81	100	128
	OPH	3 607	33%	<1	<1	1	1	6	2 902	27%	7	7	7	8	8	4 336	40%	113	135	144	147	150
	ORT	2 982	27%	<1	<1	1	1	2	2 019	19%	4	5	7	7	12	5 825	54%	34	64	101	115	124
	PAE	693	26%	<1	<1	<1	1	3	494	19%	4	6	7	7	14	1 459	55%	4	15	38	40	116
	PSY	550	12%	<1	1	1	1	6	1 522	33%	2	3	5	7	14	2 535	54%	6	14	36	62	120
	SUR	1 318	8%	<1	1	1	1	7	4 601	29%	6	7	8	8	8	10 147	63%	28	98	110	118	136
KW	ENT	3 222	29%	<1	<1	1	2	6	2 312	21%	4	5	7	8	13	5 605	50%	15	23	72	79	82
	MED	2 603	13%	<1	<1	1	1	6	4 926	25%	4	6	7	8	11	12 378	62%	24	36	44	50	88
	GYN	856	9%	<1	<1	1	2	7	1 683	18%	3	6	7	8	12	6 998	73%	4	12	24	36	89
	OPH	4 515	34%	<1	<1	<1	<1	<1	3 199	24%	1	1	2	3	7	5 670	42%	4	6	19	21	27
	ORT	3 778	23%	<1	<1	<1	1	3	3 234	20%	5	6	7	8	11	9 387	57%	23	57	64	71	80
	PAE	2 139	40%	<1	<1	<1	1	2	945	18%	3	4	6	7	10	2 036	38%	5	7	8	10	23
	PSY	449	6%	<1	<1	1	1	6	974	13%	1	4	7	8	14	5 832	80%	<1	6	17	57	88
	SUR	3 777	14%	<1	1	1	1	4	7 784	28%	4	6	7	7	19	16 067	58%	15	42	89	146	281
NTE	ENT	3 190	29%	<1	<1	1	2	34	2 059	19%	3	4	6	7	14	5 567	51%	23	32	57	65	69
	MED	2 113	17%	<1	<1	1	1	4	2 085	17%	4	5	6	8	10	7 782	63%	16	35	47	84	93
	GYN	1 040	12%	<1	<1	1	2	13	1 130	13%	3	4	6	7	12	6 231	71%	12	18	28	52	79
	OPH	5 235	38%	<1	<1	<1	1	13	1 738	13%	3	4	5	8	16	6 633	48%	17	50	52	53	54
	ORT	4 512	32%	<1	<1	<1	1	3	1 660	12%	3	5	7	8	11	7 779	56%	25	37	68	86	98
	PAE	435	15%	<1	<1	1	2	7	579	20%	3	5	7	8	18	1 914	65%	19	31	38	45	50
	PSY	1 120	19%	<1	<1	1	2	5	1 335	22%	2	4	6	7	16	3 311	55%	3	15	43	85	243
	SUR	1 854	12%	<1	<1	1	2	9	2 148	14%	3	5	6	8	10	11 716	74%	17	38	57	104	210

Cluster	Specialty	Priority 1					Priority 2					Routine										
		Number of new cases	% of new cases	Waiting Time (weeks)					Number of new cases	% of new cases	Waiting Time (weeks)					Number of new cases	% of new cases	Waiting Time (weeks)				
				25 th	50 th	75 th	90 th	99 th			25 th	50 th	75 th	90 th	99 th			25 th	50 th	75 th	90 th	99 th
				percentile							percentile							percentile				
NTW	ENT	2 605	32%	<1	<1	<1	1	3	681	8%	3	4	5	7	11	4 831	60%	13	92	95	96	96
	MED	1 336	15%	1	1	2	2	7	1 700	19%	5	7	7	8	14	5 835	66%	9	36	40	43	45
	GYN	703	16%	<1	1	1	2	3	1 038	24%	3	4	6	7	10	2 543	59%	10	12	16	39	40
	OPH	4 195	33%	<1	<1	<1	<1	2	691	5%	<1	3	6	8	33	7 794	61%	7	21	35	39	43
	ORT	1 364	16%	<1	<1	1	1	2	1 161	14%	3	4	6	7	8	5 965	70%	25	26	27	34	38
	PAE	49	3%	<1	1	1	2	6	391	23%	3	5	6	7	8	1 283	74%	20	20	22	23	25
	PSY	632	15%	<1	<1	1	1	4	1 284	31%	1	2	5	6	11	2 222	54%	1	5	18	34	49
	SUR	1 131	8%	<1	1	1	2	5	1 910	14%	3	4	6	7	10	11 017	78%	12	27	28	31	350

Notes:

Specialty:

ENT – Ear, Nose & Throat
MED – Medicine
GYN – Gynaecology
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics and Adolescent Medicine
PSY – Psychiatry
SUR – Surgery

Cluster:

HKE – Hong Kong East Cluster
HKW – Hong Kong West Cluster
KC – Kowloon Central Cluster
KE – Kowloon East Cluster
KW – Kowloon West Cluster
NTE – New Territories East Cluster
NTW – New Territories West Cluster

Signature _____
Name in block letters Ms Sandra LEE
Permanent Secretary for Food and
Health (Health)
Post Title _____
Date 12.3.2010

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

FHB(H)091

Question Serial No.

0802

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the number of new cases, the lower quartile, median and upper quartile of the waiting time and the longest waiting time at specialist outpatient clinics (obstetric services) under the Hospital Authority in 2008-09 and 2009-10.

Asked by: Hon. LEE Cheuk-yan

Reply:

The table below sets out the number of new cases of obstetric specialist outpatient service, as well as the lower quartile (25th percentile), median (50th percentile), upper quartile (75th percentile), 90th percentile and 99th percentile waiting time in each hospital cluster for 2008-09 and 2009-10 (up to December 2009).

The 90th percentile waiting time represents the longest waiting time for most of the patients, whereas the 99th percentile waiting time may involve some special cases of outliers.

Cluster	2008-2009						2009-2010 (up to December 09)					
	Total number of new cases	Waiting Time (weeks)					Total number of new cases	Waiting Time (weeks)				
		Percentile						Percentile				
		25th	50th	75th	90th	99th		25th	50th	75th	90th	99th
HKE	4 672	<1	1	2	3	4	3 180	<1	1	2	3	4
HKW	4 679	<1	1	2	2	5	3 521	<1	1	2	2	4
KC	6 684	2	9	11	19	22	4 778	2	5	9	12	22
KE	6 168	<1	2	5	9	12	4 753	<1	1	2	4	7
KW	12 143	4	7	9	12	17	9 180	4	8	10	13	17
NTE	10 629	<1	3	6	7	9	8 152	<1	3	5	6	10
NTW	3 824	1	2	5	10	13	3 255	1	2	10	11	12

Note :

HKE – Hong Kong East Cluster

HKW – Hong Kong West Cluster

KC – Kowloon Central Cluster

KE – Kowloon East Cluster

KW – Kowloon West Cluster

NTE – New Territories East Cluster

NTW- New Territories West Cluster

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 11.3.2010

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

FHB(H)092

Question Serial No.

0803

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list the average unit costs of out-patient services of each specialty in all Hospital Authority hospitals (including Ear, Nose and Throat, Gynaecology, Obstetrics, Medicine, Ophthalmology, Orthopaedics and Traumatology, Paediatrics and Adolescent Medicine, Surgery and Psychiatry) in 2008-09 and 2009-10.

Asked by: Hon. LEE Cheuk-yan

Reply:

The cost of specialist out-patient consultations varies significantly between different cases and different specialties owing to the varying complexity of conditions of patients and the different diagnostic services, treatments and prescriptions required. The cost also varies between different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to population profile and other factors including specialization of the specialties in the cluster. Thus clusters with more patients with more complex conditions or requiring more costly treatment would attract a higher average cost. Hence the average cost per specialist out-patient attendance cannot be directly compared between different clusters or specialties or with specific cases.

The breakdown of the average cost per specialist out-patient attendance in hospitals under the Hospital Authority (HA) by different specialties for 2009-10 is not yet available, only the projected overall average cost per out-patient attendance is provided. The figures should be considered in the light of the caveats set out above.

<u>2009-10</u>	Average cost per out-patient attendance (\$)							
	HKE	HKW	KC	KE	KW	NTE	NTW	HA Overall
Projected overall average cost per out-patient attendance	840	980	840	790	810	870	840	850

The table below provides the average cost per specialist out-patient attendance of the specialty of Ear, Nose and Throat, Gynaecology, Obstetrics, Medicine, Ophthalmology, Orthopaedics and Traumatology, Paediatrics and Adolescent Medicine; Surgery and Psychiatry for 2008-09 by hospital clusters under HA. The figures should be considered in the light of the caveats set out above.

<u>2008-09</u>	Average cost per out-patient attendance (\$)							
	HKE	HKW	KC	KE	KW	NTE	NTW	HA Overall
Ear, Nose and Throat	770	760	660	660	590	790	710	690
Gynaecology	780	790	800	720	630	590	670	700
Obstetrics	780	790	800	720	630	590	670	700
Medicine	1,300	1,370	1,600	1,480	1,210	1,570	1,500	1,400
Ophthalmology	460	360	480	370	360	540	390	440
Orthopaedic and Traumatology	800	710	780	620	730	820	780	750
Paediatrics and Adolescent Medicine	990	1,330	1,180	790	1,020	940	1,040	1,040
Surgery	980	1,430	890	1,100	880	980	1,220	1,060
Psychiatry	890	1,130	960	830	920	920	920	920

Note :

HKE – Hong Kong East Cluster

HKW – Hong Kong West Cluster

KC – Kowloon Central Cluster

KE – Kowloon East Cluster

KW – Kowloon West Cluster

NTE – New Territories East Cluster

NTW- New Territories West Cluster

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 12.3.2010

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

FHB(H)093

Question Serial No.

0804

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please give a breakdown of the occupancy rates for general beds and beds of various specialties; as well as the average length of stay of patients concerned with regard to the Hospital Authority as a whole and the individual clusters in the years 2008-09 and 2009-10 respectively.

Asked by: Hon. LEE Cheuk-yan

Reply:

The tables below set out the bed occupancy rate for all general specialties and for major specialties and the respective average length of stay (ALOS) in each hospital cluster under the Hospital Authority (HA) and in HA as a whole in 2008-09 and 2009-10 (up to December 2009) .

2008-09	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
<u>Overall for general specialties</u>								
Bed occupancy rate	84%	71%	84%	84%	82%	86%	92%	83%
Inpatient ALOS (days)	5.6	6.8	6.8	5.6	5.7	6.3	5.3	6.0
<u>Major specialties</u>								
Gynaecology								
Bed occupancy rate	83%	68%	92%	70%	90%	61%	76%	75%
Inpatient ALOS (days)	2.5	2.9	2.8	3.1	2.4	2.6	2.0	2.6
Medicine								
Bed occupancy rate	90%	83%	94%	89%	92%	97%	103%	92%
Inpatient ALOS (days)	5.6	6.4	7.2	5.9	6.6	6.7	6.9	6.5
Obstetrics								
Bed occupancy rate	78%	74%	63%	75%	64%	78%	75%	71%
Inpatient ALOS (days)	3.1	3.2	3.2	3.2	2.9	3.1	2.7	3.1
Orthopaedics & Traumatology								
Bed occupancy rate	85%	70%	83%	90%	86%	86%	91%	84%
Inpatient ALOS (days)	7.0	9.6	10.4	7.8	7.6	10.1	9.3	8.7

2008-09	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Paediatrics and Adolescent Medicine								
Bed occupancy rate	83%	66%	80%	65%	62%	82%	83%	72%
IP ALOS (days)	3.5	6.0	7.0	3.3	3.3	3.7	3.7	4.0
Surgery								
Bed occupancy rate	72%	75%	83%	76%	72%	88%	89%	78%
IP ALOS (days)	4.0	5.8	4.9	4.3	4.2	5.7	3.8	4.7

2009-10 (up to December 2009)	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Overall for general specialties								
Bed occupancy rate	82%	71%	83%	81%	80%	85%	91%	82%
Inpatient ALOS (days)	5.2	6.4	6.8	5.0	5.6	6.4	5.1	5.8
Major specialties								
Gynaecology								
Bed occupancy rate	87%	68%	85%	70%	89%	54%	83%	74%
Inpatient ALOS (days)	2.5	2.7	2.9	2.9	2.4	2.3	2.1	2.5
Medicine								
Bed occupancy rate	88%	80%	93%	86%	89%	98%	97%	90%
Inpatient ALOS (days)	5.2	6.0	7.4	5.1	6.4	6.8	6.3	6.2
Obstetrics								
Bed occupancy rate	75%	69%	59%	70%	64%	70%	84%	68%
Inpatient ALOS (days)	3.1	3.0	3.1	3.2	2.8	3.0	2.8	3.0
Orthopaedics & Traumatology								
Bed occupancy rate	79%	69%	89%	89%	86%	82%	91%	83%
Inpatient ALOS (days)	5.8	8.6	11.3	7.0	7.8	9.1	9.4	8.4
Paediatrics and Adolescent Medicine								
Bed occupancy rate	86%	63%	66%	62%	62%	80%	80%	69%
IP ALOS (days)	3.5	5.2	4.2	2.7	3.5	3.5	3.5	3.6
Surgery								
Bed occupancy rate	69%	84%	83%	79%	71%	85%	90%	79%
IP ALOS (days)	3.7	6.2	4.9	4.1	4.1	5.9	3.9	4.7

Notes:

Cluster: HKEC – Hong Kong East Cluster
 HKWC – Hong Kong West Cluster
 KCC – Kowloon Central Cluster
 KEC – Kowloon East Cluster
 KWC – Kowloon West Cluster
 NTEC – New Territories East Cluster
 NTWC – New Territories West Cluster

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 12.3.2010

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

FHB(H)094

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

Question Serial No.

0805

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the breakdown of the numbers of doctors, nurses and allied health staff under the Hospital Authority as a whole, their distribution among the various hospital clusters, and their ratio as to the total population and persons aged 65 or above in individual clusters in 2008-09 and 2009-10.

Asked by: Hon. LEE Cheuk-yan

Reply:

The table below sets out the numbers and ratio of doctors, nurses and allied health staff in the Hospital Authority (HA) per 1,000 population by cluster in 2008-09 and 2009-10 :

Cluster	Number of doctors, nurses and allied health staff and ratio per 1,000 population								
	Doctors	Ratio to overall population	Ratio to people aged 65 or above	Nurses	Ratio to overall population	Ratio to people aged 65 or above	Allied Health Staff	Ratio to overall population	Ratio to people aged 65 or above
2008-09 (as at 31 March 2009)									
Hong Kong East	532	0.6	4.3	2 012	2.4	16.1	592	0.7	4.7
Hong Kong West	543	1.0	7.7	2 375	4.4	33.6	712	1.3	10.1
Kowloon Central	613	1.3	8.8	2 752	5.7	39.6	750	1.6	10.8
Kowloon East	552	0.6	4.4	1 978	2.1	15.8	525	0.6	4.2
Kowloon West	1 170	0.6	4.3	4 652	2.5	17.1	1 135	0.6	4.2
New Territories East	809	0.6	6.2	3 194	2.5	24.4	870	0.7	6.6
New Territories West	634	0.6	7.3	2 529	2.4	29.1	597	0.6	6.9
Total	4,853	0.7	5.5	19 492	2.8	22.2	5 181	0.7	5.9
2009-10 (as at 31 December 2009)									
Hong Kong East	547	0.7	4.7	2 062	2.6	17.7	607	0.8	5.2
Hong Kong West	560	1.1	8.1	2 377	4.5	34.2	723	1.4	10.4
Kowloon Central	635	1.3	9.1	2 808	5.8	40.2	791	1.6	11.3
Kowloon East	575	0.6	4.6	2 016	2.1	16.0	548	0.6	4.3
Kowloon West	1 193	0.6	4.4	4 744	2.5	17.4	1 171	0.6	4.3
New Territories East	846	0.7	6.3	3 271	2.5	24.5	911	0.7	6.8
New Territories West	662	0.6	6.8	2 625	2.5	27.0	638	0.6	6.6
Total	5 018	0.7	5.7	19 903	2.8	22.5	5 389	0.8	6.1

It should be noted that the ratio of doctors, nurses and allied health staff per 1,000 population varies among clusters and the variances do not necessarily correspond to the difference in the population among clusters because :

- (a) patients can receive care in hospitals other than those in their own residential districts and cross-cluster utilization of services is rather common; and
- (b) some specialized services are available only in a number of hospitals and the doctors, nurses and allied health staff in these hospitals are also providing services for patients in other clusters.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 12.3.2010

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

FHB(H)095

Question Serial No.

1728

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In 2010-11, the Health Branch will formulate arrangements for the disposal of four identified sites for private hospital development. In this connection, please advise on the following:

- (a) What are the details of this initiative?
- (b) What is the estimated expenditure involved?
- (c) Upon disposal of the sites, when will the respective private hospitals commence service?
- (d) Has the Administration taken into account whether the sites disposed will solely be used for private hospital development? How can the Administration ensure that the services provided by those private hospitals meet the general healthcare needs of the public? Will there be measures to prevent those private hospitals from operating services that are more of a commercial than a medical nature (such as beauty care services) which do not benefit the general public?
- (e) Is the "need for enhancing price transparency" a criterion for the site disposal?

Asked by: Hon. PAN Pey-chyou

Reply:

The Government has reserved four sites at Wong Chuk Hang, Tseung Kwan O, Tai Po and Lantau respectively for the development of private hospitals. The Government has launched an expression of interest (EOI) exercise to solicit market interest in developing private hospitals at these sites. The EOI exercise will close on 31 March 2010. After consideration of the responses and feedbacks received, we will work out the detailed land disposal arrangements for the four sites, including the means and timing for land disposal, the detailed special requirements and the land premium for the four reserved hospital sites.

The four sites are available at different times depending on the status of each site on planning procedures, site formation works or interface with other infrastructure projects. The Government does not have a definite timetable at the present stage on the disposal or development of these sites.

These new private hospitals should provide services of good quality and their service charges should be highly transparent. The development of new private hospitals should meet a number of special requirements covering the aspects of land use, bed capacity, types of specialties and services, price transparency, etc. We will specifically require the private hospitals to make available a certain percentage of bed days for services provided at packaged charge, so as to offer more choices to the general public.

Signature _____

Name in block letters _____ Ms Sandra LEE _____

Post Title _____ Permanent Secretary for Food and
Health (Health) _____

Date _____ 15.3.2010 _____

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

FHB(H)096

Question Serial No.

1729

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In 2010-11, the Health Branch will prepare for the establishment of multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong. In this connection, please advise on the following:

- a. What are the details of the plan? Where will be the medical centres located?
- b. Does it involve public-private partnership?
- c. What is the estimated expenditure involved?
- d. What is the timetable for the plan? When will the centres be expected to commence operation?
- e. What is the estimated number of patients each year?

Asked by: Hon. PAN Pey-chyou

Reply:

To prepare for the establishment of multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong, two respective Steering Committees have been set up to spearhead the projects. They are chaired by the Permanent Secretary for Food and Health (Health) and comprise medical practitioners in both the public and private sectors, academics, as well as patient group representatives. The Steering Committees agreed that the two centres should pool together experts from both the public and private sectors and also overseas to provide multi-disciplinary care for patients suffering from these complex diseases, and to conduct research and training. The Steering Committees have collected views from various stakeholders, and conducted focus group studies. The Committees have agreed on the clinical, research and training requirements. These have been incorporated into the Project Definition Statements for the technical feasibility studies (TFS) which have commenced at the beginning of this year. The TFS will form the basis for the future design of the two Centres and is expected to be completed in June 2010.

The Administration will report to the Health Services Panel of LegCo in due course the detailed timetable, completion date, number of target clients, as well as estimated expenditure of each of the medical centres of excellence after we have completed the TFS and worked out the estimated capital expenditure.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____
Permanent Secretary for Food
and Health (Health)

Date _____ 11.3.2010

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

FHB(H)097

Question Serial No.

1736

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

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 introduction of additional drugs in the Hospital Authority Drug Formulary, please advise:

- (a) on the details of this programme and the number and types of additional drugs that will be included in the Formulary; and
- (b) on the estimated expenditure involved.

Asked by: Hon. PAN Pey-chyou

Reply:

(a) and (b)

The Government has earmarked additional recurrent funding of \$194 million to the Hospital Authority (HA) to incorporate eight drugs into the HA Drug Formulary and expand the clinical application of nine drug classes. It is estimated that a total of 38 200 patients will benefit from these two initiatives.

The table below sets out the name and the indication for clinical application of eight drugs to be incorporated into the HA Drug Formulary in 2010-11 as well as the estimated number of patients benefited and the estimated expenditure involved for each drug. All eight drugs will be included as special drugs in the Formulary and provided at standard fees and charges to patients who meet the specific clinical conditions.

Drug name	Indication for clinical application	Estimated number of patients benefited	Estimated expenditure involved (\$ million)
1. Laronidase	Mucopolysaccharidosis I	Patients will be assessed by an expert panel on their clinical suitability for use of the drug on a case-by-case basis	35
2. Idursulfase	Mucopolysaccharidosis II		
3. Galsulfase	Mucopolysaccharidosis VI		
4. Alglucosidase alpha	Pompe		
5. Algalsidase beta	Fabry		
6. Imiglucerase	Gaucher		
7. Irinotecan	Colorectal cancer	167	10

Drug name	Indication for clinical application	Estimated number of patients benefited	Estimated expenditure involved (\$ million)
8. Vinorelbine	Lung cancer	160	3

(Note: Items 1-6 are for treatment of rare genetic diseases and items 7-8 are for treatment of cancer.)

The table below sets out the name and scope of expansion of the nine drug classes as well as the estimated number of patients benefited and the estimated expenditure involved for each drug class. The drug class “Vascular endothelial growth factor inhibitors” is self-financed item and the remaining classes of drugs are special drugs in the HA Drug Formulary.

Drug class	Expanded scope for application	Estimated number of patients benefited	Estimated expenditure involved (\$ million)
1. Drugs for active Hepatitis B cases	To initiate the drug therapy for Hepatitis B patients earlier to enhance treatment outcome	2 575	54
2. Drugs for active Hepatitis C cases	To expand the provision of the drugs to Hepatitis C patients infected through other means apart from blood transfusion	600	22.8
3. Angiotensin-receptor blocker	To expand the provision of the drugs to patients with diabetes mellitus and hypertension at general outpatient clinics	25 000	18.6
4. Glitasones	To expand the provision of the drugs to patients with diabetes mellitus at general outpatient clinics		
5. Insulin	To expand the provision of the drugs to patients with diabetes mellitus at general outpatient clinics		
6. Aromatase inhibitors	To relax the use of the drugs (including the use in adjuvant therapy) on breast cancer patients	400	16
7. Vascular endothelial growth factor inhibitors	To provide treatment for wet aged-related macular degeneration on a trial basis under special programmes	500	12.45

Drug class	Expanded scope for application	Estimated number of patients benefited	Estimated expenditure involved (\$ million)
8. Clopidogrel	To align the duration of providing the drug to patients after post coronary/vascular intervention or high risk acute coronary syndrome	6 650	12
9. Atypical anti- psychotics	To relax the use of the drugs on patients with mental illness	2 170	10

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 15.3.2010

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

FHB(H)098

Question Serial No.

1737

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the items of Salaries under Personal Emoluments, the figure for 2009-10 is revised from the Original Estimate of \$54,598,000 to \$46,419,000. As such, please advise on the following:

- a. What are the reasons for the reduction in salary expenditure?
- b. Whether a cut in manpower is involved? If yes, what are the details? What are the ranks involved and the corresponding job duties?
- c. Please list all staff ranks and the salary expenditure involved for each rank.

Asked by: Hon. PAN Pey-chyou

Reply:

The salary provision in the revised estimates for 2009-10 is \$8.2 million lower than the original estimate for 2009-10. The decrease is mainly due to changes in the schedule for creation of some of the new posts and the impact of 2009 civil service pay adjustment. There is no cut in manpower. The staff ranks and salary expenditure involved are set out below -

Rank	No. of post	Salary expenditure involved (\$ million)
Administrative Officer, Staff Grade B (D3)	1	0.82
Administrative Officer, Staff Grade C (D2)	1	1.01
Chief Systems Manager (D1)	1	0.54
Principal Executive Officer (D1) ¹	1	1.28
Administrative Officer	2	0.76
Systems Manager	2	0.69
Chief Executive Officer	1	0.53
Senior Executive Officer	1	0.22
Executive Officer II	4	0.69

Rank	No. of post	Salary expenditure involved (\$ million)
Senior Management Services Officer	1	0.37
Clerical Officer	1	0.30
Assistant Clerical Officer	3	0.57
Personal Secretary I	2	0.35
Scientific Officer (Medical) ²	4	2.78
Total :	25	10.91 ³

Notes

- ¹ the post is offset by one Chief Management Services Officer to be created in 2010-11.
- ² the posts will replace four existing short-term non-civil service contract positions in the Research Office of the Bureau.
- ³ the reduction in salary expenditure is offset by the increase in salary expenditure of \$2.7 million as a result of the creation of some short-term posts.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)099

Question Serial No.

1738

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under the indicator "Manpower", the number of allied health professionals has increased from 5 410 in the 2009-10 revised estimate to 5 628 in the 2010-11 estimate. In this connection, please advise on the following:

- (a) What are the types of allied health professionals to be increased, their respective numbers and the services they provide?
- (b) What is the estimated expenditure involved in increasing these allied health professionals?

Asked by: Hon. PAN Pey-chyou

Reply:

(a) and (b)

The Hospital Authority (HA) will recruit 218 additional allied health staff in 2010-11 and a sum of \$107 million has been earmarked by HA for the purpose. The table below sets out the breakdown by grade and the mid-point monthly salary for the entry rank of the respective grades:

Grade	Mid-point monthly salary for entry rank	Number of additional staff to be recruited in 2010-11
Pharmacist and Dispenser	Pharmacist - \$52,295 Dispenser - \$20,835	39
Medical Laboratory Technologist	\$25,320	23
Radiographer (Diagnostic Radiographer and Radiation Therapist)	\$25,320	19
Occupational Therapist	\$25,320	53
Physiotherapist	\$25,320	24
Social Worker	\$35,095	47
Others (including Clinical Psychologist, Dietitian, Prosthetist & Orthotist, Podiatrist, Speech Therapist etc.)	\$25,320 - \$52,295	13
Total		218

HA delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. It constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. In conducting overall planning for its manpower, HA takes into account the past trend of staff turnover and estimates the level of additional manpower required in the coming years. It also takes into consideration the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for health services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and the plans for service enhancement. Its plan to recruit additional allied health staff in 2010-11 has taken into consideration the necessary manpower for maintaining existing services and implementing the service enhancement initiatives.

The Administration will continue to monitor the manpower situation of allied health professionals and make necessary arrangements in the light of the circumstances. HA will also make appropriate arrangements in manpower planning and deployment to meet the service needs.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

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

FHB(H)100

Question Serial No.

1845

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

- (a) In working out the financial provision for the Hospital Authority (HA) for 2009-10 and 2010-11, how much has the Treasury deducted respectively from the projected incomes that the HA will receive?
- (b) Are there any new medical fees or any increase in the medical fees of individual items in various clusters of the HA in 2009-10?
- (c) Please list the amount of income derived from the medical fees charged for various types of beds in various clusters of the HA in 2009-10.
- (d) How much of the income derived from the fees charged by the HA has to be returned to the Treasury in 2009-10? If all the income derived from medical fees can be retained by the HA, how much will be available for the use of the HA for the year, if not, then after the deduction, what is the amount of provision that the Administration will make for the HA?

Asked by: Hon.CHENG Kar-foo, Andrew

Reply:

- (a) & (d) In working out the annual financial provision for the Hospital Authority (HA), the Government has already net off the projected income that HA will receive. The Government also allows HA to retain 50% of additional income from new medical fees and increase in existing medical fees under the income sharing arrangements between the Government and HA. HA can therefore make use of the Government's financial provision, the income that it receives and the additional income that it retains under the income sharing arrangement for provision of hospital services. The revised estimate and original estimate of financial provision to HA for 2009-10 and 2010-11 are \$32,727.2 million and \$34,123.1 million respectively. The projected total income received by HA (including the additional income that HA can retain under the income sharing arrangement) for the said years is about \$2,864 million and \$2,845.2 million respectively. HA can deploy the above amounts for the provision of hospital services.
- (b) There are no new medical fees or increase in existing medical fees in 2009-10.
- (c) The table below sets out the actual amount of income that HA has received for the provision of inpatient service up to 31 December 2009, with breakdown by various types of beds. HA has received no income for the provision of beds for the mentally handicapped during the period because such services are free of charge for eligible persons ^{note} and no admission of non-eligible persons ^{note} (who are charged for the use of such beds) was recorded.

	General Beds (\$ million)	Infirmary Beds (\$ million)	Beds for the Mentally Ill (\$ million)	Total Medical Fees Received (\$ million)
Hong Kong East Cluster	98.2	2.1	2.0	102.3
Hong Kong West Cluster	184.7	0.8	0.7	186.2
Kowloon Central Cluster	112.8	0.8	2.3	115.9
Kowloon East Cluster	83.8	0.8	0.5	85.1
Kowloon West Cluster	147.0	1.8	3.0	151.8
New Territories East Cluster	143.9	1.4	2.5	147.8
New Territories West Cluster	90.8	0.6	2.6	94.0
Total	861.2	8.3	13.6	883.1

Note: Eligible persons refer to those who belong to any of the following categories: (a) holders of Hong Kong Identity Card; (b) children who are Hong Kong residents and under 11 years of age; and (c) other persons as approved by the Chief Executive of the Hospital Authority. Non-eligible persons refer to those who do not belong to either of the above categories.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 12.3.2010

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION****FHB(H)101**

Question Serial No.

1846

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide information, with an itemized breakdown of “self-financed medical items”, on the total expenditure (including the expenses borne by patients and the subsidies granted under the Samaritan Fund) for such items, the number of cases where patients make the purchase at their own expense, the average cost for each case, the number of cases subsidized by the Samaritan Fund, as well as the subsidy level and the amount of subsidy granted in each of the past three years from 2007-08 to 2009-10.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

At present, the highly subsidized standard fees of the Hospital Authority (HA) hospitals/clinics cover a wide range of medical services, procedures and items required for treatment. For those medical items that are not included in the standard fees of HA hospitals/clinics, patients have to pay for the costs on their own and they may purchase these items through HA or outside HA. Patients who have financial difficulty may apply for subsidy from the Samaritan Fund (the Fund) to cover their expenses on the medical items that are within the funding scope of the Fund.

The tables below set out the number of cases where patients purchased non-drug self-purchased medical items at their own expenses through HA, the total expenditure involved and the average cost of each item in 2007-08, 2008-09 and 2009-10.

2007-08

Item	Number of cases	Total expenditure (\$ million)	Average cost of item (\$)
Percutaneous Transluminal Coronary Angioplasty and other consumables for interventional Cardiology	5 580	227.2	40 725
Cardiac Pacemaker	200	8.9	44 403
Intraocular Lens	18 310	28.3	1 548
Myoelectric prosthesis, custom-made prosthesis, appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	5 920	1.6	267

Item	Number of cases	Total expenditure (\$ million)	Average cost of item (\$)
Home use equipment, appliances and consumables	8 040	1.8	221
Total	38 050	267.8	-

2008-09

Item	Number of cases	Total expenditure (\$ million)	Average cost of item (\$)
Percutaneous Transluminal Coronary Angioplasty and other consumables for interventional Cardiology	6 072	252.3	41,546
Cardiac Pacemaker	163	7.0	42,934
Intraocular Lens	17 815	26.7	1,497
Myoelectric prosthesis, custom-made prosthesis, appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	10 182	2.0	201
Home use equipment, appliances and consumables	5 004	1.6	323
Total	39 236	289.6	-

2009-10 (full-year projection):

Item	Number of cases	Total expenditure (\$ million)	Average cost of item (\$)
Percutaneous Transluminal Coronary Angioplasty and other consumables for interventional Cardiology	6 016	249.9	41,546
Cardiac Pacemaker	224	9.6	42,934
Intraocular Lens	17 815	22.4	1,258
Myoelectric prosthesis, custom-made prosthesis, appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	9 617	2.0	201
Home use equipment, appliances and consumables	5 472	1.8	323
Total	39 144	285.7	-

The tables below set out the number of cases where patients were granted subsidy by the Fund to cover the expenses of non-drug self-purchased medical items, the total amount of subsidy granted for each item and the average subsidy level in 2007-08, 2008-09 and 2009-10.

2007-08

Item	Number of cases granted subsidy by the Fund	Total amount of subsidy granted (\$ million)	Average subsidy level
Percutaneous Transluminal Coronary Angioplasty and other consumables for interventional cardiology	1 458	49.5	96.3%
Cardiac Pacemakers	483	21.2	94.0%
Intraocular Lens	1 433	2.2	99.9%
Myoelectric prosthesis, custom-made prosthesis, appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	115	1.1	95.9%
Home use equipment, appliances and consumables	83	0.8	99.6%
Total	3 572	74.8	95.8%

2008-09

Item	Number of cases granted subsidy by the Fund	Total amount of subsidy granted (\$ million)	Average subsidy level
Percutaneous Transluminal Coronary Angioplasty and other consumables for interventional cardiology	1 552	54.2	97.3%
Cardiac Pacemakers	432	20.3	96.2%
Intraocular Lens	1 433	2.1	100.0%
Myoelectric prosthesis, custom-made prosthesis, appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	91	1.2	95.9%
Home use equipment, appliances and consumables	73	0.4	99.7%
Total	3 581	78.2	97.1%

2009-10 (full-year projection)

Item	Number of cases granted subsidy by the Fund	Total amount of subsidy granted (\$ million)	Average subsidy level
Percutaneous Transluminal Coronary Angioplasty and other consumables for interventional cardiology	1 578	55.8	97.3%
Cardiac Pacemakers	459	24.6	93.9%
Intraocular Lens	1 683	2.2	100.0%
Myoelectric prosthesis, custom-made prosthesis, appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	110	1.4	99.4%
Home use equipment, appliances and consumables	64	0.7	99.6%
Total	3 894	84.7	96.5%

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

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

FHB(H)102

Question Serial No.

1847

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

For the past five financial years from 2005-06 to 2009-10, what are the respective recurrent and non-recurrent expenditures of the Hospital Authority (HA) on drugs, salaries, allowances and medical equipment, and their respective percentages against the annual expenditure of the HA?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The expenditure of the Hospital Authority (HA) on drugs, staff basic salary and on-costs, job-related allowances and medical equipment, and its percentage against the total operating expenditure of HA from 2005-06 to 2009-10 are set out below:

	Drugs		Staff Basic Salary and On-costs		Job-related Allowances		Medical Equipment	
	Expenditure (\$ billion)	% against total operating expenditure of HA	Expenditure (\$ billion)	% against total operating expenditure of HA	Expenditure (\$ billion)	% against total operating expenditure of HA	Expenditure (\$ billion)	% against total operating expenditure of HA
2005-06	2.20	7.4	23.05	77.4	0.24	0.8	0.24	0.8
2006-07	2.36	8.0	22.75	76.5	0.25	0.8	0.30	1.0
2007-08	2.68	8.4	23.91	74.8	0.27	0.8	0.61	1.9
2008-09	2.79	8.1	25.74	75.0	0.36	1.0	0.65	1.9
2009-10 (full-year projection)	3.01	8.5	26.18	74.0	0.34	1.0	0.64	1.8

Signature _____

Name in block letters _____ Ms Sandra LEE _____

Post Title _____ Permanent Secretary for Food and
Health (Health) _____

Date _____ 12.3.2010 _____

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

FHB(H)103

Question Serial No.

0752

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:

Regarding the plan to set standards for Chinese herbal medicines and strengthen the regulation of pharmaceutical products and proprietary Chinese medicines, please provide the respective work details, estimated manpower and resources involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

An additional provision of \$32.6 million has been earmarked in 2010-11 to expedite the setting of standards for Chinese herbal medicines. The Department of Health has already developed standards for 60 herbs and will continue to develop the standards for another 140 by 2012. An addition of five non-civil service contract positions will be created to take the task forward.

An additional provision of \$33.5 million has been earmarked in 2010-11 to strengthen the regulation of pharmaceutical products and proprietary Chinese medicines. Measures to be included will be more stringent pre-market and post-market control of pharmaceutical products, and commencement of the remaining provisions under the Chinese Medicine Ordinance related to mandatory registration of proprietary Chinese medicines. One Senior Pharmacist, 11 Pharmacists, six Scientific Officers (Medical), two Medical Technologists and seven general and departmental grades posts will be created.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 18.3.2010

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

FHB(H)104

Question Serial No.

0753

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:

Under this Programme, there will be an increase of 81 posts in the Department of Health in 2010-11. Please provide details of the nature, ranks, remunerations and job nature of the posts involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The increase of 81 posts to be created under the permanent establishment of the Department of Health under Programme (1) will involve-

- (i) creation of 39 posts for strengthening support in port health control, tobacco control, and regulation of pharmaceutical products, proprietary Chinese medicines and medical device, and
- (ii) creation of 42 posts for conversion of non-civil service contract positions to permanent established posts in various services.

Details of the 81 posts are at the Annex.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

Creation and Deletion of Posts under Programme 1 – Statutory Functions

<u>Major scope of responsibilities / Rank</u>	<u>Number of posts to be created</u>			<u>Annual recurrent cost of civil service posts (\$)</u>
	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Total</u>	
Professional, enforcement and technical support				
Senior Medical & Health Officer	2		2	1,962,000
Medical & Health Officer	2		2	1,500,240
Senior Pharmacist	1		1	981,000
Pharmacist	11		11	7,228,980
Scientific Officer (Medical)	7		7	4,600,260
Executive Officer I		5	5	2,649,300
Executive Officer II		2	2	701,640
Senior Foreman		12	12	2,719,440
Foreman	2	18	20	3,573,600
Medical Technologist	2		2	1,059,720
Senior Health Inspector	1		1	554,760
Health Inspector I/II	2		2	744,720
Administration support				
Hospital Administrator II		3	3	1,052,460
Senior Executive Officer	1		1	719,160
Executive Officer II	1		1	350,820
Clerical Officer	1		1	303,840
Assistant Clerical Officer	3		3	568,260
Clerical Assistant	3		3	443,160
Workman II		2	2	234,840
Total	39	42	81	31,948,200

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

FHB(H)105

Question Serial No.

0754

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, there is a year-on-year increase in the number of laboratory tests relating to public health by comparing the actual numbers of the past three years. Why is the estimated number of this year (2010) decreased by 325 000 as compared with that of last year (2009)? Please account for the reasons and the effect on public health.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

There was an increase of 320 000 laboratory tests relating to public health in 2009 as compared with that of 2008 due to the human swine influenza (HSI) pandemic. It is estimated that the number of laboratory tests in 2010 will resume to the normal level similar to that in 2008. This accounts for the decrease in the number of tests by 325 000 and should not have any adverse effect on public health.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)106

Question Serial No.

1742

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Why is the estimated number of secondary school students participating in the Student Health Service in 2010 greatly reduced as compared with the actual number in 2009?

Asked by: Hon. CHEUNG Man-kwong

Reply:

The number of secondary school students participating in Student Health Service is estimated to be reduced in year 2010 as compared with that of 2009 because some resources have been redeployed since 21 December 2009 to launch the Human Swine Influenza Vaccination Programme for children aged between six months and less than six years.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)107

Question Serial No.

1743

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

From 2007-08 to 2009-10, how many cases had been referred to specialised services in Department of Health or Hospital Authority by Student Health Service and for what diseases?

Asked by: Hon. CHEUNG Man-kwong

Reply:

The number of cases referred by Student Health Service to the Department of Health or Hospital Authority specialists was around 15 000 in 2007-08 and 17 000 in 2008-09. The figure for 2009-10 is not yet available. The referrals were mainly for obesity, scoliosis and phimosis.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)108

Question Serial No.

1744

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

What are the number of attendances and age distribution of participants in each woman health centre of Department of Health?

Asked by: Hon. CHEUNG Man-kwong

Reply:

In 2009, the numbers of attendances in the three Woman Health Centres are as follows -

<u>Centre</u>	<u>Number of attendances</u>
Chai Wan Woman Health Centre	7 829
Lam Tin Woman Health Centre	9 518
Tuen Mun Woman Health Centre	10 801
Total number of attendances:	28 148

The age distribution of women enrolled is as follows -

<u>Age (years)</u>	<u>Percentage of total (%)</u>
<25	0.5
25-29	1.4
30-34	2.8
35-39	5.2
40-44	9.0
45-49	14.6
50-54	24.6
55-59	25.6
60-64	16.2
>64	0.1

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)109

Question Serial No.

1745

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:

In the 2010-11 Estimate, what are the respective work, manpower and expenditure involved in strengthening the registration and licensing control of pharmaceutical products?

Asked by: Hon. CHEUNG Man-kwong

Reply:

In 2010-11, an additional provision of \$16.2 million has been earmarked to strengthen the regulation of pharmaceutical products. The measures will provide more stringent pre-market and post-market control of pharmaceutical products. Ten Pharmacists, one Scientific Officer (Medical) and three general grades posts will be created to provide additional professional and administrative support.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)110

Question Serial No.

1787

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention
(3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

For the school years from 2007-08 to 2010-11, what were the work plans, staffing and expenditures for providing sex education to primary and secondary school students?

Asked by: Hon. CHEUNG Man-kwong

Reply:

The Student Health Service (SHS) of the Department of Health provides sex education for primary and secondary students. Student Health Service Centres provide attending primary school students with health education on puberty. The outreach Adolescent Health Programme of SHS delivers sex education workshops to secondary school students on contraception, prevention of sexually transmitted diseases, risks of promiscuity, sexual harassment and relationship between love and sex in their schools. The provision of sex education to primary and secondary school students is part and parcel of the SHS and hence the expenditure involved cannot be separately identified.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)111

Question Serial No.

1788

Head: 37 Department of Health

Subhead (No. & title):

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

- (a) The appointment time for new dermatology cases within 12 weeks in 2008 and 2009 are far below the target. What are the respective number, ranks and years of service of the dermatologists and nurses who left the service from 2008 to 2010?
- (b) What are the forthcoming improvement measures to close the gap between new dermatology cases and the target or even to achieve the target?

Asked by: Hon. CHEUNG Man-kwong

Reply:

The following table shows the respective number, ranks and years of service of doctors and nurses who left the Social Hygiene Service (Soc Hyg) from 2008 to 2010 (upto Mar 2010):

<u>Rank</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
	Number of staff (year of service in Soc Hyg)	Number of staff (year of service in Soc Hyg)	Number of staff (year of service in Soc Hyg)
Consultant	0	1 (>10)	0
Senior Medical Officer	0	1 (>10)	0
Medical Officer	2 (<10)	3 (<10)	1 (<10)
Contract Doctor	4 (<10)	1 (<10)	0
Nursing Officer	2 (>10)	0	0
Registered Nurse	3 (>10)	7 (>10)	0
	1 (<10)	3 (<10)	
Enrolled Nurse	4 (>10)	1 (<10)	0

The Department of Health will endeavour to fill vacancies arising from staff wastage as soon as possible through recruitment and internal deployment of doctors and nurses.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)112

Question Serial No.

1789

Head: 37 Department of Health

Subhead (No. & title):

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In 2010-11, regarding the provision of dental service to patients with special oral healthcare needs or emergency, please provide details of the target clients, service providing units, service quota and the expenditure involved respectively.

Asked by: Hon. CHEUNG Man-kwong

Reply:

In 2010-11, the Department of Health (DH) provides specialist dental treatment to hospital in-patients, patients with special oral healthcare needs and dental emergency in the Oral Maxillofacial Surgery and Dental Units of seven public hospitals. Patients who are medically compromised, such as having conditions prone to infection and bleeding, physically or mentally incapacitated or those who have facial deformities are regarded as "patients with special oral healthcare needs". Patients who have dental pain and trauma are regarded as "dental emergency". The service is provided on referral and there is no set quota. The following are the seven public hospitals with Oral Maxillofacial Surgery and Dental Units-

- (i) Pamela Youde Nethersole Eastern Hospital
- (ii) Queen Mary Hospital
- (iii) Queen Elizabeth Hospital
- (iv) North District Hospital
- (v) Princess Margaret Hospital
- (vi) Prince of Wales Hospital
- (vii) Tuen Mun Hospital

Also, the DH provides free emergency dental services to the public through general public sessions (GP sessions) at 11 government dental clinics. The service providing units and quotas are as follows-

Dental clinics with GP sessions	Service session	No. of discs allocation per session
Lee Kee Government Dental Clinic	Monday (AM)	84
	Thursday (AM)	42
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	84
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84
	Friday (AM)	84
Fanling Health Centre Dental Clinic	Tuesday (AM)	50
Mona Fong Dental Clinic	Thursday (PM)	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42
Tsuen Wan Dental Clinic	Tuesday (AM)	84
	Friday (AM)	84

Dental clinics with GP sessions	Service session	No. of discs allocation per session
Yan Oi Dental Clinic	Wednesday (AM)	42
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42
	Friday (AM)	42
Tai O Dental Clinic	2 nd Thursday (AM) of each month	32
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	32

In 2010-11, the provision for dental service under Programme 4 “Curative Care” is \$43.1 million.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

Reply Serial No.

FHB(H)113

Question Serial No.

1532

Head: 48 Government Laboratory

Subhead (No. & title):

Programme: (1) Statutory Testing

Controlling Officer: Government Chemist

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, 12 posts will be created for strengthening the regulation of pharmaceutical products and proprietary Chinese medicines. Please give details on the nature, ranks, remuneration and duties of the posts to be created.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

To cater for the increase in workload arising from strengthening the control on pharmaceutical products and proprietary Chinese medicines, 12 additional posts will be created in 2010-11. The breakdown of the new posts is as follows-

Number of staff	Rank	Duties	Total Personal Emolument (\$)
3	Chemist	To take charge of the Unit of the Section and be responsible for the examination of pharmaceutical products/proprietary Chinese medicines. To supervise Science Laboratory Technician Is and IIs.	1,971,540
2	Science Laboratory Technologist	To assist the Chemists in undertaking tedious and complicated method development work and be responsible for the provision and co-ordination of all technical services needed for the general house-keeping of the Section.	1,059,720
3	Science Laboratory Technician I	To assist the Chemist in the management of the Unit, to check test results submitted by Science Laboratory Technician IIs, and to undertake the regular maintenance of laboratory equipment. To carry out analysis of routine and non-routine samples.	1,206,720

4	Science Laboratory Technician II	To carry out analysis of routine samples under the supervision of the Chemist.	1,000,080
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Signature _____

Name in block letters Dr LAU CHAU MING

Post Title Government Chemist (Acting)

Date 15.3.2010

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

FHB(H)114

Question Serial No.

1493

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the details of the new or enhanced medical services in 2010-11 by hospital cluster. What is the expenditure for each service and the additional manpower involved?

Asked by: Hon. CHAN Hak-kan

Reply:

The Hospital Authority (HA) will be provided with additional provision to enhance its services. Details are set out below:

- (i) an additional recurrent subvention of \$872 million for HA to enhance its health care services and to improve the quality of clinical care through implementation of various initiatives, which mainly include:
- (1) expansion of service capacity in the Hong Kong East, the Kowloon East and the New Territories West clusters through opening of additional beds and operating theatre suites;
 - (2) enhancement of mental health services through new initiatives including introduction of the case management programme for patients with severe mental illness, enhanced assessment and treatment to patients with common mental disorders;
 - (3) enhancement of services for treatment of life-threatening diseases, including haemodialysis service, palliative care for patients with end-stage renal diseases, clinical oncology service, integrated cancer care and acute cardiac care;
 - (4) enhancement of cataract services by increasing the number of cataract surgeries in HA's hospitals, and providing subsidy to eligible HA patients to conduct surgeries in the private sector, subject to a co-payment;
 - (5) improvement in waiting time for joint replacement surgeries through establishment of a specialist centre for joint replacement surgery;
- (ii) an additional provision of \$309 million for HA to implement a number of healthcare reform related initiatives including:
- (1) expansion of the coverage of the HA Drug Formulary by including eight new drugs of proven cost effectiveness and efficacy as standard drugs in the Formulary and expanding the clinical use of nine classes of drugs in HA; and
 - (2) strengthening the support for chronic patients by increasing the throughput of the Chronic Disease Management Shared Care Programme;

- (iii) an additional provision of \$161 million for HA to implement various new / on-going initiatives including:
- (1) strengthening the quality control mechanism for pharmaceutical products supplied to HA;
 - (2) enhancing infection control measures to cope with the Human Swine Influenza (HSI);
 - (3) sustaining supply of nursing manpower in Hong Kong through provision of registered nurse and enrolled nurse training places;
 - (4) strengthening support to discharged patients through expansion of HA Community Health Call Centre services; and
 - (5) enhancing the service capacity of Substance Abuse Clinics for early treatment to drug abusers with mental health problem
- (iv) a one-off funding of \$110 million to meet part of HA's 2009-10 funding requirements for enhancement of infection control measures to cope with the Human Swine Influenza (HSI) and strengthening the quality control mechanism for pharmaceutical products; and
- (v) an additional provision of \$157 million for procurement of medical and information technology equipment and development of information systems.

HA will deploy existing staff and recruit additional staff to implement the above initiatives. The detailed manpower requirements are being worked out and are not yet available.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

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

FHB(H)115

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

Question Serial No.

1494

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list the number of payment default cases and the amount involved in 2008-09 and 2009-10 by specialty, eligible person and non-eligible person. How much has to be written off by the Hospital Authority?

Asked by: Hon. CHAN Hak-kan

Reply:

The tables below set out the number of cases with medical fees owed to HA and the amount of fees owed, with breakdown by eligible persons (EP) and non-eligible persons (NEP), as well as the amount written off by specialty for 2008-09 and 2009-10 (up to 31 December 2009).

2008-09

Specialty	Medical Fees Owed to HA						Amount of medical fees that has been written off (\$ million)
	Number of cases			Amount of fees owed (\$ million)			
	EP	NEP	Total	EP	NEP	Total	
Medicine	3 814	544	4 358	5.3	9.0	14.3	7.6
Surgery	1 368	217	1 585	0.9	2.5	3.4	2.6
Obstetrics & Gynaecology	561	380	941	0.2	11.1	11.3	10.7
Paediatrics	629	133	762	0.2	1.1	1.3	1.1
Orthopaedics & Traumatology	685	143	828	0.6	1.9	2.5	2.1
Psychiatry	567	30	597	1.4	1.0	2.4	1.0
Others	16 209	6 983	23 192	5.1	10.2	15.3	8.8
Total	23 833	8 430	32 263	13.7 (0.6%)*	36.8 (7.3%)*	50.5 (1.7%)*	33.9

2009-10 (up to 31 December 2009)

Specialty	Medical Fees Owed to HA						Amount of medical fees that has been written off (\$ million)
	Number of cases			Amount of fees owed (\$ million)			
	EP	NEP	Total	EP	NEP	Total	
Medicine	4 679	385	5 064	13.6	8.2	21.8	6.6
Surgery	1 273	112	1 385	1.2	1.6	2.8	2.0
Obstetrics & Gynaecology	548	213	761	0.7	5.6	6.3	4.3
Paediatrics	754	94	848	0.7	0.7	1.4	0.8
Orthopaedics & Traumatology	795	90	885	0.7	1.4	2.1	1.4
Psychiatry	884	21	905	2.8	0.6	3.4	1.1
Others	17 453	4 979	22 432	15.9	6.9	22.8	9.6
Total	26 386	5 894	32 280	35.6 (1.8%)*	25.0 (6.6%)*	60.6 (2.5%)*	25.8

*Percentage of total amount of medical fees billed during the year.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 12.3.2010

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

FHB(H)116

Question Serial No.

1495

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What is the staffing level currently employed in the recovery of outstanding payments from patients and what is the number of successful cases in 2008-09 and 2009-10?

Asked by: Hon. CHAN Hak-kan

Reply:

A total of 68.2 staff on a full-time equivalent basis are currently employed by the Hospital Authority to handle recovery of outstanding fees from patients. The number of successful cases of recovery of outstanding fees within six months of bill issuance in 2008-09 and 2009-10 is set out below:

	2008-09	2009-10 (for bills issued up to August 2009)
Number of successful cases	1 368 456 cases	559 674 cases

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 12.3.2010

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

FHB(H)117

Question Serial No.

1600

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the pilot projects in the area of primary care, please provide in table form such information as the details of the various services to be offered under the projects, the estimated expenditure involved, the current and/or additional staff requirement, the target groups (if applicable) and the expected attendances.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

Following the broad public support during the first-stage public consultation on healthcare reform in 2008, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health has put forward a set of recommendations to enhance primary care in Hong Kong. These include:

- (i) developing conceptual models and clinical protocols for primary care;
- (ii) setting up and promoting a Primary Care Directory; and
- (iii) designing feasible service delivery models, based on the primary care conceptual models and clinical protocols, to enhance primary care services in the community.

Based on these recommendations, the Government has earmarked a total of about \$600 million for the period 2010-11 to 2012-13 (of which about \$169 million will be allocated in 2010-11) to implement a series of pilot projects to enhance primary care, including –

- (1) \$254 million for strengthening the support for chronic disease patients;
- (2) \$65 million for setting up community health centres or network; and
- (3) \$80 million for enhancing primary dental services and oral health promotion programmes in collaboration with the dental profession, particularly those for the elderly in need.

We are working out the implementation details of the above pilot projects, including their scale, manpower requirement, and participation arrangements.

In addition to the above, starting from August 2009, the Government has already launched, through the Hospital Authority (HA), a series of pilot projects under the policy initiative announced by the Chief Executive in his 2008-09 Policy Address to enhance support for chronic disease patients in the primary care settings. These include promoting the prevention and treatment of chronic diseases in both the public and private sectors in local communities, conducting health risk assessments and drawing up management plans for high-risk groups, helping chronic disease patients improve their self-care skills through enhanced education, etc.

In order to support the development of primary care in Hong Kong and co-ordinate the implementation of various programmes to enhance primary care, the Government has planned to set up a Primary Care Office (PCO) in 2010-11. The PCO will be responsible for supporting the WGPC for the strategic planning, implementation and overall co-ordination of long-term development of primary care, so as to improve health of the population and to strengthen disease prevention and control. It will be set up under the Department of Health (DH) and comprise staff of relevant expertise including those from DH, the Hospital Authority (HA) and the Food and Health Bureau (FHB).

Out of the \$226 million earmarked for the PCO for the period 2010-11 to 2012-13, about \$194 million is earmarked for implementing specific tasks relating to primary care development, including developing primary care conceptual models and preventive protocols, establishing and maintaining the Primary Care Directory, implementing and evaluating new primary care delivery models, supporting research on primary care, improving primary care related training and capacity building in collaboration with healthcare professionals, etc. It will also coordinate and monitor the progress of all the pilot projects mentioned above, and continuously work with independent assessment bodies to evaluate the arrangements and effectiveness of the projects during the pilot period.

The PCO will involve an initial setup of 19 civil service posts, comprising Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, Administrative Officer, Executive Officers and supporting clerical and secretarial staff, breakdown of which is at Annex. The Head of the PCO will be pitched at the Assistant Director of Health (D2) rank, underpinned by a Principal Medical and Health Officer (D1). We will seek the Finance Committee's approval in due course to create the two directorate posts later. We have earmarked about \$9 million in 2010-11 for these civil service posts. In addition, about \$6 million in 2010-11 has been earmarked for secondment of staff from HA (e.g. Medical and Health Officers, Scientific Officer (Medical), Nursing Officer) with relevant expertise in the provision and development of primary care and other related tasks such as the development of clinical protocols.

Signature	_____
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	15.3.2010

Proposed Civil Service Staffing Complement for the Primary Care Office

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Assistant Director of Health	1
Principal Medical & Health Officer	1
Senior Medical & Health Officer	2
Medical & Health Officer	2
Nursing Officer	2
Scientific Officer (Medical)	2
<u>Administration support</u>	
Senior Executive Officer	2
Executive Officer I*	1
Executive Officer II	1
Clerical Officer	1
Assistant Clerical Officer	2
Personal Secretary I	1
<u>Policy and strategy development</u>	
Administrative Officer*	1
Total	19

*Existing posts in the Food and Health Bureau. All other posts are new posts to be created under the Department of Health.

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

FHB(H)118

Question Serial No.

1601

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the fact that during 2010-2011, the Branch will explore in collaboration with the dental profession possible programmes for enhancing primary dental care, please provide in table form such information as the details of the various services to be offered under the programmes, the estimated expenditure involved, the current and/or additional staff requirement, and the expected attendances.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Government has earmarked \$80 million for the period 2010-11 to 2012-13 (of which about \$22 million will be allocated in 2010-11) to support programmes for enhancing primary dental services and oral health promotion, particularly those for the elderly in need. The programmes are still being developed in collaboration with the dental profession and no concrete details of the programmes have been finalized at this juncture.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and
Health (Health)

Date 12.3.2010

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

FHB(H)119

Question Serial No.

1602

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

On strengthening support for mental health services, please provide in table form such information as the details of the various services to be offered, the estimated expenditure involved, the current and/or additional staff requirement, and the expected attendances.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Hospital Authority (HA) will implement the following programmes to strengthen mental health services in 2010-11:

- To further strengthen the platform for provision of mental health services and enhance the support for mental patients in the community, HA will launch a case management programme for patients with severe mental illness in individual districts to provide personalized and intensive support to these patients in the community settings. Under the case management programme, healthcare workers will be trained as case managers to establish close service relationship with the patients and their family members. They will coordinate and arrange for the patients to receive various services. The case managers will also establish linkages with the Integrated Community Centres for Mental Wellness set up by the Social Welfare Department in various districts to arrange one-stop social rehabilitation services for patients in need. The programme will be piloted in the second quarter of 2010 in Kwai Tsing, Kwun Tong and Yuen Long districts where more patients with severe mental illness reside. An additional 100 nurses and allied health staff will be recruited to provide the service and the additional recurrent expenditure involved is estimated at \$78 million. About 5 000 patients will benefit from the programme in 2010-11.
- To enhance support for patients with common mental disorders, HA will promote collaboration between psychiatric specialist outpatient service and primary healthcare service to provide enhanced assessment and consultation services for patients with common mental disorders. Under the initiative, HA will provide more timely assessment and treatment services to patients with common mental disorders at the psychiatric specialist outpatient clinics in all seven hospital clusters and introduce an integrated mental health programme in the primary care settings (including family medicine specialist clinics and general outpatient clinics) in the Hong Kong East, Hong Kong West, Kowloon East, Kowloon West and New Territories East Clusters. An additional eight doctors, five nurses and 17 allied health professionals will be recruited to provide the service under the initiative and the additional recurrent expenditure involved is estimated at \$31 million. About 7 000 patients will benefit from the initiative in 2010-11.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 15.3.2010

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

FHB(H)120

Question Serial No.

1727

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Health Branch's plan to implement initial recommendations to enhance primary care in 2010-11, please provide the following information on the recommendation of "formulating proposals to launch pilot projects in various districts":

- a. What are the details and timetables of these projects? When are these pilot projects expected to be launched?
- b. How will these pilot projects benefit the public?
- c. Do these pilot projects involve public-private partnership?
- d. What is the estimated expenditure involved in launching these pilot projects?
- e. Does the Administration have any yardsticks to measure their effectiveness?

Asked by: Hon. PAN Pey-chyou

Reply:

(a) – (e)

Following the broad public support during the first-stage public consultation on healthcare reform in 2008, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health has put forward a set of recommendations to enhance primary care in Hong Kong. These include:

- (i) developing conceptual models and clinical protocols for primary care;
- (ii) setting up and promoting a Primary Care Directory; and
- (iii) designing feasible service delivery models, based on the primary care conceptual models and clinical protocols, to enhance primary care services in the community.

Based on these recommendations, the Government has earmarked a total of about \$600 million for the period 2010-11 to 2012-13 (of which about \$169 million will be allocated in 2010-11) to implement a series of pilot projects to enhance primary care, including –

- (1) \$254 million for strengthening the support for chronic disease patients;
- (2) \$65 million for setting up community health centres or network; and

- (3) \$80 million for enhancing primary dental services and oral health promotion programmes in collaboration with the dental profession, particularly those for the elderly in need.

We are working out the implementation details of the above pilot projects, including their scale, manpower requirement, and participation arrangements.

In addition to the above, starting from August 2009, the Government has already launched, through the Hospital Authority (HA), a series of pilot projects under the policy initiative announced by the Chief Executive in his 2008-09 Policy Address to enhance support for chronic disease patients in the primary care settings. These include promoting the prevention and treatment of chronic diseases in both the public and private sectors in local communities, conducting health risk assessments and drawing up management plans for high-risk groups, helping chronic disease patients improve their self-care skills through enhanced education, etc.

In order to support the development of primary care in Hong Kong and co-ordinate the implementation of various programmes to enhance primary care, the Government has planned to set up a Primary Care Office (PCO) in 2010-11. The PCO will be responsible for supporting the WGPC for the strategic planning, implementation and overall co-ordination of long-term development of primary care, so as to improve health of the population and to strengthen disease prevention and control. It will be set up under the Department of Health (DH) and comprise staff of relevant expertise including those from DH, the Hospital Authority (HA) and the Food and Health Bureau (FHB).

Out of the \$226 million earmarked for the PCO for the period 2010-11 to 2012-13, about \$194 million is earmarked for implementing specific tasks relating to primary care development, including developing primary care conceptual models and preventive protocols, establishing and maintaining the Primary Care Directory, implementing and evaluating new primary care delivery models, supporting research on primary care, improving primary care related training and capacity building in collaboration with healthcare professionals, etc. It will also coordinate and monitor the progress of all the pilot projects mentioned above, and continuously work with independent assessment bodies to evaluate the arrangements and effectiveness of the projects during the pilot period.

The PCO will involve an initial setup of 19 civil service posts, comprising Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, Administrative Officer, Executive Officers and supporting clerical and secretarial staff, breakdown of which is at Annex. The Head of the PCO will be pitched at the Assistant Director of Health (D2) rank, underpinned by a Principal Medical and Health Officer (D1). We will seek the Finance Committee's approval in due course to create the two directorate posts later. We have earmarked about \$9 million in 2010-11 for these civil service posts. In addition, about \$6 million in 2010-11 has been earmarked for secondment of staff from HA (e.g. Medical and Health Officers, Scientific Officer (Medical), Nursing Officer) with relevant expertise in the provision and development of primary care and other related tasks such as the development of clinical protocols.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

Proposed Civil Service Staffing Complement for the Primary Care Office

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Assistant Director of Health	1
Principal Medical & Health Officer	1
Senior Medical & Health Officer	2
Medical & Health Officer	2
Nursing Officer	2
Scientific Officer (Medical)	2
<u>Administration support</u>	
Senior Executive Officer	2
Executive Officer I*	1
Executive Officer II	1
Clerical Officer	1
Assistant Clerical Officer	2
Personal Secretary I	1
<u>Policy and strategy development</u>	
Administrative Officer*	1
Total	19

*Existing posts in the Food and Health Bureau. All other posts are new posts to be created under the Department of Health.

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

FHB(H)121

Question Serial No.

1691

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to the opening of additional acute and convalescent beds in New Territories West Cluster (NTWC) by the Hospital Authority, please provide the following information:

- What are the details? How many acute and convalescent beds will be added in NTWC?
- Will the additional beds be equally allocated among all the hospitals in the cluster? If not, how will the additional beds be allocated? What are the criteria for making the allocation?
- What are the total numbers of beds in each of the hospital clusters after the beds are added? Please provide the information in table form.
- What is the total estimated expenditure for providing the additional acute and convalescent beds? What is the average expenditure for adding each new bed?
- Please provide information on the actual and estimated provision allocated to the hospitals in NTWC in 2009-10 and 2010-11.

Asked by: Hon. WONG Kwok-hing

Reply:

- The Hospital Authority (HA) will open additional beds in three hospital clusters below to cope with the growing service demand in 2010-11:

Cluster	Bed type	Acute	Rehabilitation / Convalescent	Total
HKEC		30	30	60
KEC		42	18	60
NTWC		22	75	97
Total		94	123	217

- The distribution of additional beds to be opened in NTWC is set out in the table below. In allocating beds to different hospitals within a cluster, HA has taken into account the increase of service demand as a result of population growth and demographic changes, as well as the organization of services of the clusters and hospitals and the service demand of local community.

Hospital	New beds to be opened	Total number of new beds
Pok Oi Hospital	1 Intensive Care unit, 1 High Dependency Unit, 10 acute and 38 rehabilitation/convalescent beds	50
Tuen Mun Hospital	10 acute and 37 rehabilitation beds	47

(c) The table below sets out the estimated number of general beds in each cluster as at 31 March 2011:

Cluster	Number of general beds (as at 31 March 2011)
HKEC	2 002
HKWC	2 853
KCC	3 002
KEC	2 135
KWC	5 174
NTEC	3 473
NTWC	2 094
Total	20 733

(d) HA has earmarked an additional \$137 million for opening additional beds in 2010-11 (including \$47.5 million for KEC, \$68 million for NTWC and \$21 million for HKEC). HA will deploy existing staff and recruit additional staff to cope with the opening of additional beds. The detailed additional manpower required is being worked out and not yet available.

(e) The table below sets out the allocation to the hospitals in NTWC in 2009-10. Allocation for the hospitals in 2010-11 is being worked out and not yet available.

Hospital	Allocation
Tuen Mun Hospital	\$2,752 million
Pok Oi Hospital	\$457 million
Castle Peak Hospital	\$656 million
Siu Lam Hospital	\$113 million

Notes:

HKEC – Hong Kong East Cluster

HKWC – Hong Kong West Cluster

KCC – Kowloon Central Cluster

KEC – Kowloon East Cluster

KWC – Kowloon West Cluster

NTEC - New Territories East Cluster

NTWC – New Territories West Cluster

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

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

FHB(H)122

Question Serial No.

1705

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Health Branch will “explore in collaboration with the dental profession possible programmes for enhancing primary dental care and promoting oral health” in 2010-11. In this connection, please advise:

- a. on the details of the proposal;
- b. whether the proposal will involve public-private partnership;
- c. on the estimated expenditure involved;
- d. whether public dental out-patient clinics would be set up in each district to provide service to the public;
and
- e. whether dental care service would be extended to cover secondary students?

Asked by: Hon. WONG Kwok-hing

Reply:

(a), (b), (c), (d) and (e)

The Government has earmarked \$80 million for the period 2010-11 to 2012-13 (of which about \$22 million will be allocated in 2010-11) to support programmes for enhancing primary dental services and oral health promotion, particularly those for the elderly in need. The programmes are still being developed in collaboration with the dental profession and no concrete details of the programmes have been finalized at this juncture.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 12.3.2010

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

FHB(H)123

Question Serial No.

1726

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The estimated total financial provision for 2010-11 is \$333.9 million, representing a substantial increase of 57.8% over the revised estimate of \$211.6 million for 2009-10. Please advise of the following:

- a. What are the reasons for the substantial increase in estimated expenditure?
- b. What are the specific items to be covered by the increased expenditure and what are the corresponding estimates of these items?

Asked by: Hon. PAN Pey-chyou

Reply:

Provision for 2010-11 is \$122.3 million (57.8%) higher than the revised estimate for 2009-10. This is mainly due to –

- (a) Additional provision of 57.3 million for commencing pilot projects to set up community health centres to provide enhanced primary care services; enhancing primary dental care in collaboration with the dental profession; and enhancing support for the Electronic Health Record Office particularly to formulate a legal framework for the Electronic Health Record Programme, conduct Privacy Impact Assessment, conduct Security Risk Assessment and Security Audit, strengthen the public and stakeholder engagement and conduct public consultation.
- (b) Increased provision of \$28.2 million for the non-recurrent items of Health and Health Services Research Fund and Research Fund for the Control of Infectious Diseases to meet the cash flow requirements of approved projects.
- (c) Higher provisions for personal emoluments for filling vacant and new posts, and increase in other operating expenses including the funding of \$30 million for meeting additional requirement to continue supporting research in areas of human health and health services, and other related studies.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and
Health (Health)

Date 12.3.2010

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

FHB(H)124

Question Serial No.

1524

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the establishment of a Vaccination Office, please provide details of the programme, estimated manpower and resources involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Vaccination Office is responsible for the planning, implementation and evaluation of various vaccination programmes and subsidy schemes including the Government Vaccination Programme, Childhood Influenza Vaccination Subsidy Scheme, Elderly Vaccination Subsidy Scheme as well as Human Swine Influenza Vaccination Programme and Subsidy Scheme. Its main tasks include liaising and coordinating with different service providers, handling enrolment applications and processing reimbursement claims of private doctors, monitoring vaccination uptake and compiling relevant statistics, conducting audit checks, organising publicity programmes, operating hotline service, as well as reviewing and evaluating the vaccination programmes and subsidy schemes. It does not cover the Childhood Immunisation Programme of the Family Health Service of School Immunisation Teams.

In 2010-11, seven new posts are planned for creation including one Senior Medical and Health Officer, one Registered Nurse, one Senior Executive Officer, one Executive Officer II, two Assistant Clerical Officers and one Accounting Officer I. In addition, three time-limited posts including one Senior Medical and Health Officer and two Medical and Health Officers will be required for strategic development of various vaccination programmes as well as implementation and review of overall operational plans.

The Vaccination Office will be set up in 2010-11 and the estimated expenditure involved is \$15.7 million.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)125

Question Serial No.

1525

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the establishment of a Primary Care Office, please provide details of the programme, estimated manpower and resources involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Following the broad public support during the first-stage public consultation on health care reform in 2008, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health has put forward a set of recommendations to enhance primary care in Hong Kong. These include-

- (i) developing conceptual models and clinical protocols for primary care;
- (ii) setting up and promoting a Primary Care Directory; and
- (iii) designing feasible service delivery models, based on the primary care conceptual models and clinical protocols, to enhance primary care services in the community.

Based on these recommendations, the Government has earmarked a total of about \$600 million for the period 2010-11 to 2012-13 (of which about \$169 million will be allocated in 2010-11) to implement a series of pilot projects to enhance primary care, including –

- (1) \$254 million for strengthening the support for chronic disease patients;
- (2) \$65 million for setting up community health centres or network; and
- (3) \$80 million for enhancing primary dental services and oral health promotion programmes in collaboration with the dental profession, particularly those for the elderly in need.

We are working out the implementation details of the above pilot projects, including their scale, manpower requirement, and participation arrangements.

In addition to the above, starting from August 2009, the Government has already launched, through the Hospital Authority (HA), a series of pilot projects under the policy initiative announced by the Chief Executive in his 2008-09 Policy Address to enhance support for chronic disease patients in the primary care settings. These include promoting the prevention and treatment of chronic diseases in both the public and private sectors in local communities, conducting health risk assessments and drawing up management plans for high-risk groups, helping chronic disease patients improve their self-care skills through enhanced education, etc.

In order to support the development of primary care in Hong Kong and co-ordinate the implementation of various programmes to enhance primary care, the Government has planned to set up a Primary Care Office (PCO) in 2010-11. The PCO will be responsible for supporting the WGPC for the strategic planning, implementation and overall co-ordination of long-term development of primary care, so as to improve health of the population and to strengthen disease prevention and control. It will be set up under the Department of Health (DH) and comprise staff of relevant expertise including those from DH, HA and the Food and Health Bureau.

Out of the \$226 million earmarked for the PCO for the period 2010-11 to 2012-13, about \$194 million is earmarked for implementing specific tasks relating to primary care development, including developing primary care conceptual models and preventive protocols, establishing and maintaining the Primary Care Directory, implementing and evaluating new primary care delivery models, supporting research on primary care, improving primary care related training and capacity building in collaboration with health care professionals, etc. It will also coordinate and monitor the progress of all the pilot projects mentioned above, and continuously work with independent assessment bodies to evaluate the arrangements and effectiveness of the projects during the pilot period.

The PCO will involve an initial setup of 19 civil service posts, comprising Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, Administrative Officer, Executive Officers and supporting clerical and secretarial staff, breakdown of which is at Annex. The Head of the PCO will be pitched at the Assistant Director of Health (D2) rank, underpinned by a Principal Medical and Health Officer (D1). We will seek the Finance Committee's approval in due course to create the two directorate posts later. We have earmarked about \$9 million in 2010-11 for these civil service posts. In addition, about \$6 million in 2010-11 has been earmarked for secondment of staff from HA (e.g. Medical and Health Officers, Scientific Officer (Medical), Nursing Officer) with relevant expertise in the provision and development of primary care and other related tasks such as the development of clinical protocols.

Signature	_____
Name in block letters	_____ Dr P Y LAM _____
Post Title	_____ Director of Health _____
Date	_____ 18.3.2010 _____

Proposed Civil Service Staffing Complement for the Primary Care Office

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Assistant Director of Health	1
Principal Medical & Health Officer	1
Senior Medical & Health Officer	2
Medical & Health Officer	2
Nursing Officer	2
Scientific Officer (Medical)	2
<u>Administration support</u>	
Senior Executive Officer	2
Executive Officer I*	1
Executive Officer II	1
Clerical Officer	1
Assistant Clerical Officer	2
Personal Secretary I	1
<u>Policy and strategy development</u>	
Administrative Officer*	1
Total	19

*Existing posts in the Food and Health Bureau. All other posts are new posts to be created under the Department of Health.

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

FHB(H)126

Question Serial No.

1526

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, there will be an increase of 46 posts in the Department of Health in 2010-11. Please provide details of the nature, ranks, remunerations and job nature of the posts involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The increase of 46 posts to be created under the permanent establishment of the Department of Health under Programme (2) will mainly involve –

- (a) creation of 35 posts for strengthening support in development of electronic health records infrastructure, setting up of a Vaccination Office for implementing various vaccination schemes / programmes, and establishment of a Primary Care Office to co-ordinate and take forward strategies to enhance primary care for better disease prevention and control; and
- (b) creation of 11 Workman II posts for conversion of non-civil service contract positions in various services.

Details of the 46 posts are at the Annex.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

Creation and Deletion of Posts under Programme 2 in 2010-2011

<u>Major scope of responsibilities / Rank</u>	<u>Number of posts to be created/deleted</u>			<u>Total</u>	<u>Annual recurrent cost of civil service posts (\$)</u>
	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Regrading of posts</u>		
Service Head					
* Assistant Director of Health	1			1	1,479,480
* Principal Medical & Health Officer	1			1	1,245,600
Professional and technical support					
Senior Medical & Health Officer	4			4	3,924,000
Medical & Health Officer	5		-1	4	3,000,480
Nursing Officer	2			2	1,012,200
Registered Nurse	1			1	319,020
Scientific Officer (Medical)	2			2	1,314,360
Senior Systems Manager	1			1	981,000
Systems Manager	2			2	1,438,320
Analyst/Programmer I	2			2	1,059,720
Analyst/Programmer II	2			2	734,760
Administration support					
Senior Executive Officer	3		1	4	2,876,640
Executive Officer II	2			2	701,640
Accounting Officer I	1			1	529,860
Clerical Officer	1			1	303,840
Assistant Clerical Officer	4			4	757,680
Personal Secretary I	1			1	303,840
Workman II		11		11	1,291,620
Total	35	11	0	46	23,274,060

*Directorate posts

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

FHB(H)127

Question Serial No.

1527

Head: 37 Department of Health

Subhead (No. & title):

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this programme, only 65% of new dermatology cases are seen within 12 weeks. Please advise the Committee whether the Administration has allocated additional resources in 2010-11 to improve the service. If yes, what are the details? If not, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

An additional \$1.2 million will be allocated to the dermatology service in 2010-11. Furthermore, replacement of contract doctors by civil servants in the dermatology service in 2009 may reduce the turnover rate of doctors in the coming years. The Department of Health (DH) will endeavour to fill vacancies arising from staff wastage as soon as possible through recruitment of new doctors and internal deployment of suitable doctors within DH. Service demand and waiting time are monitored closely and resources are deployed to the most needed patients through a triage system to ensure that all suspected skin cancer referrals are to be seen within two weeks.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 17.3.2010

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

FHB(H)128

Question Serial No.

1528

Head: 37 Department of Health

Subhead (No. & title):

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, there is a year-on-year increase in the number of attendances of hospital patients for dental treatment by comparing the numbers of the past three years. Why is the estimated attendance of this year (2010) the same as that of last year (2009)? Please account for the reasons and the effect on patients seeking dental treatment.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The attendance of 2010 is only an estimate. The Hospital Dental Unit will continue to provide specialist treatment to hospital in-patients, patients with special oral healthcare needs and dental emergency cases.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)129

Question Serial No.

1529

Head: 37 Department of Health

Subhead (No. & title):

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, there will be an increase of six posts in the Department of Health in 2010-11. Please provide details of the nature, ranks, remunerations and job nature of the posts involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Six Workman II posts are proposed to be created under Programme (4) in 2010-11 for conversion of non-civil service contract positions to provide general support in clinics and Pharmaceutical Manufacturing Unit. The annual recurrent cost of the six posts is \$0.7 million.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)130

Question Serial No.

1560

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher Pilot Scheme (the Scheme), please provide the following information -

- (a) tabulate the respective health care organisations/professionals which have participated in the Scheme and their numbers, and the numbers of those which/who have enrolled and then withdrawn;
- (b) the reasons for the withdrawal of the health care organisations/professionals; whether the Administration has allocated additional resources to resolve the above reasons in order to attract more service providers;
- (c) the numbers of eligible elders who have claimed and not claimed any vouchers by age groups, these as percentages of the total population, the numbers of vouchers used, claimed but not yet used, and the total number of unclaimed vouchers; and
- (d) the implementation of any review of and improvement measures for the Scheme in 2010-11 for the target of promoting primary health care services. If not, what are the reasons?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Elderly Health Care Voucher Scheme (the Scheme) was launched on 1 January 2009 as a three-year pilot scheme to provide elders aged 70 or above with five health care vouchers of \$50 each annually as a partial subsidy for using private primary care services in the community that most suit their needs.

Number of enrolled practices

The number of health care practices enrolled under the Scheme was 3 248 as at end February 2010, up from 2 116 when the Scheme was launched on 1 January 2009. A breakdown of enrolled practices as at end February 2010 by profession and district is at Annex A. The Department of Health (DH) will continue to monitor the enrolment of service providers and promote for participation in the Scheme.

Between 1 January 2009 and end February 2010, 1 274 practices have newly enrolled in the Scheme, while 142 practices have withdrawn (87 in Western medicine, 22 in Chinese medicine, 25 in dentistry, 3 in physiotherapy, 4 in chiropractic and 1 in nursing). Among those withdrawn, most have not provided reasons for their withdrawal. For those who have, change in practices at which they work in is the most common reason.

Number of enrolled elders

As at end February 2010, 308 646 eligible elders have participated in the Scheme, constituting 46% of about 670 000 eligible elders aged 70 years or above in 2010. Among them, 215 705 (32% of eligible elders) have made a total of 467 728 voucher claims for 1 123 122 vouchers in total (involving a total amount of \$56.2 million). DH will continue to monitor the participation of elders and promote for participation in the Scheme.

Usage of vouchers

Elders can use the vouchers starting from the year they turn 70 years old. Unused vouchers can be accumulated until the Scheme has ended. By end 2009, 122 883 elders (18% of eligible elders) have used up all their entitled vouchers in 2009. A breakdown of the number of vouchers used in each claim in 2009 is as follows –

<u>No. of vouchers claimed in each claim episode</u>	<u>No. of claim episodes</u>	<u>% of claim episodes</u>
1	93 531	27
2	144 549	42
3	59 718	17
4	14 706	4
5	36 370	10
Total :	348 874	100%

Information on usage of vouchers by different age groups is at Annex B.

Complaints and improper claims

To ensure that vouchers are properly claimed by the service providers, DH routinely monitors claim transactions through the electronic voucher system, checks claims and examines service records through inspection of service providers, and check with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. In addition, DH has conducted briefing sessions and distributed guidelines via mail, email and website to service providers on procedures for making voucher claims for the elders and conditions for reimbursement.

Up to end February 2010, DH has received a total of ten complaints under the Scheme. Six complaints involved refusal to provide services to elders enrolled under the Scheme and four involved improper claims. The Health Care Voucher Unit of DH is responsible for the implementation of the Scheme including investigating complaints against and conducting inspection of service providers. The time required for completing the investigation depends on the complexity of individual cases. In general, investigation is expected to be completed within two weeks after receiving the complaint. As at end February 2010, investigation on seven out of the ten complaints has been completed.

A service provider will be disqualified from the Scheme if (i) the Government is of the reasonable opinion that he has failed to provide health care services in a professional manner or is otherwise found to have committed professional misconduct or malpractice; or (ii) the service provider or his employing organisation fails to comply with any provision of the agreement under the Scheme or with any direction or requirement given by the Government or Director of Health in relation to the Scheme. As at February 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Scheme.

Expenditure related to the Scheme

The Government has earmarked a total of \$573.2 million for the three-year pilot Scheme, of which \$505.3 million is budgeted for reimbursing vouchers (\$168.6 million in 2010-11). For the implementation of the Scheme, the Food and Health Bureau and DH have incurred up to end February 2010 actual capital expenditure of \$20.9 million for system development and maintenance and other capital and setting up works, and actual operating expenditure of \$62.0 million, comprising \$49.2 million for reimbursement of vouchers, \$12.1 million for staffing expenses and \$0.7 million for other operating expenses. The expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears.

Review of the Scheme

As undertaken, the Administration will conduct an interim review in 2010 and a full review after the three-year pilot period. The reviews will assess the effectiveness of the Scheme and its operational arrangements including its scope, and also consider the suggestions to adjust the age limit and revise the voucher amount. The Administration will also conduct surveys to gather feedback from both elders and health care providers. As stated in the 2010-11 Budget Speech, the Financial Secretary will provide the necessary resources subject to the review findings.

Signature	_____
Name in block letters	_____ Dr P Y LAM _____
Post Title	_____ Director of Health _____
Date	_____ 19.3.2010 _____

Location of Practices of Health Care Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 28 February 2010)

Profession District	Western Medicine Doctor	Chinese Medicine Practitioner	Dentist	Occupational Therapist	Physiotherapist	Medical Laboratory Technologist	Radiographer	Chiropractor	Enrolled Nurse	Registered Nurse	Total
Central & Western	127	83	32	3	36	3	4	9	2	3	302
Eastern	125	29	23	2	14	0	0	0	0	2	195
Southern	38	26	4	0	3	0	0	0	0	0	71
Wan Chai	87	75	30	4	27	1	0	0	1	4	229
Kowloon City	116	30	11	0	18	0	0	0	0	0	175
Kwun Tong	137	75	31	3	8	10	11	1	3	16	295
Sham Shui Po	72	45	7	3	10	3	1	0	0	0	141
Wong Tai Sin	75	52	10	0	3	0	0	0	0	0	140
Yau Tsim Mong	217	141	49	5	78	10	8	6	3	25	542
North	45	24	5	0	1	1	0	0	0	0	76
Sai Kung	88	21	7	0	5	3	3	0	0	0	127
Sha Tin	84	28	24	0	20	0	0	1	1	2	160
Tai Po	60	48	12	1	3	2	2	0	2	11	141
Kwai Tsing	82	29	13	0	8	0	0	0	1	1	134
Tsuen Wan	111	46	8	4	15	4	5	1	1	4	199
Tuen Mun	81	60	6	0	3	0	1	0	0	0	151
Yuen Long	93	25	8	0	6	0	0	0	0	1	133
Islands	27	4	1	0	5	0	0	0	0	0	37
Total	1 665	841	281	25	263	37	35	18	14	69	3 248

Utilisation of Health Care Vouchers by Age Group of Eligible Elders
(as at 28 February 2010)

Age group	No. of eligible elders in 2010	No. of elders with voucher accounts [% of eligible elders]	No. of elders without voucher accounts [% of eligible elders]	No. of vouchers used
70-74	230 300	84 709 [37%]	145 591 [63%]	306 087
75-79	199 500	91 699 [46%]	107 801 [54%]	369 280
80-84	132 200	68 314 [52%]	63 886 [48%]	259 747
≥85	112 300	63 924 [57%]	48 376 [43%]	188 008
Total	674 300	308 646 [46%]	365 654 [54%]	1 123 122

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

FHB(H)131

Question Serial No.

1562

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the establishment of a Primary Care Office, please provide the expenditure involved, staff establishment, targets of the actions/measures involved in the programme and their details.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

Following the broad public support during the first-stage public consultation on health care reform in 2008, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health has put forward a set of recommendations to enhance primary care in Hong Kong. These include-

- (i) developing conceptual models and clinical protocols for primary care;
- (ii) setting up and promoting a Primary Care Directory; and
- (iii) designing feasible service delivery models, based on the primary care conceptual models and clinical protocols, to enhance primary care services in the community.

Based on these recommendations, the Government has earmarked a total of about \$600 million for the period 2010-11 to 2012-13 (of which about \$169 million will be allocated in 2010-11) to implement a series of pilot projects to enhance primary care, including –

- (1) \$254 million for strengthening the support for chronic disease patients;
- (2) \$65 million for setting up community health centres or network; and
- (3) \$80 million for enhancing primary dental services and oral health promotion programmes in collaboration with the dental profession, particularly those for the elderly in need.

We are working out the implementation details of the above pilot projects, including their scale, manpower requirement, and participation arrangements.

In addition to the above, starting from August 2009, the Government has already launched, through the Hospital Authority (HA), a series of pilot projects under the policy initiative announced by the Chief Executive in his 2008-09 Policy Address to enhance support for chronic disease patients in the primary care settings. These include promoting the prevention and treatment of chronic diseases in both the public and private sectors in local communities, conducting health risk assessments and drawing up management plans for high-risk groups, helping chronic disease patients improve their self-care skills through enhanced education, etc.

In order to support the development of primary care in Hong Kong and co-ordinate the implementation of various programmes to enhance primary care, the Government has planned to set up a Primary Care Office (PCO) in 2010-11. The PCO will be responsible for supporting the WGPC for the strategic planning, implementation and overall co-ordination of long-term development of primary care, so as to improve health of the population and to strengthen disease prevention and control. It will be set up under the Department of Health (DH) and comprise staff of relevant expertise including those from DH, HA and the Food and Health Bureau.

Out of the \$226 million earmarked for the PCO for the period 2010-11 to 2012-13, about \$194 million is earmarked for implementing specific tasks relating to primary care development, including developing primary care conceptual models and preventive protocols, establishing and maintaining the Primary Care Directory, implementing and evaluating new primary care delivery models, supporting research on primary care, improving primary care related training and capacity building in collaboration with health care professionals, etc. It will also coordinate and monitor the progress of all the pilot projects mentioned above, and continuously work with independent assessment bodies to evaluate the arrangements and effectiveness of the projects during the pilot period.

The PCO will involve an initial setup of 19 civil service posts, comprising Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, Administrative Officer, Executive Officers and supporting clerical and secretarial staff, breakdown of which is at Annex. The Head of the PCO will be pitched at the Assistant Director of Health (D2) rank, underpinned by a Principal Medical and Health Officer (D1). We will seek the Finance Committee's approval in due course to create the two directorate posts later. We have earmarked about \$9 million in 2010-11 for these civil service posts. In addition, about \$6 million in 2010-11 has been earmarked for secondment of staff from HA (e.g. Medical and Health Officers, Scientific Officer (Medical), Nursing Officer) with relevant expertise in the provision and development of primary care and other related tasks such as the development of clinical protocols.

Signature	_____
Name in block letters	_____ Dr P Y LAM _____
Post Title	_____ Director of Health _____
Date	_____ 18.3.2010 _____

Proposed Civil Service Staffing Complement for the Primary Care Office

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Assistant Director of Health	1
Principal Medical & Health Officer	1
Senior Medical & Health Officer	2
Medical & Health Officer	2
Nursing Officer	2
Scientific Officer (Medical)	2
<u>Administration support</u>	
Senior Executive Officer	2
Executive Officer I*	1
Executive Officer II	1
Clerical Officer	1
Assistant Clerical Officer	2
Personal Secretary I	1
<u>Policy and strategy development</u>	
Administrative Officer*	1
Total	19

*Existing posts in the Food and Health Bureau. All other posts are new posts to be created under the Department of Health.

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

FHB(H)132

Question Serial No.

1572

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please provide the expenditure and staff establishment involved and the details of the plan for setting up a Vaccination Office.

Is the Office set up to cope with and implement all the vaccination schemes/programmes in Hong Kong? If not, please provide the relevant information of the plan expected to be carried out and explain the reasons for selective implementation of the schemes/programmes.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Vaccination Office is responsible for the planning, implementation and evaluation of various vaccination programmes and subsidy schemes including the Government Vaccination Programme, Childhood Influenza Vaccination Subsidy Scheme, Elderly Vaccination Subsidy Scheme as well as Human Swine Influenza Vaccination Programme and Subsidy Scheme. Its main tasks include liaising and coordinating with different service providers, handling enrolment applications and processing reimbursement claims of private doctors, monitoring vaccination uptake and compiling relevant statistics, conducting audit checks, organising publicity programmes, operating hotline service, as well as reviewing and evaluating the vaccination programmes and subsidy schemes. It does not cover the Childhood Immunisation Programme of the Family Health Service or School Immunisation Teams.

In 2010-11, seven new posts are planned for creation including one Senior Medical and Health Officer, one Registered Nurse, one Senior Executive Officer, one Executive Officer II, two Assistant Clerical Officers and one Accounting Officer I. In addition, three time-limited posts including one Senior Medical and Health Officer and two Medical and Health Officers will be required for strategic development of various vaccination programmes as well as implementation and review of overall operational plans.

The Vaccination Office will be set up in 2010-11 and the estimated expenditure involved is \$15.7 million.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)133

Question Serial No.

1573

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

As for the Human Swine Influenza (HSI) Vaccination Programme, please provide the vaccination statistics of the five target groups and non-target groups of the population as to date by months in chronological order, and the percentage of each target group against the total targeted population.

How will the Government make use of the resources to monitor and handle the cases of adverse reactions due to vaccination? If the number of people receiving HSI vaccination continues to drop due to the worries over adverse reactions cases, will the Government allocate additional resources to encourage each targeted group and the public to receive the vaccination? If yes, what are the details? If not, what are the reasons?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

As at 8 March 2010, about 170 800 persons under the target groups have received human swine influenza (HSI) vaccines. The breakdown on the number of recipients by target group and the respective coverage rates are as follows-

	Total estimated population	Number of recipients					Cumulative Percentage
		Dec 2009	Jan 2010	Feb 2010	Mar 2010 (up to 8 Mar)	Total (as at 8 Mar 2010)	
Elderly aged 65 or above (including elderly people living in residential care homes)	890 000	36 000	45 000	11 300	1 600	93 900	10.6%
Persons aged under 65 with chronic illnesses	570 000	14 800	20 500	6 300	600	42 200	7.4%
Pregnant women #	-	700	700	50*	10*	1 460	-
Health care workers	150 000	4 600	6 800	1 200	200	12 800	8.5%
Children aged between 6 months and less than 6 years△	380 000	10 100	8 900	800	100	19 900	5.2%
Pig farmers and pig-slaughtering industry personnel	1 550*	300	200	2*	3*	505	32.6%
Total:	1 991 550	66 500	82 100	19 700	2 500	170 800	8.6%

(The figures in the above table are rounded to the nearest hundreds except those marked with *)

The population of eligible pregnant women at a given point of time is subject to considerable uncertainty and variation. [The number of women who gave birth in 2009 was 82 906.]

△ Children need to receive two doses.

There are no available statistics on the number of non-target group persons who received HSI vaccination at their own cost in private sector.

The Department of Health (DH) has put in place a surveillance system for serious adverse events following HSI vaccination. Each reported event will be investigated to ascertain its nature and possible relationship with vaccination. An Expert Group has also been set up to review reports of serious adverse events following HSI vaccination.

DH and Expert Group members meet the press regularly to address public concern on vaccine safety. So far, HSI vaccination is not associated with an unusual increase in serious adverse events. DH will continue to conduct territory-wide publicity campaigns to promote HSI vaccination among target group members.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)134

Question Serial No.

1574

Head: 37 Department of Health

Subhead (No. & title):

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please provide the number of reported HIV cases, newly confirmed cases, actual cumulative cases and death rate for the most recent three years (i.e. from 2007 to 2009).

Would the Administration allocate additional resources for HIV/AIDS to augment the treatment, laboratory and preventive services to be provided in 2010-11? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The number of HIV and AIDS cases under the voluntary and anonymous HIV/AIDS reporting system in 2007, 2008 and 2009, and their cumulative total as at 2009 are as follows-

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>Cumulative total as at 2009</u>
HIV cases	414	435	396	4 443
HIV cases developing AIDS	79	96	76	1 106

It is difficult to ascertain an accurate number of deaths among HIV infected persons at a particular point of time, partly due to the fact that a considerable number of them have left Hong Kong. Moreover, some deaths among HIV infected persons may be attributed to causes other than HIV.

An additional amount of \$12.0 million has been earmarked to augment treatment and laboratory testing services to HIV patients in 2010-11. The extra expenditure is mainly related to drug cost of antiretroviral therapy for people infected with HIV / AIDS.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 18.3.2010

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

FHB(H)135

Question Serial No.

1583

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the target of “achieving a high participation rate of new born babies attending Maternal and Child Health Centres (MCHCs)”, please provide the participation rates of new born babies whose mothers are non-local residents and those born to local mothers respectively in the past three years (i.e. from 2007 to 2009). What were the reasons for not attending MCHCs in the two groups?

How would the Administration plan to attract more mothers to take their babies to MCHCs in order to achieve the target rate of 90%?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

In 2007, 83% of new born babies attended MCHCs. The participation rates of new born babies whose mothers are local versus non-local residents were 90.5% and 66.5% respectively.

In 2008, 78% of new born babies attended MCHCs. The participation rates of new born babies whose mothers are local versus non-local residents were 90.3% and 57.7% respectively.

In 2009, 74% of new born babies attended MCHCs. The participation rates of new born babies whose mothers are local versus non-local residents were 91.5% and 52.0% respectively.

About 10% of local mothers choose to attend other service providers in Hong Kong. A significant proportion of mothers who are non-local residents would leave Hong Kong soon after delivery and hence their new borns would not attend MCHCs.

Department of Health (DH) has produced an information kit for postnatal mothers, covering a range of health information, including advice on care of the new born, the need for immunisation and how to access maternal and child health services provided by DH. The kit is made available to all postnatal mothers in both public and private hospitals.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 17.3.2010

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

FHB(H)136

Question Serial No.

1585

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:

One of the Administration's Matters Requiring Special Attention in 2010-11 will be to speed up the setting of standards for Chinese herbal medicines commonly used in Hong Kong. What will be the details and the estimated expenditure involved? Will there be newly created posts involved? If yes, please give an account of the details.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

An additional provision of \$32.6 million has been earmarked in 2010-11 to expedite the setting of standards for Chinese herbal medicines commonly used in Hong Kong. The Department of Health has already developed standards for 60 herbs and will continue to develop another 140 by 2012. An addition of five non-civil service contract positions will be created to take the task forward.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)137

Question Serial No.

1586

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:

Regarding the net increase of 81 posts in 2010-11, please provide details of the ranks, remunerations and job nature of the posts involved.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The increase of 81 posts to be created under the permanent establishment of the Department of Health under Programme (1) will involve-

- (i) creation of 39 posts for strengthening support in port health control, tobacco control, and regulation of pharmaceutical products, proprietary Chinese medicines and medical device, and
- (ii) creation of 42 posts for conversion of non-civil service contract positions to permanent established posts in various services.

Details of the 81 posts are at the Annex.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

Creation and Deletion of Posts under Programme 1 – Statutory Functions

<u>Major scope of responsibilities / Rank</u>	<u>Number of posts to be created</u>			<u>Annual recurrent cost of civil service posts (\$)</u>
	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Total</u>	
Professional, enforcement and technical support				
Senior Medical & Health Officer	2		2	1,962,000
Medical & Health Officer	2		2	1,500,240
Senior Pharmacist	1		1	981,000
Pharmacist	11		11	7,228,980
Scientific Officer (Medical)	7		7	4,600,260
Executive Officer I		5	5	2,649,300
Executive Officer II		2	2	701,640
Senior Foreman		12	12	2,719,440
Foreman	2	18	20	3,573,600
Medical Technologist	2		2	1,059,720
Senior Health Inspector	1		1	554,760
Health Inspector I/II	2		2	744,720
Administration support				
Hospital Administrator II		3	3	1,052,460
Senior Executive Officer	1		1	719,160
Executive Officer II	1		1	350,820
Clerical Officer	1		1	303,840
Assistant Clerical Officer	3		3	568,260
Clerical Assistant	3		3	443,160
Workman II		2	2	234,840
Total	39	42	81	31,948,200

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

FHB(H)138

Question Serial No.

1587

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:

It is mentioned that the Administration will continue to enforce both the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance in 2010-11. Please provide the number of complaints received and the number of enforcement actions and prosecutions instituted by the Tobacco Control Office, and the respective expenditures in the past three calendar years (i.e. from 2007 to 2009).

What is the estimated expenditure for carrying out duties related to tobacco control in 2010-11? Please provide relevant details.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The numbers of complaints received, inspections conducted, and summons and fixed penalty notices issued by the Tobacco Control Office in 2007, 2008 and 2009 are as follows-

	2007	2008	2009
Complaints received	17 981	15 321	17 399
Inspections conducted	13 691	13 302	17 627
Summons issued	3 834	7 428	4 298
Fixed penalty notices issued	-	-	1 477 (since 1 September 2009)

The expenditure/ provision of the Tobacco Control Office (TCO) of the Department of Health for carrying out enforcement duties in 2007-08, 2008-09 and 2009-10 are \$20.3 million, \$23.1 million and \$27.5 million respectively.

The provision for carrying out enforcement duties by TCO in 2010-11 will be increased to \$30 million.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 17.3.2010

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

FHB(H)139

Question Serial No.

1588

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 figures on the utilisation, manpower and expenditures of each public mortuary as well as those on capacity overwhelmed (if applicable) for the past three years (i.e. from 2007-08 to 2009-10). Will the Administration allocate more resources to improve the service? If yes, what are the details? If not, what are the reasons?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The utilisation rates of public mortuaries in active operation are as follows -

Mortuary	Average Utilisation Rates		
	2007	2008	2009
Fu Shan Public Mortuary	72.9%	82.3%	84.9%
Kwai Chung Public Mortuary	66.0%	70.6%	71.7%
Victoria Public Mortuary	54.6%	67.8%	64.7%

When the usage of the above mortuaries reaches its maximum capacity, the Kowloon Public Mortuary will be opened to accommodate bodies from the above mortuaries. The number of days when individual mortuary's usage reached its maximum capacity is as follows -

Mortuary	Number of days when the capacity of the mortuary was exceeded		
	2007	2008	2009
Fu Shan Public Mortuary	7	31	40
Kwai Chung Public Mortuary	0	24	1
Victoria Public Mortuary	0	1	0

The staff establishment of the three public mortuaries is as follows -

Mortuary	Number of posts as at		
	31.3.2008	31.3.2009	31.3.2010
Fu Shan Public Mortuary	22	23	23
Kwai Chung Public Mortuary	25	27	27
Victoria Public Mortuary	18	19	19
Total	65	69	69

The expenditures of public mortuaries form an integral part of the Forensic Pathology Service. For 2007-08, 2008-09 and 2009-10, the expenditures of the Forensic Pathology Service were \$38.0 million, \$42.0 million and \$38.1 million respectively. The provision for Forensic Pathology Service for 2010-11 is \$38.6 million. The increase in expenditure in 2008-09 was to cover the costs for various improvements measures, including enhancement of storage capacity, upgrading of laboratory equipment, and renovation work. The renovation works are to be continued in 2010-11.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)140

Question Serial No.

1597

Head: 37 Department of Health

Subhead (No. & title):

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

It was mentioned by the Administration in the financial year of 2009-10 that an additional allocation of \$4 million would be provided to enhance dermatology service. However, only 65% of new dermatology cases are seen within 12 weeks, which is 25 % below the target. Has the Government planned to deploy and/or allocate additional resources to improve the service? If yes, what are the details? If not, what are the reasons?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

An additional \$1.2 million will be allocated to the dermatology service in 2010-11. Furthermore, replacement of contract doctors by civil servants in the dermatology service in 2009 may reduce the turnover rate of doctors in the coming years. The Department of Health (DH) will endeavour to fill vacancies arising from staff wastage as soon as possible through recruitment of new doctors and internal deployment of suitable doctors within DH. Service demand and waiting time are monitored closely and resources are deployed to the most needed patients through a triage system to ensure that all suspected skin cancer referrals are to be seen within two weeks.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)141

Question Serial No.

1920

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher Pilot Scheme launched since 1 January 2009, please provide information on the following:

- (a) What is the expenditure incurred since the implementation of the scheme? Please give an itemized breakdown of the related expenses; How many medical practitioners/institutions have participated in the scheme? Please provide a breakdown by service types and indicate as well the percentage of the participating institutions accounted for in the total number of institutions; How many elderly have signed up for the scheme and the percentage they accounted for in all eligible elderly persons? How many vouchers have been used? Please provide a breakdown of the participating elders by the number of vouchers used in each consultation; and
- (b) How many elders have signed up for the scheme and how many vouchers have been issued in its first year of operation? Please provide a breakdown of the participating elders by the number of vouchers used in each consultation and the percentage they accounted for in all eligible persons. What will be the annual estimated expenditure if the eligibility for the Elderly Health Care Voucher scheme is extended to cover those aged 65 or above and the amount of the voucher is raised to \$1000?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The Elderly Health Care Voucher Scheme (the Scheme) was launched on 1 January 2009 as a three-year pilot scheme to provide elders aged 70 or above with five health care vouchers of \$50 each annually as a partial subsidy for using private primary care services in the community that most suit their needs.

Number of enrolled practices

The number of healthcare practices enrolled under the Scheme was 3 248 as at end February 2010, up from 2 116 when the Scheme was launched on 1 January 2009. A breakdown of enrolled practices as at end February 2010 by profession and district is at Annex A. The Department of Health (DH) will continue to monitor the enrolment of service providers and promote for participation in the Scheme.

Between 1 January 2009 and end February 2010, 1 274 practices have newly enrolled in the Scheme, while 142 practices have withdrawn (87 in Western medicine, 22 in Chinese medicine, 25 in dentistry, 3 in physiotherapy, 4 in chiropractic and 1 in nursing). Among those withdrawn, most have not provided reasons for their withdrawal. For those who have, change in practices at which they work in is the most common reason.

Number of enrolled elders

As at end February 2010, 308 646 eligible elders have participated in the Scheme, constituting 46% of about 670 000 eligible elders aged 70 years or above in 2010. Among them, 215 705 (32% of eligible elders) have made a total of 467 728 voucher claims for 1,123,122 vouchers in total (involving a total amount of

\$56.2 million). DH will continue to monitor the participation of elders and promote for participation in the Scheme.

Usage of vouchers

Elders can use the vouchers starting from the year they turn 70 years old. Unused vouchers can be accumulated until the Scheme has ended. By end 2009, 122 883 elders (18% of eligible elders) have used up all their entitled vouchers in 2009. A breakdown of the number of vouchers used in each claim in 2009 is as follows –

<u>No. of vouchers claimed in each claim episode</u>	<u>No. of claim episodes</u>	<u>% of claim episodes</u>
1	93 531	27
2	144 549	42
3	59 718	17
4	14 706	4
5	36 370	10
Total :	348 874	100%

Information on usage of vouchers by different age groups is at Annex B.

Complaints and improper claims

To ensure that vouchers are properly claimed by the service providers, DH routinely monitors claim transactions through the electronic voucher system, checks claims and examines service records through inspection of service providers, and check with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. In addition, DH has conducted briefing sessions and distributed guidelines via mail, email and website to service providers on procedures for making voucher claims for the elders and conditions for reimbursement.

Up to end February 2010, DH has received a total of 10 complaints under the Scheme. Six complaints involved refusal to provide services to elders enrolled under the Scheme and four involve improper claims. The Health Care Voucher Unit of DH is responsible for the implementation of the Scheme including investigating complaints against and conducting inspection of service providers. The time required for completing the investigation depends on the complexity of individual cases. In general, investigation is expected to be completed within two weeks after receiving the complaint. As at end February 2010, investigation on seven out of the 10 complaints has been completed.

A service provider will be disqualified from the Scheme if (i) the Government is of the reasonable opinion that he has failed to provide health care services in a professional manner or is otherwise found to have committed professional misconduct or malpractice; or (ii) the service provider or his employing organization fails to comply with any provision of the agreement under the Scheme or with any direction or requirement given by the Government or Director of Health in relation to the Scheme. As at February 2010, two medical practitioners and one Chinese medicine practitioners have been disqualified from the Scheme.

Expenditure related to the Scheme

The Government has earmarked a total of \$573.2 million for the three-year pilot Scheme, of which \$505.3 million is budgeted for reimbursing vouchers (\$168.6 million in 2010-11). For the implementation of the Scheme, the Food and Health Bureau and DH have incurred up to end February 2010 actual capital expenditure of \$20.9 million for system development and maintenance and other capital and setting up works, and actual operating expenditure of \$62 million, comprising \$49.2 million for reimbursement of vouchers, \$12.1 million for staffing expenses and \$0.7 million for other operating expenses. The expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears.

Review of the Scheme

As undertaken, the Administration will conduct an interim review in 2010 and a full review after the three-year pilot period. The reviews will assess the effectiveness of the Scheme and its operational arrangements including its scope, and also consider the suggestions to adjust the age limit and revise the voucher amount. The Administration will also conduct surveys to gather feedback from both elders and healthcare providers. As stated in the 2010-11 Budget Speech, the Financial Secretary will provide the necessary resources subject to the review findings.

Financial implication of lowering eligible age and increasing voucher amount

If hypothetically the eligible age of 70 were to be lowered to 65 or 60 and the amount of vouchers for each elder were to be increased to \$500 or \$1,000, the financial implication would increase due to the increase in the number of eligible elders and increase in voucher reimbursement. The hypothetical annual expenditure for providing vouchers at different age limit and different voucher amount taking the year 2011 as an illustrative example is as follows:

Eligible Age	Annual expenditure at voucher amount of \$250 per elder per year (\$ million)	Annual expenditure at voucher amount of \$500 per elder per year (\$ million)	Annual expenditure at voucher amount of \$1,000 per elder per year (\$ million)
70 or above	171.0	341.9	683.8
65 or above	229.8	459.6	919.2
60 or above	332.7	665.4	1,330.8

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

Location of Practices of Health Care Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 28 February 2010)

Profession District	Western Medicine Doctor	Chinese Medicine Practitioner	Dentist	Occupational Therapist	Physiotherapist	Medical Laboratory Technologist	Radiographer	Chiropractor	Enrolled Nurse	Registered Nurse	Total
Central & Western	127	83	32	3	36	3	4	9	2	3	302
Eastern	125	29	23	2	14	0	0	0	0	2	195
Southern	38	26	4	0	3	0	0	0	0	0	71
Wan Chai	87	75	30	4	27	1	0	0	1	4	229
Kowloon City	116	30	11	0	18	0	0	0	0	0	175
Kwun Tong	137	75	31	3	8	10	11	1	3	16	295
Sham Shui Po	72	45	7	3	10	3	1	0	0	0	141
Wong Tai Sin	75	52	10	0	3	0	0	0	0	0	140
Yau Tsim Mong	217	141	49	5	78	10	8	6	3	25	542
North	45	24	5	0	1	1	0	0	0	0	76
Sai Kung	88	21	7	0	5	3	3	0	0	0	127
Sha Tin	84	28	24	0	20	0	0	1	1	2	160
Tai Po	60	48	12	1	3	2	2	0	2	11	141
Kwai Tsing	82	29	13	0	8	0	0	0	1	1	134
Tsuen Wan	111	46	8	4	15	4	5	1	1	4	199
Tuen Mun	81	60	6	0	3	0	1	0	0	0	151
Yuen Long	93	25	8	0	6	0	0	0	0	1	133
Islands	27	4	1	0	5	0	0	0	0	0	37
Total	1 665	841	281	25	263	37	35	18	14	69	3 248

Utilisation of Health Care Vouchers by Age Group of Eligible Elders
(as at 28 February 2010)

Age group	No. of eligible elders in 2010	No. of elders with voucher accounts [% of eligible elders]	No. of elders without voucher accounts [% of eligible elders]	No. of vouchers used
70-74	230 300	84 709 [37%]	145 591 [63%]	306 087
75-79	199 500	91 699 [46%]	107 801 [54%]	369 280
80-84	132 200	68 314 [52%]	63 886 [48%]	259 747
≥85	112 300	63 924 [57%]	48 376 [43%]	188 008
Total	674 300	308 646 [46%]	365 654 [54%]	1 123 122

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

FHB(H)142

Question Serial No.

1975

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the actual amount of resources spent in 2008-09 and 2009-10 and the amount earmarked in 2010-11 for the following items. What are the details and policy objectives of such activities?

- a) Expenditure on Mainland duty visits, exchanges and meetings attended by local officials
- b) Expenditure on exchanges, entertainment and meetings conducted locally with Mainland officials and departments
- c) Expenditure on overseas duty visits, exchanges and meetings attended by local officials
- d) Expenditure on exchanges, entertainment and meetings conducted locally with overseas officials and departments.

Asked by: Hon. HO Sau-lan, Cyd

Reply:

The actual expenditure in 2008-09 and estimated expenditure in 2009-10 on the four areas are as follows:

	<u>2008-09</u> (\$ Million)	<u>2009-10</u> (Estimated Expenditure) (\$ Million)
a) Duty visits to the Mainland	0.18	0.18
b) Meeting Mainland officials in Hong Kong	0.03	0.01
c) Duty visits overseas	0.41	0.40
d) Meeting overseas officials in Hong Kong	0.02	-

In working out the expenditure for 2010-11, we have made an en bloc estimate and reserved a sum of \$0.6 Million for duty visits to the Mainland and overseas and \$0.04 Million for meeting Mainland and overseas officials in Hong Kong.

The primary objectives of participating in study visits, exchange programmes and conferences are participation in international organisations, strengthening collaboration with our overseas and mainland counterparts, exchanging views and keeping abreast of the latest development of subjects under Food and Health Bureau's portfolio, such as the control of human swine influenza, development of vaccines, healthcare financing, primary care services, mental health policy and illicit trade of tobacco, etc.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2010

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

FHB(H)143

Question Serial No.

2130

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

- (a) According to paragraph 128 of the Budget Speech, the Administration will strengthen the training of nurses and, as disclosed, there will be 2 350 training places for nurses in the next two academic years (i.e. 2010-11 and 2011-12). Please provide the following figures:

	Training places for nurses
2010-11	
2011-12	
2012-13	

- (b) As there is a constant demand for nurses in hospitals and residential care homes for the elderly (RCHEs), has the Administration coordinated the conduct of assessment on the manpower demand for nurses? To be in line with the Budget, what is the Bureau's assessment on the demand for nurses in the coming four years (i.e. 2010-11 to 2013-14)?

Estimated demand for nurses	2010-11	2011-12	2012-13	2013-14
Public hospitals				
Private hospitals				
RCHEs and nursing homes run by non-governmental organizations				
Government-subsidised day care centres				
Government-subsidised home care services for elderly/trial schemes				
Private RCHEs				

Asked by: Hon. CHEUNG Kwok-che

Reply:

- (a) There will be a total of 2 350 places in nursing programmes and training in the 2010-11 and 2011-12 academic years. Among them, 650 will be provided by the Hospital Authority (HA) nurse training schools in 2010-11, including 300 places for the training of registered nurses and 350 places for the training of enrolled nurses. The remaining 1 700 places will be provided by University Grants Committee (UGC)-funded institutions for the training of registered nurses in the next two academic years, 850 each in 2010-11 and 2011-12.
- (b) The Government constantly assesses the manpower situation of healthcare professionals, including nurses, having regard to the demand in the public and private medical sectors as well as the welfare sector. It is expected that 1 400 nurses will graduate in 2010 and the number of nurse graduates will

rise to 2 150 in 2012. The Government makes suggestion to UGC as necessary on the number of places for nursing programmes, which serves as a reference for the institutions in formulating their academic plans.

Signature _____

Name in block letters _____ Ms Sandra LEE _____

Post Title _____ Permanent Secretary for Food and
Health (Health) _____

Date _____ 15.3.2010 _____

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

FHB(H)144

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

Question Serial No.

2136

Programme: (2) Subvention: Hospital Authority

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 additional resources will be allocated to improve the psychiatric specialist outpatient service and increase cataract surgeries. However, apart from the psychiatric specialist outpatient service, other specialist outpatient services are also very insufficient. Would the Government provide figures and inform this Committee of the progress of improvement of the services concerned from 2004-05 to 2008-09?

	2004-05	2005-06	2006-07	2007-08	2008-09
1. number of people waiting for psychiatric specialist outpatient service					
2. waiting time and median waiting time for psychiatric specialist outpatient service (weeks)					
3. number of people waiting for cataract surgeries in hospitals under the Hospital Authority					
4. waiting time and median waiting time for cataract surgeries in hospitals under the Hospital Authority (weeks)					
5. number of people waiting for all specialist outpatient services under the Hospital Authority					
6. waiting time and median waiting time for all specialist outpatient services under the Hospital Authority (weeks)					

Asked by: Hon. CHEUNG Kwok-che

Reply:

The information required is set out in the table below -.

		2004-05	2005-06	2006-07	2007-08	2008-09
1.	Number of new cases on the waiting list for psychiatric specialist outpatient service	7 552	8 049	9 223	9 032	9 342
2.	Median waiting time (week) for psychiatric specialist outpatient new cases	5	4	5	4	4
3.	Number of patients on the waiting list of cataract surgeries in hospitals under the Hospital Authority	39 162	44 062	47 907	52 403	56 136

4.	Notional waiting time of cataract surgeries (weeks)	140.4	141.8	152.6	167.9	198
5.	Number of new cases on the waiting list for specialist outpatient service (All specialties)	195 650	213 738	235 204	246 407	255 697
6.	Median waiting time (week) for new cases for specialist outpatient services (All specialties)	6	6	7	7	7

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

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

FHB(H)145

Question Serial No.

2168

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The continuous increase of elderly population has significantly added to the demand for healthcare services. It is stated in the Budget that the number of geriatric outreach attendances, geriatric day attendances and Visiting Medical Officer attendances will only increase by 0.5%, 2.1% and 3.6% respectively in 2010-11. Could the Administration explain why there will only be an increase of 0.5% - 3.6%? How are such percentages arrived at?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Hospital Authority (HA) provides a range of services for the elderly through its geriatric day hospitals and outreaching teams. The geriatric day hospitals of HA provide multi-professional assessment, treatment and rehabilitation for discharged elderly patients.

Furthermore, comprehensive assessment and home-based rehabilitation programs are provided for residents in Residential Care Homes for the Elderly (RCHEs) through regular outreach visits by the Community Geriatric Assessment Teams (CGATs) and Visiting Medical Officers (VMOs). About 90% of the 725 RCHEs are already covered by CGATs and VMOs.

In estimating the increase in geriatric day attendances, geriatric outreach attendances and VMO attendances, HA takes into consideration the projected service demand having regard to various factors such as population growth and demographic changes and in the case of the outreaching services, the number of RCHEs requiring the support by CGATs and the availability of VMOs.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 15.3.2010

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

FHB(H)146

Question Serial No.

2169

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In recent years, the number of senile dementia cases is on the rise. However, in the Budget the number of places for psychogeriatric outreach services for 2010-11 represents only an increase of 2.3%. Would the Administration inform this Committee why there is only an increase of 2.3% for such service places and what is the calculation method for such increase?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Hospital Authority (HA) recognizes the need to provide a range of assessment and treatment services to patients with dementia through its psychiatric and geriatric departments. HA is providing support to elders with dementia and other mental health problems residing in the community through its multi-disciplinary community psychogeriatric teams comprising psychiatrists, clinical psychologists, occupational therapists, psychiatric nurses, community psychiatric nurses and medical social workers. The community psychogeriatric teams provide outreach services to elders with mental health problems (including dementia) in selected residential care homes for the elderly.

In planning for its service provision, HA takes into consideration the projected service demand having regard to various factors such as population growth, demographic changes and changes in health services utilization patterns and service delivery models.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 15.3.2010

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

FHB(H)147

Question Serial No.

2174

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

Programme: (3) Subvention: Prince Philip Dental Hospital

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 130 of the Budget Speech that provision will be made for enhancing primary dental services and oral health promotion programmes. However, the Administration has reduced the funding for places of the Prince Philip Dental Hospital, and as a result of this, the number of dental training places has decreased from 554 in 2009-10 to 547 in 2010-11. Could the Administration tell this Committee why the training funding has been reduced and what impact will the reduced funding have on dental services in future?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The decrease in the total number of training places in the Prince Philip Dental Hospital (PPDH) is mainly attributed to the decrease in training places for postgraduate programmes. The postgraduate programmes are organised by the Faculty of Dentistry of the University of Hong Kong (HKU) and is not funded by Head 140. The role of PPDH is to provide facilities for these programmes. The decrease in training places for postgraduate programmes is not caused by the decrease of the subvention given to PPDH under Head 140. To meet the increase in capital expenditure and operating expenses in PPDH, the total subvention to PPDH has increased from \$124.5 million in 2009-10 to \$127.2 million in 2010-11.

The background to the decrease of postgraduate places is that the number of postgraduate students has increased substantially in the past few years (from 140 in 2005/06 academic year to 195 in 2009/10 academic year) and the various facilities of PPDH have been very stretched. To ensure adequate provision of facilities for students, the HKU would reduce the intake of some postgraduate programmes in 2010/11 academic year, resulting in the number of training places dropping to 180.

As regards the fund allocation mentioned in paragraph 130 of the Budget Speech, this is not related to subvention for PPDH. It is intended for enhancing primary dental care, especially care for the elderly, and the promotion of oral health.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and
Health (Health)

Date 12.3.2010

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

FHB(H)148

Question Serial No.

2171

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The Administration has launched the Elderly Health Care Voucher Pilot Scheme (the Scheme) on 1 January 2009. The participation rate in the past year (i.e. 2009-10) was very low. Would the Administration inform this Committee of the financial provision earmarked for the Scheme in 2010-11?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Elderly Health Care Voucher Scheme (the Scheme) was launched on 1 January 2009 as a three-year pilot scheme to provide elders aged 70 or above with five health care vouchers of \$50 each annually as a partial subsidy for using private primary care services in the community that most suit their needs.

Number of enrolled practices

The number of health care practices enrolled under the Scheme was 3 248 as at end February 2010, up from 2 116 when the Scheme was launched on 1 January 2009. A breakdown of enrolled practices as at end February 2010 by profession and district is at Annex A. The Department of Health (DH) will continue to monitor the enrolment of service providers and promote for participation in the Scheme.

Between 1 January 2009 and end February 2010, 1 274 practices have newly enrolled in the Scheme, while 142 practices have withdrawn (87 in Western medicine, 22 in Chinese medicine, 25 in dentistry, 3 in physiotherapy, 4 in chiropractic and 1 in nursing). Among those withdrawn, most have not provided reasons for their withdrawal. For those who have, change in practices at which they work in is the most common reason.

Number of enrolled elders

As at end February 2010, 308 646 eligible elders have participated in the Scheme, constituting 46% of about 670 000 eligible elders aged 70 years or above in 2010. Among them, 215 705 (32% of eligible elders) have made a total of 467 728 voucher claims for 1 123 122 vouchers in total (involving a total amount of \$56.2 million). DH will continue to monitor the participation of elders and promote for participation in the Scheme.

Usage of vouchers

Elders can use the vouchers starting from the year they turn 70 years old. Unused vouchers can be accumulated until the Scheme has ended. By end 2009, 122 883 elders (18% of eligible elders) have used up all their entitled vouchers in 2009. A breakdown of the number of vouchers used in each claim in 2009 is as follows –

<u>No. of vouchers claimed in each claim episode</u>	<u>No. of claim episodes</u>	<u>% of claim episodes</u>
1	93 531	27
2	144 549	42
3	59 718	17
4	14 706	4
5	36 370	10
Total :	348 874	100%

Information on usage of vouchers by different age groups is at Annex B.

Complaints and improper claims

To ensure that vouchers are properly claimed by the service providers, DH routinely monitors claim transactions through the electronic voucher system, checks claims and examines service records through inspection of service providers, and check with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. In addition, DH has conducted briefing sessions and distributed guidelines via mail, email and website to service providers on procedures for making voucher claims for the elders and conditions for reimbursement.

Up to end February 2010, DH has received a total of ten complaints under the Scheme. Six complaints involved refusal to provide services to elders enrolled under the Scheme and four involved improper claims. The Health Care Voucher Unit of DH is responsible for the implementation of the Scheme including investigating complaints against and conducting inspection of service providers. The time required for completing the investigation depends on the complexity of individual cases. In general, investigation is expected to be completed within two weeks after receiving the complaint. As at end February 2010, investigation on seven out of the ten complaints has been completed.

A service provider will be disqualified from the Scheme if (i) the Government is of the reasonable opinion that he has failed to provide health care services in a professional manner or is otherwise found to have committed professional misconduct or malpractice; or (ii) the service provider or his employing organisation fails to comply with any provision of the agreement under the Scheme or with any direction or requirement given by the Government or Director of Health in relation to the Scheme. As at February 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Scheme.

Expenditure related to the Scheme

The Government has earmarked a total of \$573.2 million for the three-year pilot Scheme, of which \$505.3 million is budgeted for reimbursing vouchers (\$168.6 million in 2010-11). For the implementation of the Scheme, the Food and Health Bureau and DH have incurred up to end February 2010 actual capital expenditure of \$20.9 million for system development and maintenance and other capital and setting up works, and actual operating expenditure of \$62.0 million, comprising \$49.2 million for reimbursement of vouchers, \$12.1 million for staffing expenses and \$0.7 million for other operating expenses. The expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears.

Review of the Scheme

As undertaken, the Administration will conduct an interim review in 2010 and a full review after the three-year pilot period. The reviews will assess the effectiveness of the Scheme and its operational arrangements including its scope, and also consider the suggestions to adjust the age limit and revise the voucher amount. The Administration will also conduct surveys to gather feedback from both elders and health care providers. As stated in the 2010-11 Budget Speech, the Financial Secretary will provide the necessary resources subject to the review findings.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 19.3.2010

Location of Practices of Health Care Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 28 February 2010)

Profession District	Western Medicine Doctor	Chinese Medicine Practitioner	Dentist	Occupational Therapist	Physiotherapist	Medical Laboratory Technologist	Radiographer	Chiropractor	Enrolled Nurse	Registered Nurse	Total
Central & Western	127	83	32	3	36	3	4	9	2	3	302
Eastern	125	29	23	2	14	0	0	0	0	2	195
Southern	38	26	4	0	3	0	0	0	0	0	71
Wan Chai	87	75	30	4	27	1	0	0	1	4	229
Kowloon City	116	30	11	0	18	0	0	0	0	0	175
Kwun Tong	137	75	31	3	8	10	11	1	3	16	295
Sham Shui Po	72	45	7	3	10	3	1	0	0	0	141
Wong Tai Sin	75	52	10	0	3	0	0	0	0	0	140
Yau Tsim Mong	217	141	49	5	78	10	8	6	3	25	542
North	45	24	5	0	1	1	0	0	0	0	76
Sai Kung	88	21	7	0	5	3	3	0	0	0	127
Sha Tin	84	28	24	0	20	0	0	1	1	2	160
Tai Po	60	48	12	1	3	2	2	0	2	11	141
Kwai Tsing	82	29	13	0	8	0	0	0	1	1	134
Tsuen Wan	111	46	8	4	15	4	5	1	1	4	199
Tuen Mun	81	60	6	0	3	0	1	0	0	0	151
Yuen Long	93	25	8	0	6	0	0	0	0	1	133
Islands	27	4	1	0	5	0	0	0	0	0	37
Total	1 665	841	281	25	263	37	35	18	14	69	3 248

Utilisation of Health Care Vouchers by Age Group of Eligible Elders
(as at 28 February 2010)

Age group	No. of eligible elders in 2010	No. of elders with voucher accounts [% of eligible elders]	No. of elders without voucher accounts [% of eligible elders]	No. of vouchers used
70-74	230 300	84 709 [37%]	145 591 [63%]	306 087
75-79	199 500	91 699 [46%]	107 801 [54%]	369 280
80-84	132 200	68 314 [52%]	63 886 [48%]	259 747
≥85	112 300	63 924 [57%]	48 376 [43%]	188 008
Total	674 300	308 646 [46%]	365 654 [54%]	1 123 122

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

FHB(H)149

Question Serial No.

2172

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

At present, the service provided by Elderly Health Centres (EHCs) is insufficient. Elders in many districts can only receive health assessment service once after having waited for an average of two years. The continued aging of the population will greatly increase the demand for EHC service. Could the Administration advise this Committee why there is no increase in the number of EHC quotas in 2010-11?

Asked by: Hon. CHEUNG Kwok-che

Reply:

Provision of highly subsidised primary health care by EHCs is not the most cost-effective and sustainable way to deliver service to elders in Hong Kong. Government has no plan to expand EHCs at present. In fact, EHCs are not the only service provider to cater for the health care needs of elders. Other units of Department of Health, Hospital Authority, community service organisations and private health care providers also provide services to the elders. In addition, since 1 January 2009, Government has launched a three-year Elderly Health Care Voucher Pilot Scheme. Under the Scheme, elders aged 70 or above are given five health care vouchers of \$50 each annually to partially subsidise their use of private health care services.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)150

Question Serial No.

1902

Head: 37 Department of Health

Subhead (No. & title):

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In the 2009-10 Estimates, the Administration stated that there had been an increase in the number of reported HIV cases over recent years. However, AIDS counselling attendances and utilisation of AIDS telephone enquiry service persistently dropped from the actual of 3 700 and 17 000 in 2007 to the actual of 2 620 and 14 400 in 2009 respectively. Would service providers please explain the reasons for the decreasing trend of the distribution in service demand?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

There has been an increase in the number of reported HIV cases over recent years. As a result, the Department of Health (DH) experienced an upsurge on the utilisation of HIV/AIDS voluntary counselling and testing services through its AIDS telephone enquiry service and AIDS counselling attendances in 2007. In response to the HIV epidemic, the Council for the AIDS Trust Fund (ATF) has been providing extra funding to non-governmental organisations (NGOs) to scale up provision of HIV counselling and testing services with DH providing training and technical support to the concerned NGOs. The respective indicators in 2008 and 2009 reflected a changing distribution in service demand from various providers. The number of testing cum counselling services provided by NGOs under ATF funding increased from 2 472 in 2006 to 5 911 (139%) and 8 348 (238%) in 2007 and 2008 respectively. The statistics for 2009 are pending.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)151

Question Serial No.

1959

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The territory-wide electronic health record infrastructure advocated for development by the Government not only can improve progressively the territory-wide medical records system of the public patients, but also can save unnecessary medical laboratory tests and time. What specific measures does the Department of Health have to encourage public participation and what is the expenditure involved for these measures?

Asked by: Hon. LAU Kin-ye, Miriam

Reply:

A provision of \$28.7 million recurrent resources for 2010-11 has been earmarked to the Electronic Health Record (eHR) Management Team in the Department of Health (DH) to develop a dedicated information technology system, a clinical information management system, and a centralised immunisation record system; and to upgrade the existing electronic database of pharmaceutical products. The initiatives of DH are an integral part of the territory-wide eHR Programme to be implemented by the Food and Health Bureau with participation from various stakeholders including the Hospital Authority, DH, and private health care providers for the use of the community on a voluntary basis.

Signature _____

Name in block letters _____ Dr PY LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)152

Question Serial No.

1960

Head: 37 Department of Health

Subhead (No. & title):

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

There were reports that a significant number of experienced nurses left service, affecting the quality of nursing care in specialist outpatient clinics. What specific measures does Department of Health (DH) have to resolve the problem of manpower shortage and what is the estimated expenditure? Will increasing the number of training places in nursing schools be considered or implementing measures to encourage and attract interested young people to join the nursing discipline?

Asked by: Hon. LAU Kin-ye, Miriam

Reply:

Since the resumption of recruitment of civil servants by Government in March 2008, DH has conducted three rounds of recruitment exercise for Registered Nurses (RNs). The nursing manpower in DH has been in full strength since the start of the 2009-10. The establishment of posts at RN grade rose from 1 030 in April 2009 to 1 079 in September 2009. Vacancies arising from wastage of staff could be filled according to established recruitment procedures. As the number of experienced nurses who left DH in the past year was not significant, the quality of nursing care in specialist centres of DH should not be affected.

The Government constantly assesses the manpower situation of health care professionals, including nurses. It is expected that 1 400 nurses will graduate in 2010 and the number of nurse graduates will increase to 2 150 in 2012. To enhance the supply of nurses, the Administration has earmarked additional funding of \$21.2 million to the Hospital Authority to provide 650 nurse training places in 2010-11. Meanwhile, the University Grants Committee (UGC) has provided 40 and 50 additional places respectively for nursing programmes at degree and sub-degree levels in the 2009/10 academic year compared with that in the 2008/09 academic year. The UGC will also provide 60 additional senior year places for nursing undergraduate programmes starting from the 2010/11 academic year. The Administration will continue to assess the demand and supply of nurses in Hong Kong to facilitate manpower planning.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

Reply Serial No.

FHB(H)153

Question Serial No.

0979

Head: 48 Government Laboratory

Subhead (No. & title):

Programme: (1) Statutory Testing

Controlling Officer: Government Chemist

Director of Bureau: Secretary for Food and Health

Question:

The Government will allocate an additional funding of \$27 million for the work of statutory testing in the coming year. The funding includes the provision for procurement of capital equipment and for creation of 12 posts to strengthen the regulation of pharmaceutical products and proprietary Chinese medicines. Under Matters Requiring Special Attention in 2010-11, the Government Laboratory will, among other things, provide analytical support to further strengthen the regulation of pharmaceutical products and proprietary Chinese medicines and expedite the setting of standards for Chinese herbal medicines commonly used in Hong Kong. Please advise on the details of the work concerned and whether the Government has any plan to introduce new regulation on pharmaceutical products and proprietary Chinese medicines. If yes, please advise on the direction and timetable for implementation of the regulation.

Asked by: Hon. FANG Kang, Vincent

Reply:

In 2010-11, additional resources will be allocated to the Government Laboratory (GL) to enhance its services to support the regulation of pharmaceutical products and proprietary Chinese medicines. Measures will include more stringent pre-market and post-market control of pharmaceutical products, and commencement of the remaining provisions under the Chinese Medicine Ordinance related to mandatory registration of proprietary Chinese medicines. GL would also conduct inter-laboratory verification work to support the Department of Health (DH) in the development of standards for Chinese herbal medicines commonly used in Hong Kong. DH has already developed standards for 60 herbal medicines and will continue to develop the standards for another 140 by 2012.

Signature _____

Name in block letters Dr LAU CHAU MING

Post Title Government Chemist (Acting)

Date 15.3.2010

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

FHB(H)154

Question Serial No.

0935

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

- (a) Please list the change in the number and salary expenditures of directorate and non-directorate posts in the past five years (i.e. from 2005-06 to 2009-10);
- (b) In 2010-11, two directorate posts and 143 non-directorate posts will be created in the Department of Health. Please provide the ranks of the posts to be newly created, annual expenditure involved and reasons for the creation of new posts.

Asked by: Hon. LI Wah-ming, Fred

Reply:

- (a) Please see Annex A for details.
- (b) Please see Annex B for details.

A total of 83 additional posts are to be created for strengthening support in port health control, tobacco control, regulation of pharmaceutical products, proprietary Chinese medicines and medical device; development of electronic health records infrastructure; setting up of the Vaccination Office for implementing various vaccination schemes / programmes; establishment of the Primary Care Office to co-ordinate and take forward strategies to enhance primary care for better disease prevention and control; enhancement of specialised dental services for civil service eligible persons; and strengthening the accounting support in processing payment and reimbursement of medical fees and hospital charges.

Another 62 posts are to be created for conversion of non-civil service contract positions.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

Establishment change of the Department of Health in 2005-06 to 2009-10

(a) Year	(b) Directorate	(c) Non-directorate	(d) Posts to accommodate general grades officers working in General Out-patient Clinics of the Hospital Authority (HA)	(e) Total	(f) Changes	(g) Salary cost in the year (Excluding staff working in HA in column (d)) \$million
2005-06	57	4 822	100	4 979		1,774.6
2006-07	57	4 800	77	4 934	-45	1,753.8
2007-08	57	4 874	69	5 000	+66	1,837.7
2008-09	57	5 258	55	5 370	+370	1,998.6
2009-10	57	5 430	17	5 504	+134	2,136.0

Creation and Deletion of Posts in DH in 2010-2011

Number of posts to be created/deleted

<u>Major scope of responsibilities / Rank</u>	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Regrading of posts</u>	<u>Total</u>	<u>Annual recurrent cost of civil service posts (\$)</u>
<i>Programme 1 – Statutory Functions</i>					
Senior Medical & Health Officer	2			2	1,962,000
Medical & Health Officer	2			2	1,500,240
Senior Pharmacist	1			1	981,000
Pharmacist	11			11	7,228,980
Scientific Officer (Medical)	7			7	4,600,260
Senior Health Inspector	1			1	554,760
Health Inspector I/II	2			2	744,720
Medical Technologist	2			2	1,059,720
Senior Foreman		12		12	2,719,440
Foreman	2	18		20	3,573,600
Senior Executive Officer	1			1	719,160
Executive Officer I		5		5	2,649,300
Executive Officer II	1	2		3	1,052,460
Hospital Administrator II		3		3	1,052,460
Clerical Officer	1			1	303,840
Assistant Clerical Officer	3			3	568,260
Clerical Assistant	3			3	443,160
Workman II		2		2	234,840
<i>Programme 2 – Disease Prevention</i>					
* Assistant Director of Health	1			1	1,479,480
* Principal Medical & Health Officer	1			1	1,245,600
Senior Medical & Health Officer	4			4	3,924,000
Medical & Health Officer	5		-1	4	3,000,480
Nursing Officer	2			2	1,012,200

Number of posts to be created/deleted

<u>Major scope of responsibilities / Rank</u>	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Regrading of posts</u>	<u>Total</u>	<u>Annual recurrent cost of civil service posts (\$)</u>
Registered Nurse	1			1	319,020
Scientific Officer (Medical)	2			2	1,314,360
Senior Systems Manager	1			1	981,000
Systems Manager	2			2	1,438,320
Analyst/Programmer I	2			2	1,059,720
Analyst/Programmer II	2			2	734,760
Senior Executive Officer	3		1	4	2,876,640
Executive Officer II	2			2	701,640
Accounting Officer I	1			1	529,860
Clerical Officer	1			1	303,840
Assistant Clerical Officer	4			4	757,680
Personal Secretary I	1			1	303,840
Workman II		11		11	1,291,620
<i>Programme 3 – Health Promotion</i>					
Workman II		2		2	234,840
<i>Programme 4 – Curative Care</i>					
Workman II		6		6	704,520
<i>Programme 5 – Rehabilitation</i>					
Registered Nurse			1	1	319,020
Enrolled Nurse			-1	-1	-250,020
<i>Programme 7 – Medical and Dental Treatment for Civil Servants</i>					
Senior Dental Officer	3			3	2,943,000
Senior Dental Surgery Assistant	1		1	2	669,840
Dental Surgery Assistant	2		-1	1	213,660
Dental Hygienist			-1	-1	-226,620
Dental Technician II			-2	-2	-500,040
Executive Officer II			1	1	350,820

Number of posts to be created/deleted

<u>Major scope of responsibilities / Rank</u>	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Regrading of posts</u>	<u>Total</u>	<u>Annual recurrent cost of civil service posts (\$)</u>
Accounting Officer I	1			1	529,860
Assistant Clerical Officer	2		2	4	757,680
Workman II		1		1	117,420
 <i>Posts supporting more than one programme</i>					
Chief Nursing Officer			1	1	816,180
Senior Nursing Officer			-1	-1	-657,180
Hospital Foreman			1	1	178,680
Ganger			-1	-1	-127,140
Assistant Clerical Officer			1	1	189,420
Clerical Assistant			-1	-1	-147,720
Total	83	62	0	145	61,338,480

*Directorate posts

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

FHB(H)155

Head: 37 Department of Health Subhead (No. & title): 000 Operational expenses,
700 General non-recurrent

Question Serial No.

0936

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown of the recurrent and non-recurrent expenditure of each Programme of the Department of Health in 2010-11, as well as the annual change in recurrent expenditure, non-recurrent expenditure and total financial provision in the past five years (i.e. from 2005-06 to 2009-10).

Asked by: Hon. LI Wah-ming, Fred

Reply:

A breakdown of the financial provision for 2010-11 by Programme is as follows -

Programme	<u>Recurrent Expenditure</u> \$ million	<u>Non- recurrent Expenditure</u> \$ million
(1) Statutory Functions	433.9	4.0
(2) Disease Prevention	1,794.9	276.5
(3) Health Promotion	285.6	-
(4) Curative Care	644.4	-
(5) Rehabilitation	80.1	-
(6) Treatment of Drug Abusers	130.1	-
(7) Medical and Dental Treatment for Civil Servants	809.7	-
(8) Personnel Management of Civil Servants Working in Hospital Authority	6.9	-
Total	<u>4,185.6</u>	<u>280.5</u>

The changes in recurrent expenditure and non-recurrent expenditure from 2005-06 to 2009-10 were as follows -

	<u>Recurrent Expenditure</u>		<u>Non-Recurrent Expenditure</u>	
	Amount \$ million	Increase/ (Decrease) over Last Year \$ million	Amount \$ million	Increase/ (Decrease) over Last Year \$ million
2005-06	2,742.9	(62.5)	88.3	71.3
2006-07	2,815.3	72.4	130.5	42.2
2007-08	3,001.7	186.4	48.2	(82.3)
2008-09	3,301.3	299.6	27.0	(21.2)
2009-10 (Revised Estimate)	3,827.3	526.0	700.7	673.7

The changes in total financial provision from 2005-06 to 2009-10 were as follows -

	<u>Total Financial Provision</u>	
	Amount \$ million	Increase/ (Decrease) over Last Year \$ million
2005-06	2,820.4	(80.5)
2006-07	3,062.0	241.6
2007-08	3,077.6	15.6
2008-09	3,344.2	266.6
2009-10	4,120.7	776.5

Signature _____
Name in block letters Dr P Y LAM
Post Title Director of Health
Date 17.3.2010

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

FHB(H)156

Question Serial No.

0937

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please list the expenditures and number of cases handled by the service provider offering treatment for patients with sexually transmitted infections (STIs), with a breakdown by gender and age group, in the past three years (i.e. from 2007-08 to 2009-10). What are the numbers of non-Hong Kong residents treated and the expenditure involved?

Asked by: Hon. LI Wah-ming, Fred

Reply:

The Department of Health operates seven Social Hygiene Clinics (SHC) and one Integrated Treatment Centre (ITC) in Social Hygiene Service to provide service to patients with sexually transmitted infections (STIs).

The number of attendances for STIs in Social Hygiene Service in the past three years, breakdown by sex, is-

<u>Sex</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Male	93 083	78 654	69 980
Female	32 648	30 405	28 448

While the age profile for all attendances in Social Hygiene Service is not available, the age distribution for the five commonest STIs, namely, syphilis, genital wart, gonorrhoea, genital herpes and non-gonococcal urethritis/non-specific genital infection for the past three years is appended below:

<u>Age</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Below 15	16	20	6
15-19	483	668	567
20-29	2 804	2 860	3 528
30-39	3 632	2 920	3 516
40 and above	5 379	5 372	5 109

The total number of attendances and number of attendances by non-Hong Kong residents for management of STIs in Social Hygiene Service in the past three years is as follows-

<u>Calendar year</u>	<u>No. of attendances by non-Hong Kong residents</u>	<u>Total no. of attendances</u>
2007	825	125 731
2008	849	109 059
2009	884	98 428

The expenditure under Social Hygiene Service on STIs for Hong Kong and non-Hong Kong residents cannot be separately identified. The overall annual expenditure in the past three years is as follows-

<u>Financial year</u>	<u>Amount</u> \$ million
2007-08	56.1
2008-09	54.2
2009-10 (Revised Estimate)	66.9

Signature _____
 Name in block letters Dr P Y LAM
 Post Title Director of Health
 Date 17.3.2010

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

FHB(H)157

Question Serial No.

0938

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please list the total annual expenditure of Elderly Health Centres (EHCs) and the average annual expenditure for each centre, the number of elders enrolled, the utilisation rate, the number of elders who had health assessment, the average waiting time for health assessment, the cost per health assessment and the percentage of cost charged to the elders in the past two years (i.e. from 2008-09 to 2009-10).

Asked by: Hon. LI Wah-ming, Fred

Reply:

For 2008-09 and 2009-10, the total expenditure of EHCs were \$92.4 million and \$96.3 million and the average operating expenditure of each EHC were \$5.1 million and \$5.4 million respectively. The total numbers of elders who enrolled as members of EHCs and received health assessment in 2008 and 2009 were 38 000 and 38 500 and the overall utilisation rates were 99.9% and 99.5% respectively. The median waiting time for health assessment was around 30 months in 2008 and 24 months in 2009. The average cost of health assessment for each member of EHC was \$1,040 and \$1,030 in 2008-09 and 2009-10 respectively, each with about 90% subsidy.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)158

Question Serial No.

0939

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

- (a) Please list the utilisation rates of Maternal and Child Health Centres (MCHCs) and Woman Health Centres (WHCs) in the past two years (i.e. from 2008-09 to 2009-10) and the overall utilisation rates of MCHCs and WHCs.
- (b) For 2009-10, please provide, with a breakdown by centre, the number of women who had received woman health service and medical examination in WHCs and MCHCs, the costs for health examination by WHCs and MCHCs. How much subsidy is provided for each woman who received the service?

Asked by: Hon. LI Wah-ming, Fred

Reply:

- (a) Woman health services are provided in the three WHCs and ten MCHCs. In 2008 and 2009, the utilisation rates of woman health service in individual WHCs and the ten MCHCs were -

Centre	Utilisation rate (%)	
	2008	2009
Chai Wan Woman Health Centre	80	78
Lam Tin Woman Health Centre	100	92
Tuen Mun Woman Health Centre	89	93
Ap Lei Chau MCHC	72	70
Fanling MCHC	110	94
Lek Yuen MCHC	79	96
Ma On Shan MCHC	65	62
Sai Ying Pun MCHC	33	36
South Kwai Chung MCHC	67	75
Tseung Kwan O Po Ning Road MCHC	54	61
Tsing Yi MCHC	61	65
Wang Tau Hom MCHC	58	73
West Kowloon MCHC	63	60

The overall utilisation rates of woman health service at the above centres in 2008 and 2009 were -

Centre	Overall Utilisation Rate (%)	
	2008	2009
Woman Health Centres	90	88
Maternal and Child Health Centres	70	75

In 2008 and 2009, the utilisation rates for the Cervical Screening Programme in individual MCHCs were -

Centre	Utilisation rate (%)	
	2008	2009
Anne Black MCHC	68	76
Ap Lei Chau MCHC	67	72
Chai Wan MCHC	58	68
Cheung Chau MCHC	66	71
East Kowloon MCHC	54	63
Fanling MCHC	87	89
Hung Hom MCHC	55	65
Lam Tin MCHC	82	79
Lek Yuen MCHC	91	90
Ma On Shan MCHC	77	75
Madam Yung Fung Shee MCHC	81	80
Maurine Grantham MCHC	79	82
Mui Wo MCHC	98	55
Ngau Tau Kok MCHC	78	85
North Kwai Chung MCHC	62	76
Robert Black MCHC	43	54
Sai Wan Ho MCHC	66	75
Sai Ying Pun MCHC	44	52
South Kwai Chung MCHC	63	70
Tang Chi Ngong MCHC	52	59
Tin Shui Wai MCHC	79	81
Tseung Kwan O Po Ning Road MCHC	77	81
Tsing Yi MCHC	53	58
Tuen Mun Wu Hong MCHC	83	76
Tung Chung MCHC	60	66
Wang Tau Hom MCHC	30	47
West Kowloon MCHC	87	88
Wong Siu Ching MCHC	89	94
Wu York Yu MCHC	66	69
Yan Oi MCHC	78	83
Yaumatei MCHC	83	83
Overall utilisation rate	73	77

Utilisation rates were not available for other services of MCHCs as there was no preset quota. The provision of these services is adjusted according to the fluctuation in demand.

(b) In 2009, the numbers of women enrolled for woman health service in individual centres were -

Centre	Number of enrolment
Chai Wan Woman Health Centre	4 800
Lam Tin Woman Health Centre	5 560
Tuen Mun Woman Health Centre	5 690
Ap Lei Chau MCHC	230
Fanling MCHC	430
Lek Yuen MCHC	1 150
Ma On Shan MCHC	430
Sai Ying Pun MCHC	80
South Kwai Chung MCHC	180
Tseung Kwan O Po Ning Road MCHC	230
Tsing Yi MCHC	160
Wang Tau Hom MCHC	210
West Kowloon MCHC	210
Total	19 360

In 2009-10, the unit cost for each woman enrolled for woman health service was \$1,045 and the subsidy level was about 70%.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)159

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

Question Serial No.

2485

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide details of the consultations on policy making and assessment under all programmes in the following format. Using the table below, please provide information on the consultations for which funds had been allocated in 2009-10:

Name/subject of consultation	Revised estimate (\$)	Progress of consultation (under planning/ in progress/ completed)	Mode of consultation (e.g. by means of written submissions, consultation sessions, focus groups), number of consultation exercises, name of organizations and number of people consulted/to be consulted	The Administration's follow-up actions on the consultation results and the progress made (if applicable)	For consultations already completed, were the results publicized? If so, what were the channels? If not, why not?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

Name/subject of consultation	Revised estimate (\$)	Progress of consultation (under planning/ in progress/ completed)	Mode of consultation (e.g. by means of written submissions, consultation sessions, focus groups), number of consultation exercises, name of organizations and number of people consulted/to be consulted	The Administration's follow-up actions on the consultation results and the progress made (if applicable)	For consultations already completed, were the results publicized? If so, what were the channels? If not, why not?
Consultation on the Introduction of the Concept of Advance Directives in Hong Kong	The consultation is conducted as part of the normal operation of the Food and Health Bureau. No additional resources are involved and no separate estimate is available.	In progress	LegCo Panel on Health Services briefed on 8 Dec 2008. Consultation paper issued on the Food and Health Bureau's website on 23 Dec 2009. Over 140 stakeholder groups (incl. healthcare and legal professions, patient groups, non-government organisations providing healthcare and related services, academics and religious groups) have been invited to provide their views.	The consultation period will end on 22 Mar 2010. Subject to the views collected, the Administration plans to prepare an information package on advance directive for the public, and to work with the relevant professional bodies to formulate any necessary guidelines and procedures for handling advance directives.	N/A

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)160

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

Question Serial No.

2486

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide details of the consultations on policy making and assessment under all programmes in the following format. Have resources been earmarked for holding consultations in 2010-11? If so, please provide the following details.

Name/subject of consultation	Expenditure (\$)	Progress of consultation (under planning/ in progress/ completed)	Mode of consultation (e.g. by means of written submissions, consultation sessions, focus groups), number of consultation exercises, name of organizations and number of people consulted/to be consulted	For consultations scheduled for completion in the financial year 2010-11, will the results be publicized? If not, what are the reasons?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

Name/subject of consultation	Expenditure (\$)	Progress of consultation (under planning/ in progress/ completed)	Mode of consultation (e.g. by means of written submissions, consultation sessions, focus groups), number of consultation exercises, name of organizations and number of people consulted/to be consulted	For consultations scheduled for completion in the financial year 2010-11, will the results be publicized? If not, what are the reasons?
Second-stage public consultation on healthcare reform – healthcare financing	The workload arising from the public consultation is being undertaken as part of the day-to-day operations of the FHB. We have no separate estimates on the expenditure required.	Under planning	Public consultation subject to planning	Yes
Long term legal framework for the protection of privacy and security of the eHealth Record Sharing system	Under planning	Under planning	Public consultation covering Legislative Council, District Councils, stakeholder groups such as healthcare professions, healthcare service providers, patient groups, IT sector and the general public would be conducted. The details are being worked out.	Yes

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)161

Question Serial No.

1136

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

According to the Financial Secretary, "the Government will allocate additional funding of about \$40 million in the next financial year to enhance the regulation of drugs. To ensure medication safety and safeguard public health, the Government will propose legislative amendments and explore ways of implementing these measures and providing the necessary resource support." Please provide details of the relevant plan, the timetable for legislative amendments, the estimated expenditure, the manpower requirements and the ranks involved.

Asked by: Hon. LEUNG Ka-lau

Reply:

Enhancing the regulatory regime of drugs is a long term on-going commitment of the Government. The Government will allocate additional funding of about \$42.1 million in 2010-11 to enhance the regulation of pharmaceutical products and proprietary Chinese medicines. In addition, the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong released its report in January 2010 and proposed 75 recommendations to further strengthen the regulatory framework of pharmaceutical products in Hong Kong. We will go through the established procedures to seek additional staff resources, if required, to implement the recommendations. Some of the recommendations will be implemented subject to the passing of the relevant legislative amendments.

A sum of \$8.6 million in 2010-11 is for GL to provide analytical services in assisting the regulatory and law enforcement activities related to pharmaceutical products and proprietary Chinese medicines. Of this sum, \$5.2 million is for personal emoluments and \$3.4 million for other costs. 12 civil service posts will be created, including 3 Chemists, 2 Science Laboratory Technologists, 3 Science Laboratory Technician I and 4 Science Laboratory Technician II. Furthermore, major instruments and equipment costing a total of \$ 13.580 million will also be acquired by GL.

A sum of \$33.5 million in 2010-11 is for DH to strengthen the regulation of pharmaceutical products and proprietary Chinese medicines. Of this sum, \$15.5 million is for personal emoluments and \$18 million for other costs. 27 civil service posts will be created, including 1 Senior Pharmacist, 11 Pharmacists, 6 Scientific Officers (Medical), 2 Foremen, 2 Medical Technologists, 1 Senior Executive Officer, 1 Executive Officer II, 2 Assistant Clerical Officers and 1 Clerical Assistant.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 12.3.2010

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

FHB(H)162

Question Serial No.

0995

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in the 2010-11 estimate that the average length of stay of patients has decreased from the actual 8.0 days in 2008-09 to 7.7 days in the revised estimate for 2009-10 and will further decrease to 7.6 days in the estimate for 2010-11. Could the Administration inform this Committee of the reason(s) for the continuous decrease in the length of stay of patients?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The advancement in medical technologies and care pathways have led to more timely investigations and treatments, which have in turn shortened the patients' average length of stay in the hospitals. Given the above, it is hence estimated that the average length of stay of patients in the hospitals will continue to decrease in 2010-11. It is HA's strategic direction to enhance ambulatory and community care which is also a global trend.

Signature _____

Name in block letters _____ Ms Sandra LEE _____

Post Title _____ Permanent Secretary for Food and
Health (Health) _____

Date _____ 12.3.2010 _____

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

FHB(H)163

Question Serial No.

1020

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In 2010-11, the Food and Health Bureau will take forward and co-ordinate the development of a territory-wide patient-oriented electronic health record system. Will the Administration inform this Committee of the following:

- (a) What is the latest progress of this initiative? What are the expenditure and manpower involved in 2009-10 and 2010-11 respectively? Does it involve any outsourcing programmes? If yes, what are the main programmes and the cost involved?
- (b) What are the main difficulties encountered while taking forward the system? What measures and resources are in place to tackle them?
- (c) Does the Administration have any specific targets, indicators and timetable for taking forward this initiative?

Asked by: Hon. TAM Wai-ho, Samson

Reply:

(a), (b) and (c)

The Government is committed to developing a territory-wide patient-oriented Electronic Health Record (eHR) system where individual records are owned by the patients. Participation will be on a voluntary basis and sharing of patients' health records between healthcare professionals in both public and private sectors is subject to patients' express and informed consent. The eHR system, which serves as an essential infrastructure for implementing the healthcare reform, will enhance continuity of care for patients and efficiency of healthcare by providing a platform for seamless integration and interface of healthcare services at different levels of care from primary care doctors to hospitals.

The targets of the first stage programme are: (i) to have the eHR sharing platform as an essential healthcare infrastructure ready by 2013-14 for connection with all public and private hospitals, (ii) to have electronic medical/patient record systems or other health information systems in the market for connection to the eHR sharing platform, and (iii) to formulate a legal framework for the eHR sharing system to protect data privacy and security prior to commissioning of the system.

In July 2009, the Finance Committee of the Legislative Council approved a new commitment of \$702 million for implementing the first stage of the eHR Programme from 2009-10 to 2013-14. Up to two-third of the \$702 million commitment has been planned for procurement of goods and services.

To co-ordinate the complex and multi-faceted eHR development programme, the Government set up a dedicated eHR Office in the Food and Health Bureau. In 2009-10, 15 civil service posts were created for the setting-up of the eHR Office, involving an annual staff cost of \$15.5 million. Seven new civil service posts are planned for the eHR Office in 2010-11, involving an additional annual staff cost of \$5.4 million. The Hospital Authority IT Services will provide the eHR Office with technical support and has established the eHR Programme development team, which comprises 88 posts in 2009-2010, to carry out the projects under the eHR Programme. The Department of Health will also set up a team for the development of its eHR systems. For all these eHR development co-ordinating and supporting functions, the Government has earmarked a total of \$369 million recurrent resources for three years from 2009-10 to 2011-12.

The engagement and participation of all stakeholders in the private and non-government sectors will be essential to building up a territory-wide patient-oriented eHR system. To this end, the eHR Office launched the first stage eHR Engagement Initiative (EEI) in October 2009 to invite proposals from private healthcare stakeholders which would contribute to the development of the eHR sharing system. 50 proposals have been received and are being assessed. A second stage EEI invitation targeting at IT sector will be launched in the latter half of 2010 tentatively.

A blueprint for the core infrastructure, which proposes an overall eHR architectural design to support a standards-based, robust and secured central platform, is under preparation. A blueprint for the Hospital Authority Clinical Management System (CMS) extension is also under preparation. It will contain a strategy for the development, sourcing and hosting of the CMS adaptation modules for private hospitals and CMS on-ramp applications for private practitioners. These modules and applications will be provided to the private healthcare sector for free or at minimal cost for their use.

Protection of patient data privacy and security is of paramount importance in developing the eHR sharing system. To this end, the eHR Office will commission a Privacy Impact Assessment and a Privacy Compliance Audit, as well as Security Risk Assessments and Security Audits to safeguard data privacy and ensure the integrity of the eHR system. We will also develop the long-term legal framework to safeguard the privacy and security of eHR data. The eHR Office will consult the relevant professions, stakeholders and the public in 2010-11 on issues such as voluntary participation; authorisation; consent for record access and the long-term legal framework required for the protection of privacy and security of eHR data. Drafting of the necessary legislation will then follow.

Signature	_____
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	12.3.2010

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

FHB(H)164

Question Serial No.

1043

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide data on various hospital clusters' accident and emergency (A&E) services as regards waiting time in respect of different triage categories and allocation of manpower in 2008-09 and 2009-10.

The number of attendances recorded for A&E services has increased year by year from 2 087 902 in 2007-08 to 2 173 000 as estimated for 2010-11. What are the reasons? Will the Administration allocate additional resources or manpower to meet the demand? If yes, please provide the details. If no, what are the reasons?

Will the Administration adopt any new measures for triaging attendances for A&E services to reduce the workload of frontline health care workers? If yes, please provide the details. If no, what are the reasons?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The tables below set out the average waiting time for Accident & Emergency (A&E) services in different triage categories in each hospital cluster for 2008-09 and 2009-10 (up to December 2009):

2008-09

Cluster	Average waiting time (minute) for A&E services				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKE	0	5	15	56	104
HKW	0	5	18	72	126
KC	0	6	17	65	101
KE	0	8	16	77	124
KW	0	6	21	88	108
NTE	0	7	15	54	54
NTW	0	3	13	50	50
Overall	0	6	17	66	89

2009-10 (April-December 2009)

Cluster	Average waiting time (minute) for A&E services				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKE	0	5	16	71	117
HKW	0	5	18	73	124

Cluster	Average waiting time (minute) for A&E services				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
KC	0	6	17	70	97
KE	0	7	15	75	109
KW	0	6	18	94	102
NTE	0	7	18	69	67
NTW	0	3	14	62	65
Overall	0	6	17	75	94

The tables below set out the number of doctors and nurses (on full-time equivalent basis) in A&E Departments in each cluster in 2008-09 and 2009-10 :

2008-09 (as at 31 March 2009)

	HKE	HKW	KC	KE	KW	NTE	NTW	Total
Number of A&E Departments	3	1	1	2	4	3	2	16
Number of doctors	52.58	25	37.62	69	109	71.5	64.82	429.52
Number of nurses	75.85	41.77	63.62	101.95	156.54	149	125	713.73

2009-10 (as at 31 December 2009)

	HKE	HKW	KC	KE	KW	NTE	NTW	Total
Number of A&E Departments	3	1	1	2	4	3	2	16
Number of doctors	52.58	29	39.62	70	112	69.75	67.38	440.33
Number of nurses	78.16	46.54	64.6	103.8	146.54	149	132.66	721.3

HA estimates that the number of attendances of A&E services will increase by around 1.2% from 2 147 000 in 2009-10 revised estimate to 2 173 000 in 2010-11, mainly due to population growth. HA will continue to monitor the service needs and make suitable allocation and deployment of its resources to meet the demand.

A triage system has been put in place in all A&E Departments in the Hospital Authority to classify patients into five categories according to their clinical conditions to ensure that patients with urgent needs for medical treatment are promptly attended to. In order to minimise improper use of A&E services by patients under non-emergency conditions and to reduce workload of frontline staff, we will continue to encourage the public to make better use of the services of family doctors, who should be the first point of contact for accessing medical services.

Note:

HKE – Hong Kong East Cluster

HKW – Hong Kong West Cluster

KC – Kowloon Central Cluster

KE – Kowloon East Cluster

KW – Kowloon West Cluster

NTE – New Territories East Cluster

NTW – New Territories West Cluster

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and
Health (Health)

Date 12.3.2010

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION****FHB(H)165**

Question Serial No.

1044

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the respective figures on the waiting time and the manpower level of healthcare personnel for each type of psychiatric services in all hospitals in 2008-09 and 2009-10.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Hospital Authority (HA) provides a range of mental health services including inpatient, outpatient and various community psychiatric services. Generally, patients whose clinical conditions require hospitalization or inpatient care will be arranged for admission to psychiatric inpatient wards for treatment and they do not need to wait for the service. For psychiatric patients discharged from hospitals or other patients residing in the community, they will be arranged to receive various community psychiatric services available in HA or service providers of the social welfare sector and the timing for providing such services would depend on the clinical conditions as well as the treatment and rehabilitation needs of individual patients.

The table below provides the median waiting time of new appointments at psychiatric specialist outpatient clinics in each hospital cluster of HA for 2008-09 and 2009-10 (up to 31 December 2009):

Cluster	Median waiting time (weeks)	
	2008-09	2009-10 (up to 31 December 2009)
Hong Kong East Cluster	2	1
Hong Kong West Cluster	5	8
Kowloon Central Cluster	3	3
Kowloon East Cluster	5	5
Kowloon West Cluster	4	4
New Territories East Cluster	4	4
New Territories West Cluster	4	2
Overall	4	4

HA delivers mental health services using an integrated and multi-disciplinary team approach involving psychiatrists, psychiatric nurses, community psychiatric nurses, clinical psychologists, occupational therapists etc. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to

cope with the service needs and operational requirements. The table below sets out the number of staff providing psychiatric services in each hospital cluster for 2008-09 and 2009-10 (up to 31 December 2009):

Cluster	Number of staff ^{note 1}				
	Psychiatrist	Psychiatric Nurse ^{note 2}	Community Psychiatric Nurse	Clinical Psychologist	Occupational Therapist
2008-09					
Hong Kong East Cluster	29	188	14.5	3	10
Hong Kong West Cluster	21	77	7	2	9
Kowloon Central Cluster	30	216	10.5	5	12
Kowloon East Cluster	27	88	15	4	9
Kowloon West Cluster	63	525	36	11	34
New Territories East Cluster	53	268	18.5	4	22
New Territories West Cluster	65	518	32	8	35
Overall	288	1 880	133.5	37	131
2009-10 (as at 31 December 2009)					
Hong Kong East Cluster	32	196	14	4	10
Hong Kong West Cluster	22	82	7	3	10
Kowloon Central Cluster	33	221	11	5	12
Kowloon East Cluster	29	86	15	4	10
Kowloon West Cluster	67	531	31	12	34
New Territories East Cluster	59	273	20	5	22
New Territories West Cluster	68	515	38.5	8	35
Overall	310	1 904	136.5	41	133

Notes:

1. The number of staff is calculated on full-time equivalent basis.
2. The number of psychiatric nurses includes community psychiatric nurses.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)166

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

Question Serial No.

1045

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

On the matter of enhancing infection control measures to cope with the virus of human swine influenza, please provide in tabular form details on the planned services, estimated expenditure and existing and estimated staffing establishment.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The table below sets out the enhanced infection control measures implemented by the Hospital Authority (HA) to cope with the Human Swine Flu (HSI) and the additional funding to be provided to HA in 2010-11 for the purpose.

Measures	Additional Funding in 2010-11 (\$ million)
(a) opening of Designated Flu Clinics with the support of other general out-patient clinics (GOPCs) as refill clinics	16.2
(b) strengthening the operation of isolation facilities and Intensive Care Unit	
(c) enhancement of the throughput of laboratory tests	
(a) additional stockpiling of personal protective equipment (PPE)	21.0
(b) supply of more PPE to HA staff	
(c) promotion of hand-hygiene in hospitals, Designated Flu Clinics and GOPCs including supply of more alcohol hand-rub	
(a) provision of antiviral therapy	9.0
Total :	46.2

HA deploys existing staff to implement the enhanced infection control measures and no additional staff will be employed for the purpose.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 12.3.2010

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

FHB(H)167

Question Serial No.

1051

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown by items of the numbers of applications approved and the expenditures incurred in 2008-09 and 2009-10 respectively under the Samaritan Fund.

Asked by: Hon. LEE Cheuk-yan

Reply:

The table below sets out the number of approved applications and the corresponding amount of subsidy granted under the Samaritan Fund in 2008-09 and 2009-10 (up to 31 December 2009):

Items	2008-09		2009-10 (up to 31 December 2009)	
	Number of approved applications	Total amount of subsidies granted (\$ million)	Number of approved applications	Total amount of subsidies granted (\$ million)
Cardiac Pacemakers	432	20.3	344	16.9
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 552	54.2	1 264	44.4
Intraocular Lens	1 433	2.1	1 038	1.3
Home use equipment, appliances and consumables	73	0.4	48	0.5
Drugs	803	73.6	758	70.5
Gamma Knife Surgeries in private hospital	32	2.1	18	1.2
Cost for harvesting bone marrow in foreign countries	10	1.0	9	1.4
Myoelectric prosthesis / custom-made prosthesis / appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	91	1.2	71	0.7
Total	4 426	154.9	3 550	136.9

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 12.3.2010

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

FHB(H)168

Question Serial No.

1075

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding Programme (1) Health:

- (a) Why is the revised estimate lower than the original estimate for 2009-10 by about \$9.6 million?
- (b) Why is there an increased cash flow requirement for non-recurrent items in 2010-11?
- (c) In 2010-11, 15 posts will be created. Please state the ranks of these posts, the expenditure required each year and the reasons for their creation.

Asked by: Hon. HO Chun-yan, Albert

Reply:

- (a) The decrease of \$9.6 million in the 2009-10 revised estimate for Programme (1): Health as compared with the 2009-10 original estimate is mainly due to savings in personal emoluments because of the change in schedule for creation of some posts and the impact of the 2009 civil service pay adjustment; savings in departmental expenses; and lower than expected cash flow requirements for the non-recurrent items of Health and Health Services Research Fund (HHSRF) and Research Fund for the Control of Infectious Diseases.
- (b) The estimated expenditure of non-recurrent items in a given year is dependent upon the number of projects approved in previous years and the cash flow requirements that match with the planned progress of individual projects. The increase in the 2010-11 estimated cash flow requirements for the non-recurrent items of HHSRF and Research Fund for the Control of Infectious Diseases is mainly due to:
 - increasing demand from new projects that are being supported by the two research funds, as well as for strengthening of HHSRF funding mechanism to meet contingent requirement for responding to special public health issues and incidents. On strengthening of the HHSRF funding mechanism, it has been approved that research studies on specific themes will be commissioned in future years in order to generate more focused and co-ordinated research response to particular areas of health policies or issues, and such commissioning will be particularly important following the occurrence of a public health incident.
 - with a greater awareness of public health issues by the Hong Kong research community, there has been an increasing number of funded projects, and the funded amount has also proportionally increased over the years.

- increased grant ceiling for each project from \$0.8 million to \$1 million for applications to be approved in 2010-11 and onwards. With this upward adjustment, the cash flow requirement for the subsequent year is expected to increase.

(c) Details of the 15 additional posts to be created in the Health Branch in 2010-11 are as follows –

<u>Purpose</u>	<u>Rank</u>	<u>No. of Post</u>	<u>Annual Salary (Notional annual mid-point salary) (\$)</u>
(i) Enhancing support for the Electronic Health Record Office	Chief Management Services Officer	1	981,000
	Senior Systems Manager	1	981,000
	Senior Executive Officer	1	719,160
	Clerical Officer	1	303,840
	Assistant Clerical Officer	3	568,260
(ii) Providing support for the piloting of oral health promotion and dental care projects	Chief Executive Officer *	1	981,000
	Senior Executive Officer *	1	719,160
	Executive Officer II *	1	350,820
(iii) Supporting the researches and studies on medical and health related issues in the Research Office	Scientific Officer (Medical)**	4	2,628,720
(iv) Strengthening clerical support to the Bureau	Assistant Clerical Officer	1	189,420
	Total:	15	8,422,380

* denotes three-year time-limited posts

** denotes civil service posts to be created to replace four existing short-term non-civil service contract positions in the Research Office of the Bureau

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)169

Question Serial No.

1076

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In working out the 2010-11 additional provisions for the Hospital Authority (HA), how does the Administration work them out having regard to factors such as population ageing and other demographic changes, population growth, technology advancement and new services? Please list the respective additional provisions for the HA on account of population ageing and other demographic changes, population growth, technology advancement, new services and improvement to services.

Asked by: Hon. HO Chun-yan, Albert

Reply:

The financial provision for the Hospital Authority (HA) for 2010-11 is \$1,396 million (4.3%) higher than the revised estimate for 2009-10. This is mainly due to the following additional provision, partly offset by reduction of \$315 million in HA's recurrent subvention resulted from the 2009 civil service pay cut effective from 1 January 2010:

- (i) an additional recurrent subvention of \$872 million for HA to enhance its health care services and to improve the quality of clinical care through implementation of various initiatives, which mainly include:
 - (1) expansion of service capacity in the Hong Kong East, the Kowloon East and the New Territories West clusters through opening of additional beds and operating theatre suites;
 - (2) enhancement of mental health services through new initiatives including introduction of the case management programme for patients with severe mental illness, enhanced assessment and treatment to patients with common mental disorders;
 - (3) enhancement of services for treatment of life-threatening diseases, including haemodialysis service, palliative care for patients with end-stage renal diseases, clinical oncology service, integrated cancer care and acute cardiac care;
 - (4) enhancement of cataract services by increasing the number of cataract surgeries in HA's hospitals, and providing subsidy to eligible HA patients to conduct surgeries in the private sector, subject to a co-payment;
 - (5) improvement in waiting time for joint replacement surgeries through establishment of a specialist centre for joint replacement surgery;
- (ii) an additional provision of \$309 million for HA to implement a number of healthcare reform related initiatives including:

- (1) expansion of the coverage of the HA Drug Formulary by including eight new drugs of proven cost effectiveness and efficacy as standard drugs in the Formulary and expanding the clinical use of nine classes of drugs in HA; and
 - (2) strengthening the support for chronic patients by increasing the throughput of the Chronic Disease Management Shared Care Programme;
- (iii) an additional provision of \$161 million for HA to implement various new / on-going initiatives including:
- (1) strengthening the quality control mechanism for pharmaceutical products supplied to HA;
 - (2) enhancing infection control measures to cope with the Human Swine Flu (HSI);
 - (3) sustaining supply of nursing manpower in Hong Kong through provision of registered nurse and enrolled nurse training places;
 - (4) strengthening support to discharged patients through expansion of HA Community Health Call Centre services; and
 - (5) enhancing the service capacity of Substance Abuse Clinics for early treatment to drug abusers with mental health problem
- (iv) a one-off funding of \$110 million to meet part of HA's 2009-10 funding requirements for enhancement of infection control measures to cope with the Human Swine Flu (HSI) and strengthening the quality control mechanism for pharmaceutical products; and
- (v) an additional provision of \$157 million for procurement of medical and information technology equipment and development of information systems.

Signature _____

Name in block letters _____ Ms Sandra LEE _____

Post Title _____ Permanent Secretary for Food and Health (Health) _____

Date _____ 12.3.2010 _____

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

FHB(H)170

Question Serial No.

1085

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In delivering his Budget Speech for 2010-11 (paragraph 130), the Financial Secretary indicated that a total of \$600 million would be allocated for the next three financial years to implement a number of proposals to strengthen primary care services. These proposals include extending the pilot project for strengthening the support to chronic patients, setting up community health centres or networks, and enhancing primary dental services, etc. How will the amount of \$600 million be allocated in the next three years? What is the timetable for implementing the various proposals on primary care services?

Asked by: Hon. IP Kwok-him

Reply:

Following the broad public support during the first-stage public consultation on healthcare reform in 2008, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health has put forward a set of recommendations to enhance primary care in Hong Kong. These include:

- (i) developing conceptual models and clinical protocols for primary care;
- (ii) setting up and promoting a Primary Care Directory; and
- (iii) designing feasible service delivery models, based on the primary care conceptual models and clinical protocols, to enhance primary care services in the community.

Based on these recommendations, the Government has earmarked a total of about \$600 million for the period 2010-11 to 2012-13 (of which about \$169 million will be allocated in 2010-11) to implement a series of pilot projects to enhance primary care, including –

- (1) \$254 million for strengthening the support for chronic disease patients;
- (2) \$65 million for setting up community health centres or network; and
- (3) \$80 million for enhancing primary dental services and oral health promotion programmes in collaboration with the dental profession, particularly those for the elderly in need.

We are working out the implementation details of the above pilot projects, including their scale, manpower requirement, and participation arrangements.

In addition to the above, starting from August 2009, the Government has already launched, through the Hospital Authority (HA), a series of pilot projects under the policy initiative announced by the Chief Executive in his 2008-09 Policy Address to enhance support for chronic disease patients in the primary care settings. These include promoting the prevention and treatment of chronic diseases in both the public and

private sectors in local communities, conducting health risk assessments and drawing up management plans for high-risk groups, helping chronic disease patients improve their self-care skills through enhanced education, etc.

In order to support the development of primary care in Hong Kong and co-ordinate the implementation of various programmes to enhance primary care, the Government has planned to set up a Primary Care Office (PCO) in 2010-11. The PCO will be responsible for supporting the WGPC for the strategic planning, implementation and overall co-ordination of long-term development of primary care, so as to improve health of the population and to strengthen disease prevention and control. It will be set up under the Department of Health (DH) and comprise staff of relevant expertise including those from DH, the Hospital Authority (HA) and the Food and Health Bureau (FHB).

Out of the \$226 million earmarked for the PCO for the period 2010-11 to 2012-13, about \$194 million is earmarked for implementing specific tasks relating to primary care development, including developing primary care conceptual models and preventive protocols, establishing and maintaining the Primary Care Directory, implementing and evaluating new primary care delivery models, supporting research on primary care, improving primary care related training and capacity building in collaboration with healthcare professionals, etc. It will also coordinate and monitor the progress of all the pilot projects mentioned above, and continuously work with independent assessment bodies to evaluate the arrangements and effectiveness of the projects during the pilot period.

The PCO will involve an initial setup of 19 civil service posts, comprising Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, Administrative Officer, Executive Officers and supporting clerical and secretarial staff, breakdown of which is at Annex. The Head of the PCO will be pitched at the Assistant Director of Health (D2) rank, underpinned by a Principal Medical and Health Officer (D1). We will seek the Finance Committee's approval in due course to create the two directorate posts later. We have earmarked about \$9 million in 2010-11 for these civil service posts. In addition, about \$6 million in 2010-11 has been earmarked for secondment of staff from HA (e.g. Medical and Health Officers, Scientific Officer (Medical), Nursing Officer) with relevant expertise in the provision and development of primary care and other related tasks such as the development of clinical protocols.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

Proposed Civil Service Staffing Complement for the Primary Care Office

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Assistant Director of Health	1
Principal Medical & Health Officer	1
Senior Medical & Health Officer	2
Medical & Health Officer	2
Nursing Officer	2
Scientific Officer (Medical)	2
<u>Administration support</u>	
Senior Executive Officer	2
Executive Officer I*	1
Executive Officer II	1
Clerical Officer	1
Assistant Clerical Officer	2
Personal Secretary I	1
<u>Policy and strategy development</u>	
Administrative Officer*	1
Total	19

*Existing posts in the Food and Health Bureau. All other posts are new posts to be created under the Department of Health.

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

FHB(H)171

Question Serial No.

1086

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In delivering his Budget Speech for 2010-11 (paragraph 128), the Financial Secretary indicated that an additional funding of \$1.24 billion would be provided to the Hospital Authority to strengthen a range of services, among which is implementing various measures to strengthen our preparedness against the epidemic disease of human swine influenza (H1N1). What are the measures to be implemented and the resources to be involved?

Asked by: Hon. IP Kwok-him

Reply:

The table below sets out the enhanced infection control measures implemented by the Hospital Authority (HA) to cope with the Human Swine Flu (HSI) and the additional funding to be provided to HA in 2010-11 for the purpose.

Measures	Additional Funding in 2010-11 (\$ million)
(a) opening of Designated Flu Clinics with the support of other general out-patient clinics (GOPCs) as refill clinics (b) strengthening the operation of isolation facilities and Intensive Care Unit (c) enhancement of the throughput of laboratory tests	16.2
(a) additional stockpiling of personal protective equipment (PPE) (b) supply of more PPE to HA staff (c) promotion of hand-hygiene in hospitals, Designated Flu Clinics and GOPCs including supply of more alcohol hand-rub	21.0
(a) provision of antiviral therapy	9.0
Total :	46.2

HA deploys existing staff to implement the enhanced infection control measures and no additional staff will be employed for the purpose.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)172

Question Serial No.

2170

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 130 of the Budget Speech that the Administration will allocate \$600 million for enhancing primary dental services. Will the Administration inform this Committee how much of this \$600 million funding will be allocated for provision of dental services for the elderly; how many elders will benefit from such dental services each year; and what types of dental services will be provided to them?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Government has earmarked \$80 million for the period 2010-11 to 2012-13 (of which about \$22 million will be allocated in 2010-11) to support programmes for enhancing primary dental services and oral health promotion, particularly those for the elderly in need. The programmes are still being developed in collaboration with the dental profession and no concrete details of the programmes have been finalized at this juncture.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and
Health (Health)

Date 12.3.2010

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

FHB(H)173

Question Serial No.

2603

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Government will allocate a total of around \$600 million in the next three financial years (2011-12 to 2013-14) to enhance primary care services, which include launching pilot projects in various districts to set up community health centres and networks under different service models. Please give details on the healthcare services by financial year and district.

Asked by: Hon. LEUNG Mei-fun, Priscilla

Reply:

Following the broad public support during the first-stage public consultation on healthcare reform in 2008, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health has put forward a set of recommendations to enhance primary care in Hong Kong. These include:

- (i) developing conceptual models and clinical protocols for primary care;
- (ii) setting up and promoting a Primary Care Directory; and
- (iii) designing feasible service delivery models, based on the primary care conceptual models and clinical protocols, to enhance primary care services in the community.

Based on these recommendations, the Government has earmarked a total of about \$600 million for the period 2010-11 to 2012-13 (of which about \$169 million will be allocated in 2010-11) to implement a series of pilot projects to enhance primary care, including –

- (1) \$254 million for strengthening the support for chronic disease patients;
- (2) \$65 million for setting up community health centres or network; and
- (3) \$80 million for enhancing primary dental services and oral health promotion programmes in collaboration with the dental profession, particularly those for the elderly in need.

We are working out the implementation details of the above pilot projects, including their scale, manpower requirement, and participation arrangements.

In addition to the above, starting from August 2009, the Government has already launched, through the Hospital Authority (HA), a series of pilot projects under the policy initiative announced by the Chief Executive in his 2008-09 Policy Address to enhance support for chronic disease patients in the primary care settings. These include promoting the prevention and treatment of chronic diseases in both the public and private sectors in local communities, conducting health risk assessments and drawing up management plans

for high-risk groups, helping chronic disease patients improve their self-care skills through enhanced education, etc.

In order to support the development of primary care in Hong Kong and co-ordinate the implementation of various programmes to enhance primary care, the Government has planned to set up a Primary Care Office (PCO) in 2010-11. The PCO will be responsible for supporting the WGPC for the strategic planning, implementation and overall co-ordination of long-term development of primary care, so as to improve health of the population and to strengthen disease prevention and control. It will be set up under the Department of Health (DH) and comprise staff of relevant expertise including those from DH, the Hospital Authority (HA) and the Food and Health Bureau (FHB).

Out of the \$226 million earmarked for the PCO for the period 2010-11 to 2012-13, about \$194 million is earmarked for implementing specific tasks relating to primary care development, including developing primary care conceptual models and preventive protocols, establishing and maintaining the Primary Care Directory, implementing and evaluating new primary care delivery models, supporting research on primary care, improving primary care related training and capacity building in collaboration with healthcare professionals, etc. It will also coordinate and monitor the progress of all the pilot projects mentioned above, and continuously work with independent assessment bodies to evaluate the arrangements and effectiveness of the projects during the pilot period.

The PCO will involve an initial setup of 19 civil service posts, comprising Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, Administrative Officer, Executive Officers and supporting clerical and secretarial staff, breakdown of which is at Annex. The Head of the PCO will be pitched at the Assistant Director of Health (D2) rank, underpinned by a Principal Medical and Health Officer (D1). We will seek the Finance Committee's approval in due course to create the two directorate posts later. We have earmarked about \$9 million in 2010-11 for these civil service posts. In addition, about \$6 million in 2010-11 has been earmarked for secondment of staff from HA (e.g. Medical and Health Officers, Scientific Officer (Medical), Nursing Officer) with relevant expertise in the provision and development of primary care and other related tasks such as the development of clinical protocols.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 15.3.2010

Proposed Civil Service Staffing Complement for the Primary Care Office

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Assistant Director of Health	1
Principal Medical & Health Officer	1
Senior Medical & Health Officer	2
Medical & Health Officer	2
Nursing Officer	2
Scientific Officer (Medical)	2
<u>Administration support</u>	
Senior Executive Officer	2
Executive Officer I*	1
Executive Officer II	1
Clerical Officer	1
Assistant Clerical Officer	2
Personal Secretary I	1
<u>Policy and strategy development</u>	
Administrative Officer*	1
Total	19

*Existing posts in the Food and Health Bureau. All other posts are new posts to be created under the Department of Health.

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

FHB(H)174

Question Serial No.

2604

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

According to the Bureau, an interim review on the operation of the Elderly Health Care Voucher pilot scheme will be conducted. In this connection, please provide more details on the date. Also, has the Administration earmarked any provision in this financial year, i.e. 2010-11, for the possible increase in the amount of subsidy resulting from the review?

Asked by: Hon. LEUNG Mei-fun, Priscilla

Reply:

The Elderly Health Care Voucher Scheme (the Scheme) was launched on 1 January 2009 as a three-year pilot scheme to provide elders aged 70 or above with five health care vouchers of \$50 each annually as a partial subsidy for using private primary care services in the community that most suit their needs.

Number of enrolled practices

The number of healthcare practices enrolled under the Scheme was 3 248 as at end February 2010, up from 2 116 when the Scheme was launched on 1 January 2009. A breakdown of enrolled practices as at end February 2010 by profession and district is at Annex A. The Department of Health (DH) will continue to monitor the enrolment of service providers and promote for participation in the Scheme.

Between 1 January 2009 and end February 2010, 1 274 practices have newly enrolled in the Scheme, while 142 practices have withdrawn (87 in Western medicine, 22 in Chinese medicine, 25 in dentistry, 3 in physiotherapy, 4 in chiropractic and 1 in nursing). Among those withdrawn, most have not provided reasons for their withdrawal. For those who have, change in practices at which they work in is the most common reason.

Number of enrolled elders

As at end February 2010, 308 646 eligible elders have participated in the Scheme, constituting 46% of about 670 000 eligible elders aged 70 years or above in 2010. Among them, 215 705 (32% of eligible elders) have made a total of 467 728 voucher claims for 1,123,122 vouchers in total (involving a total amount of \$56.2 million). DH will continue to monitor the participation of elders and promote for participation in the Scheme.

Usage of vouchers

Elders can use the vouchers starting from the year they turn 70 years old. Unused vouchers can be accumulated until the Scheme has ended. By end 2009, 122 883 elders (18% of eligible elders) have used

up all their entitled vouchers in 2009. A breakdown of the number of vouchers used in each claim in 2009 is as follows –

<u>No. of vouchers claimed in each claim episode</u>	<u>No. of claim episodes</u>	<u>% of claim episodes</u>
1	93 531	27
2	144 549	42
3	59 718	17
4	14 706	4
5	36 370	10
Total :	348 874	100%

Information on usage of vouchers by different age groups is at Annex B.

Complaints and improper claims

To ensure that vouchers are properly claimed by the service providers, DH routinely monitors claim transactions through the electronic voucher system, checks claims and examines service records through inspection of service providers, and check with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. In addition, DH has conducted briefing sessions and distributed guidelines via mail, email and website to service providers on procedures for making voucher claims for the elders and conditions for reimbursement.

Up to end February 2010, DH has received a total of 10 complaints under the Scheme. Six complaints involved refusal to provide services to elders enrolled under the Scheme and four involve improper claims. The Health Care Voucher Unit of DH is responsible for the implementation of the Scheme including investigating complaints against and conducting inspection of service providers. The time required for completing the investigation depends on the complexity of individual cases. In general, investigation is expected to be completed within two weeks after receiving the complaint. As at end February 2010, investigation on seven out of the 10 complaints has been completed.

A service provider will be disqualified from the Scheme if (i) the Government is of the reasonable opinion that he has failed to provide health care services in a professional manner or is otherwise found to have committed professional misconduct or malpractice; or (ii) the service provider or his employing organization fails to comply with any provision of the agreement under the Scheme or with any direction or requirement given by the Government or Director of Health in relation to the Scheme. As at February 2010, two medical practitioners and one Chinese medicine practitioners have been disqualified from the Scheme.

Expenditure related to the Scheme

The Government has earmarked a total of \$573.2 million for the three-year pilot Scheme, of which \$505.3 million is budgeted for reimbursing vouchers (\$168.6 million in 2010-11). For the implementation of the Scheme, the Food and Health Bureau and DH have incurred up to end February 2010 actual capital expenditure of \$20.9 million for system development and maintenance and other capital and setting up works, and actual operating expenditure of \$62 million, comprising \$49.2 million for reimbursement of vouchers, \$12.1 million for staffing expenses and \$0.7 million for other operating expenses. The expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears.

Review of the Scheme

As undertaken, the Administration will conduct an interim review in 2010 and a full review after the three-year pilot period. The reviews will assess the effectiveness of the Scheme and its operational arrangements including its scope, and also consider the suggestions to adjust the age limit and revise the voucher amount. The Administration will also conduct surveys to gather feedback from both elders and healthcare providers.

As stated in the 2010-11 Budget Speech, the Financial Secretary will provide the necessary resources subject to the review findings.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 19.3.2010

Location of Practices of Health Care Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 28 February 2010)

Profession District	Western Medicine Doctor	Chinese Medicine Practitioner	Dentist	Occupational Therapist	Physiotherapist	Medical Laboratory Technologist	Radiographer	Chiropractor	Enrolled Nurse	Registered Nurse	Total
Central & Western	127	83	32	3	36	3	4	9	2	3	302
Eastern	125	29	23	2	14	0	0	0	0	2	195
Southern	38	26	4	0	3	0	0	0	0	0	71
Wan Chai	87	75	30	4	27	1	0	0	1	4	229
Kowloon City	116	30	11	0	18	0	0	0	0	0	175
Kwun Tong	137	75	31	3	8	10	11	1	3	16	295
Sham Shui Po	72	45	7	3	10	3	1	0	0	0	141
Wong Tai Sin	75	52	10	0	3	0	0	0	0	0	140
Yau Tsim Mong	217	141	49	5	78	10	8	6	3	25	542
North	45	24	5	0	1	1	0	0	0	0	76
Sai Kung	88	21	7	0	5	3	3	0	0	0	127
Sha Tin	84	28	24	0	20	0	0	1	1	2	160
Tai Po	60	48	12	1	3	2	2	0	2	11	141
Kwai Tsing	82	29	13	0	8	0	0	0	1	1	134
Tsuen Wan	111	46	8	4	15	4	5	1	1	4	199
Tuen Mun	81	60	6	0	3	0	1	0	0	0	151
Yuen Long	93	25	8	0	6	0	0	0	0	1	133
Islands	27	4	1	0	5	0	0	0	0	0	37
Total	1 665	841	281	25	263	37	35	18	14	69	3 248

Utilisation of Health Care Vouchers by Age Group of Eligible Elders
(as at 28 February 2010)

Age group	No. of eligible elders in 2010	No. of elders with voucher accounts [% of eligible elders]	No. of elders without voucher accounts [% of eligible elders]	No. of vouchers used
70-74	230 300	84 709 [37%]	145 591 [63%]	306 087
75-79	199 500	91 699 [46%]	107 801 [54%]	369 280
80-84	132 200	68 314 [52%]	63 886 [48%]	259 747
≥85	112 300	63 924 [57%]	48 376 [43%]	188 008
Total	674 300	308 646 [46%]	365 654 [54%]	1 123 122

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

FHB(H)175

Question Serial No.

2736

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

- a) The Financial Secretary stated in his Budget speech that the Government was working out a supplementary healthcare financing option operating on a voluntary participation basis, containing insurance and savings components. They planned to consult the public on the option this year. Has the Government initiated or commissioned other agencies to conduct a survey/study on the supplementary healthcare financing option? If yes, please list the topics for the survey/study and the responsible agencies. Will the outcome of these surveys/studies be publicized?
- b) Has the Government undertaken any study or data collection exercise to find out the current situation of private sector healthcare market? If yes, please provide details on the number of people who have taken out medical insurance and the amount of premiums paid each year; the amount of insurance payout each year; the amount paid by insurance companies for private healthcare services; and the respective percentages of administrative costs and profits relative to insurance premiums in Hong Kong each year at present. Please also provide the administrative costs and profits relative to insurance premiums for overseas private medical insurance companies. Please provide the sources of these information.
- c) Has the Government considered the feasibility of forming its own insurance company to provide medical insurance for the general public and the costs required for founding an insurance company? If yes, please provide the information.

Asked by: Hon. HO Chun-yan, Albert

Reply:

- a) The Food and Health Bureau (FHB) has commissioned two consultancy studies to be undertaken by actuarial consultants in the private sector on the following two topics to support the formulation of the supplementary healthcare financing scheme: (i) analyses of stakeholders' views, overseas experience and local market situation about private health insurance and (ii) feasibility study on the key features of the voluntary supplementary financing scheme. It is our plan to make available the summary reports of these studies when consulting the public on the proposals for the scheme later this year.
- b) According to Thematic Household Survey on Health-related Issues (THS) conducted by the Census and Statistics Department during February to May 2008, there were about 2.4 million Hong Kong people covered by individually-purchased private health insurance (1.1 million) or employer-provided medical benefit (0.9 million) or both (0.5 million) during that period.

According to the Hong Kong's Domestic Health Accounts 2005/06 (DHA) compiled by FHB and published on its website, individually-purchased private health insurance and employer-provided medical benefit financed about \$3.3 billion for private in-patient services and \$3.2 billion for private out-patient services in 2005/06.

According to statistics compiled by the Office of the Commissioner of Insurance (OCI), total gross premium for medical insurance of general business and medical riders to long-term business amounted to \$9.2 billion in 2008, comprising \$5.4 billion for medical insurance and \$3.8 billion for medical riders. Claims and operating expenses data were available for medical insurance only: in 2008, net claims incurred amounted to \$3.5 billion or 75% of net premium earned; net operating expenses amounted to \$0.9 billion or 19% of net premium written revenue; and net underwriting profits amounted to \$0.2 billion or 5% of net premium earned. The figures may not be directly comparable with the health insurance statistics under THS and DHA due to differences in definitions and methodology.

The above figures available for previous years are set out in the attached table.

We have conducted researches on overseas healthcare financing arrangement, the summary report of which has been released together with the Healthcare Reform Consultation Document “Your Health, Your Life” published in March 2008 and available on FHB’s website (http://www.fhb.gov.hk/beStrong/eng/consultation/consultation_cdhr.html). The consultancy studies commissioned by FHB as mentioned in (a) above will take into account the above data and any other relevant market data, and draw reference from relevant overseas experience.

- c) The detailed proposals for the voluntary supplementary healthcare financing scheme, including the mode of operation and supporting infrastructure required of the Government, will be covered by the consultancy studies commissioned by FHB mentioned in (a) above. We have no concrete plan on forming a company to provide medical insurance.

Signature _____

Name in block letters _____ Ms Sandra LEE _____

Post Title _____ Permanent Secretary for Food and Health (Health) _____

Date _____ 19.3.2010 _____

Statistics Relating to Private Health Insurance and Health Care

	Year					
	2003	2004	2005	2006	2007	2008
Statistics from the Thematic Household Survey on Health-Related Issues						
Total no. of persons covered by individually-purchased private health insurance/ employer-provided medical benefit ^{1 2 3} (mn)	-	-	2.2	-	-	2.4
No. of persons covered by individually-purchased private health insurance only ^{1 2 3} (mn)	-	-	0.9	-	-	1.1
No. of persons covered by employer-provided medical benefit only ^{1 2 3} (mn)	-	-	0.9	-	-	0.9
No. of persons covered by both individually-purchased private health insurance / employer-provided medical benefit concurrently ^{1 2 3} (mn)	-	-	0.5	-	-	0.5
Statistics from the Domestic Health Accounts 2005/06						
Total private in-patient expenditure financed by individually-purchased private health insurance and employer-provided medical benefit ^{4 5 6} (\$Bn)	2.4	3.0	3.3	-	-	-
Private in-patient expenditure financed by employer-provided medical benefit ^{4 5 6} (\$Bn)	1.7	2.0	2.1	-	-	-
Private in-patient expenditure financed by individually-purchased private health insurance ^{4 5 6} (\$Bn)	0.7	1.0	1.2	-	-	-
Total private out-patient expenditure financed by individually-purchased private health insurance and employer-provided medical benefit ^{4 5 6} (\$Bn)	3.2	3.1	3.2	-	-	-
Private out-patient expenditure financed by employer-provided medical benefit ^{4 5 6} (\$Bn)	2.5	2.4	2.4	-	-	-
Private out-patient expenditure financed by individually-purchased private health insurance ^{4 5 6} (\$Bn)	0.7	0.7	0.8	-	-	-
Statistics from the Office of the Commissioner of Insurance						
Total gross premium for medical insurance and medical riders ^{7 11} (\$Bn)	5.2	5.4	5.9	6.9	7.9	9.2
Gross premium for medical insurance ^{7 11} (\$Bn)	2.8	2.9	3.1	3.8	4.5	5.4
Gross premium for medical riders ^{7 11} (\$Bn)	2.4	2.5	2.8	3.1	3.4	3.8
<i>For medical insurance of general business</i>						
Net premium earned ^{7 8 9 11} (\$Bn)	2.5	2.6	2.8	3.3	3.9	4.6
Net claims incurred ^{7 8 9 11} (\$Bn)	1.8	2.0	2.3	2.6	3.0	3.5
Net operating expenses ^{7 8 9 10 11} (\$Bn)	0.5	0.6	0.6	0.7	0.8	0.9
Net underwriting profits (losses) ^{7 8 9 11} (\$Bn)	0.14	0.04	(0.13)	(0.0002)	0.05	0.22

¹ Sources: Thematic Household Survey on Health-related Issues, the survey rounds for 2005 and 2008 were conducted during Nov 2005 to March 2006 and February to May 2008 respectively.

² Persons with employer-provided medical benefit not in the form of medical insurance provided by private companies / organizations (i.e. other than the Government and Hospital Authority) were also included.

³ Figures may not add up exactly to the total due to rounding.

⁴ Source: Hong Kong's Domestic Health Accounts: 2005/06

⁵ Private out-patient included both specialist and general out-patient. The expenditure included also employer-provided medical benefits not in form of medical insurance, if any.

⁶ Dental care, ancillary medical services, investment and administration expenditure not included.

⁷ Sources: Office of the Commissioner of Insurance

⁸ Figures cover only medical insurance of general business and do not cover medical riders to long-term business as most data for the latter are not available.

⁹ Where the underwriting performance is expressed as "gross", it means the measurement is made before taking into account the effect of reinsurance arranged by insurers in underwriting the business concerned (including reinsurance premium payable to reinsurers, reinsurance commission receivable from reinsurers and claims recoverable from reinsurers). As opposed to "gross", any result expressed in "net" means it is after reinsurance.

¹⁰ Net operating expenses include day-to-day administration expenses, advertising and marketing expenses, fund management expenses, net commission payable to insurance agents, etc.

¹¹ Health insurance premium and claims figures of the Office of the Commissioner of Insurance may not be directly comparable with the health insurance statistics under Thematic Household Survey and Domestic Health Accounts.

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

FHB(H)176

Question Serial No.

2737

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

- (a) Please provide a breakdown by age groups, namely below 15, 15-64, 65-74 and over 75, of the inpatient population, the percentage of inpatients in the respective age groups of the population, the number of inpatient days per person in the population on average as well as the cost of health care services of the above age groups and per 1 000 population for the overall population in 2009-10.
- (b) What are the respective costs of inpatient services for each inpatient attendance in 2007-08, 2008-09 and 2009-10? Please list by age groups the average length of stay for cases of death of inpatients.

Asked by: Hon. HO Chun-yan, Albert

Reply:

- (a) The table below provides the number of inpatient discharges and deaths and the number of patient days in respect of hospital services provided by the Hospital Authority (HA) and the respective ratio per 1 000 population by age groups for 2009 (up to end December 2009).

	Inpatient discharges and deaths		Patient days	
	Number	Ratio per 1 000 population <small>(note)</small>	Number	Ratio per 1 000 population <small>(note)</small>
Age below 15	118 068	134	454 116	515
Age 15-64	374 397	71	1 731 327	329
Age 65-74	126 293	278	846 961	1 866
Age 75 and above	299 360	694	2 273 012	5 269

The costs of health care services provided by HA per 1 000 population of the overall population and by respective age group for 2009-10 are shown in the table below. The ratio of HA's costs of health care services to the population figure however does not reflect the total public health expenditure on each Hong Kong citizen on average since not every Hong Kong citizen uses healthcare services provided by HA.

Cost of HA's healthcare services per 1 000 population ^(note)

	2009-10 (Revised Estimate) (\$ million)
Age below 15	3.3
Age 15-64	3.1
Age 65-74	11.3
Age 75 and above	25.6
Overall	5.1

Note : Population figures published by the Census and Statistics Department are adopted as the basis of calculation.

- (b) The table below sets out the average cost per inpatient discharged in respect of general beds, infirmary beds, beds for mentally ill and mentally handicapped services in HA for 2007-08, 2008-09 and 2009-10.

Types of Beds	2007-08 (\$)	2008-09 (\$)	2009-10 (Revised Estimate) (\$)
General (acute & convalescent)	19,550	20,230	20,370
Infirmary	138,990	174,650	176,690
Mentally ill	113,400	120,360	122,220
Mentally handicapped	830,650	809,000	781,400

The average length of stay for death cases of inpatients by age group for 2007-08, 2008-09 and 2009-10 (up to end December 2009) are provided in the table below.

	2007-08 (day)	2008-09 (day)	2009-10 (up to December 2009) (day)
Age below 15	51.1	85.7 *	40.9
Age 15-64	15.8	17.6	15.6
Age 65-74	14.6	15.1	15.9
Age 75 and above	12.5	13.0	12.9

- * The exceptionally long average length of stay was due to the inclusion of three long-stay patients with each staying over 2 600 days before death.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 15.3.2010

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

FHB(H)177

Question Serial No.

2738

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out the expense of the Samaritan Fund in subsidizing patients' drugs and the number of cases involved, and the average percentage of subsidy in the drug expenditure of patients in each of the years from 2008-09 to 2009-10.

Asked by: Hon. HO Chun-yan, Albert

Reply:

The table below sets out the number of applications approved for subsidy under the Samaritan Fund (the Fund) on drug expenses, the total amount of subsidies granted, and the average subsidy as a percentage of the drug expenditure in 2008-09 and 2009-10 (up to 31 December 2009):

Year	Number of applications approved for subsidy on drug expenses	Total amount of subsidies granted (\$ million)	Average drug subsidy level
2008-09	803	73.59	91.2%
2009-10 (up to 31 December 2009)	758	70.52	93.0%

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 15.3.2010

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

FHB(H)178

Question Serial No.

2739

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

- Please set out the provision for each cluster, the numbers of doctors, nurses and general hospital beds per 1000 individuals in each cluster, and the total number for 2009-10;
- Please list by cluster the occupancy rate of general inpatient bed, the waiting time for accident and emergency services and the median waiting time for specialist outpatient services of first priority patients in 2009-10; and
- Please list by cluster the cost per patient day of general bed, the cost per accident and emergency attendance, the cost per specialist outpatient attendance and the cost per general outpatient attendance in 2009-10.

Asked by: Hon. HO Chun-yan, Albert

Reply:

- The table below sets out the budget allocation; number of doctors and nurses per 1 000 population and general hospital beds in respect of each hospital cluster under the Hospital Authority in 2009-10.

Cluster	Budget Allocation (Revised Estimate) (\$ billion)	Number of healthcare professionals as at 31 December 2009				Number of general beds (Revised Estimate)	
		Doctors		Nurses		Number	Bed per 1 000 population
		Number	Ratio per 1 000 population	Number	Ratio per 1 000 population		
HKE	3.44	547	0.68	2 062	2.56	1 942	2.4
HKW	3.65	560	1.06	2 377	4.51	2 853	5.4
KC	4.28	635	1.31	2 808	5.81	3 002	6.2
KE	3.08	575	0.59	2 016	2.07	2 075	2.1
KW	7.14	1 193	0.64	4 744	2.53	5 174	2.8
NTE	5.08	846	0.65	3 271	2.52	3 473	2.7
NTW	3.98	662	0.62	2 625	2.45	1 997	1.9
Total / Overall	30.65	5 018	0.71	19 903	2.83	20 516	2.9

Note:

- (1) The manpower figures are calculated on full-time equivalent basis, including all staff on permanent, contract and temporary terms.
 - (2) The number of doctors includes all doctors at the rank of Medical Officers / Residents and above.
 - (3) The number of nurses includes all nurses at the rank of Registered Nurses and above, Enrolled Nurses and Trainees.
 - (4) It should be noted that the ratio of doctors, nurses and general hospital beds to each 1 000 population varies among clusters and the variances do not necessarily correspond to the difference in the population among clusters because:
 - (i) patients can receive care in hospitals other than those in their own residential districts and cross-cluster utilization of services is rather common;
 - (ii) some specialized services are mainly provided by a number of hospitals in certain clusters and these hospitals are also providing services for patients in other clusters; and
 - (iii) the demographic profiles and disease episodes of local population varies among the clusters.
- (b) The table below sets out the occupancy rate of general inpatient beds, the average waiting time for Accident and Emergency (A&E) services of patients in various triage categories, and the median waiting time for specialist outpatient (SOP) new cases triaged as first priority (urgent) cases in each hospital cluster for 2009-10 (up to December 2009).

Cluster	Occupancy rate for general inpatient beds	Average waiting time (minute) for A&E services					Median waiting time of SOP new cases triaged as 1 st priority (urgent) cases (week)
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (non-urgent)	
HKE	82%	0	5	16	71	117	<1
HKW	71%	0	5	18	73	124	<1
KC	83%	0	6	17	70	97	<1
KE	81%	0	7	15	75	109	<1
KW	80%	0	6	18	94	102	<1
NTE	85%	0	7	18	69	67	<1
NTW	91%	0	3	14	62	65	<1
Overall	82%	0	6	17	75	94	<1

- (c) The table below sets out the cost per patient day for general bed, the cost per A&E attendance, the cost per SOP attendance, and the cost per general outpatient attendance for 2009-10. The variation in unit costs among clusters is due to various reasons such as the differences in the mix of patients, fixed costs involved in the provision of services, complexity of cases and length of stay of patients, etc across different clusters.

	2009-10 (Revised estimate)							
	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
Cost per patient day for General Bed (\$)	3,880	4,380	3,480	3,850	3,640	3,610	3,730	3,750
Cost per Accident and Emergency Attendance (\$)	830	820	780	870	790	920	790	830
Cost per Specialist Outpatient Attendance (\$)	840	980	840	790	810	870	840	850
Cost per General Outpatient attendance (\$)	350	300	300	260	300	300	260	290

Note:

HKE – Hong Kong East Cluster
 HKW – Hong Kong West Cluster
 KC – Kowloon Central Cluster
 KE – Kowloon East Cluster
 KW – Kowloon West Cluster
 NTE – New Territories East Cluster
 NTW – New Territories West Cluster

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION****FHB(H)179**

Question Serial No.

2740

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2010-11, the Hospital Authority will “improve healthcare services in Hong Kong East, Kowloon East and New Territories West Clusters respectively through opening of additional acute and convalescent beds”. Please list the hospitals with these additional beds, and advise on the provision involved in enhancing the services in each cluster. Is there any corresponding increase in manpower for delivering the additional services? If so, please list the number of doctors, nurses and other staff increased for opening of additional beds.

Asked by: Hon. HO Chun-yan, Albert

Reply:

The Hospital Authority (HA) will open additional beds in three hospital clusters below to cope with the growing service demand in 2010-11:

Cluster	Hospital	Number of additional acute beds	Number of additional convalescent beds	Subtotal of number of additional beds in hospital	Total number of additional beds in cluster
Hong Kong East (HKEC)	Pamela Youde Nethersole Eastern Hospital	28	25	53	60
	Ruttonjee and Tang Shiu Kin Hospitals	2	5	7	
Kowloon East (KEC)	Tseung Kwan O Hospital	42	-	42	60
	United Christian Hospital	-	18	18	
New Territories West (NTWC)	Pok Oi Hospital	12	38	50	97
	Tuen Mun Hospital	10	37	47	

HA has earmarked an additional \$137 million for opening additional beds in 2010-11 (including \$47.5 million for KEC, \$68 million for NTWC and \$21 million for HKEC). HA will deploy existing staff and recruit additional staff to cope with the opening of additional beds. The detailed additional manpower requirements are being worked out and not yet available. With the additional beds, the total number of beds of HKEC, KEC and NTWC will increase by 3.1%, 2.9% and 4.9% respectively. The access to inpatient services of the three clusters will be improved.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 15.3.2010

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

FHB(H)180

Question Serial No.

2741

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

On "Promoting Mental Health",

- (a) the Hospital Authority will pilot "a case management programme in three districts" in 2010-11 through introduction of case management programme and personalized care programme for patients with severe mental illness in the community. The programmes will be gradually extended to cover the whole territory. Please advise on the three pilot districts, timetable for extending the programmes to cover the whole territory, amount of provision deployed for such purpose, rank and number of case managers, and number of cases to be handled by each manager;
- (b) in 2010-11, the Hospital Authority will enhance treatment of patients with common mental disorders by providing more appropriate assessment and treatment at psychiatric specialist outpatient clinics. Please advise on the amount of provision deployed for such purpose and expenditure items involved; and
- (c) regarding the additional recurrent funding of about \$70 million to "extend the service mode of the existing Integrated Community Centre for Mental Wellness in Tin Shui Wai to all 18 districts in Hong Kong", please advise on the expenditure, staff establishment and number of service recipients of the Centre in Tin Shui Wai in 2009-10; please also set out the timetable for the centres to be opened in all 18 districts, organizations responsible for the services, as well as recurrent and capital funding allocated for these services in each district.

Asked by: Hon. HO Chun-yan, Albert

Reply:

(a) and (b)

The Hospital Authority (HA) will implement the following programmes to strengthen mental health services in 2010-11:

- To further strengthen the platform for provision of mental health services and enhance the support for mental patients in the community, HA will launch a case management programme for patients with severe mental illness in individual districts to provide personalized and intensive support to these patients in the community settings. Under the case management programme, healthcare workers will be trained as case managers to establish close service relationship with the patients and their family members. They will coordinate and arrange for the patients to receive various services. The case managers will also establish linkages with the Integrated Community Centres for Mental Wellness (ICCMWs) set up by the Social Welfare Department in various districts to arrange one-stop social rehabilitation services for patients in need. The programme will be piloted in the second quarter of 2010 in Kwai Tsing, Kwun Tong and Yuen Long districts where more patients with severe mental illness

reside. An additional 100 nurses and allied health staff will be recruited to provide the service and the additional recurrent expenditure involved is estimated at \$78 million. About 5 000 patients will benefit from the programme in 2010-11.

- To enhance support for patients with common mental disorders, HA will promote collaboration between psychiatric specialist outpatient service and primary healthcare service to provide enhanced assessment and consultation services for patients with common mental disorders. Under the initiative, HA will provide more timely assessment and treatment services to patients with common mental disorders at the psychiatric specialist outpatient clinics in all seven hospital clusters and introduce an integrated mental health programme in the primary care settings (including family medicine specialist clinics and general outpatient clinics) in the Hong Kong East, Hong Kong West, Kowloon East, Kowloon West and New Territories East Clusters. An additional eight doctors, five nurses and 17 allied health professionals will be recruited to provide the service under the initiative and the additional recurrent expenditure involved is estimated at \$31 million. About 7 000 patients will benefit from the initiative in 2010-11.
- (c) Since its operation in March 2009, the ICCMW in Tin Shui Wai, Yuen Long has provided community support services to 188 discharged mental patients, 106 persons with suspected mental health problems and 130 family members/carers. The ICCMW's operating non-governmental organisation (NGO) is subvented under the Lump Sum Grant subvention system. It has the flexibility in deploying the subventions to arrange suitable staffing to ensure service quality and meet service needs. The operating NGO has committed to providing social workers, occupational therapists and other supporting staff for the ICCMW. The revised estimated expenditure for the ICCMW in 2009-2010 is \$3.55 million.

With an additional annual provision of about \$70 million, the Social Welfare Department (SWD) will revamp the existing community mental health support services and set up ICCMWs in all 18 districts throughout the territory. The SWD is in the course of consulting the non-governmental organisations operating community mental health support services on the implementation of this new initiative. The ICCMWs are to commence service in 2010-11.

Signature	_____
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	15.3.2010

Examination of Estimates of Expenditure 2010-11
**CONTROLLING OFFICER'S REPLY TO
 INITIAL WRITTEN QUESTION**

Reply Serial No.

FHB(H)181

Question Serial No.

2742

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch) Subhead (No. & title): 700

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out the research items, research organisations, subsidy amounts and completion dates of the research projects subsidised by the Health and Health Services Research Fund and the Research Fund for the Control of Infectious Diseases in 2008-09 and 2009-10.

Asked by: Hon. HO Chun-yan, Albert

Reply:

Health and Health Services Research Fund (HHSRF)

The HHSRF was established in 2002 to facilitate the generation of new knowledge in areas of human health and health services in order to improve the health of the local community. Most approved projects are expected to be completed by 2012.

2008-09

The HHSRF approved a total of 22 research projects amounting to \$9.31 million in 2008-09 as summarised in the following table:

Institution	Research theme			No. of projects	Fund amount (\$ million)
	Public health	Health services	Chinese medicine		
University of Hong Kong (HKU)	1	1	-	2	0.27
HKU with					
- Chinese University of Hong Kong (CUHK) and Hospital Authority (HA)	1	-	-	1	0.77
- Hong Kong Polytechnic University (PolyU) and HA	-	1	-	1	0.80
- Kowloon Hospital	-	-	1	1	0.76
- City University of Hong Kong (CityU)	1	-	-	1	0.39
CUHK	1	6	3	10	3.71

Institution	Research theme			No. of projects	Fund amount (\$ million)
	Public health	Health services	Chinese medicine		
CUHK with					
- HKU	-	1	-	1	0.08
- HKU, Queen Elizabeth Hospital and Princess Margaret Hospital (PMH)	1	-	-	1	0.52
- PMH	-	1	-	1	0.64
- University of Illinois (USA)	-	1	-	1	0.31
- University of Surrey (UK)	-	1	-	1	0.80
- Queen Mary Hospital and PolyU	-	1	-	1	0.26
Total:	5	13	4	22	9.31

2009-10

The HHSRF approved a total of 29 research projects amounting to \$13.58 million in 2009-10 as summarised in the following table:

Institution	Research theme			No. of projects	Fund amount (\$ million)
	Public health	Health services	Chinese medicine		
HKU	-	3	-	3	0.65
HKU with					
- Local Institutions ¹	1	3	-	4	1.48
- Local and / or Overseas Institutions ²	-	3	-	3	1.30
CUHK	1	4	1	6	3.10
CUHK with					
- Local Institutions ³	2	3	-	5	3.11
- Local and / or Overseas Institutions ⁴	-	6	-	6	2.69
PolyU with					
- CUHK	-	1	-	1	0.70
Shatin Cheshire Home with					
- Princess Margaret Hospital	-	1	-	1	0.55
Total:	4	24	1	29	13.58

Note:

¹ Kwong Wah Hospital, DH, HKUST, Playright Children's Play Association with Tuen Mun Hospital

² Kwong Wah Hospital, University of Sydney (Australia), National University of Singapore, Robert Aitken Institute of Queen Elizabeth Hospital (UK)

³ Shatin Hospital, Castle Peak Hospital, Princess Margaret Hospital, The Hong Kong Sanatorium and Hospital, Alice Ho Miu Ling Nethersole Hospital, DH, PolyU and HKUST, Enviro Labs Ltd

⁴ University of Nottingham (UK), Queen Elizabeth Hospital, Tuen Mun Hospital, The Alfred Hospital (Australia), University of Glasgow (UK), Tai Po Hospital, Columbia University (USA), University of Pennsylvania (USA), Pamela Youde Nethersole Eastern Hospital, Radboud University (Netherlands), United Christian Hospital, Johns Hopkins University (USA)

Research Fund for the Control of Infectious Diseases (RFCID)

The RFCID was set up after the SARS epidemic in 2003 to support research on infectious diseases. The RFCID supports research commissioned by the Food and Health Bureau to address specific health problems,

fill scientific gaps and respond to public health needs and threats. The RFCID also supports investigator-initiated research, i.e. those from individual researchers that encourage the development of innovations. Most investigator-initiated projects and commissioned projects are expected to be completed by 2012 and 2014 respectively.

2008-09

The RFCID approved a total of 41 research projects amounting to \$40.57 million in 2008-09 as summarised in the following table:

Institution	Research theme			No. of projects	Fund amount (\$ million)
	Infectious disease epidemiology, infection control and public health	Clinical and health services	Basic and laboratory research		
Commissioned projects:					
Researches on surveillance, prevention and control of infectious diseases by the Centre for Health Protection of the Department of Health (DH)	5	-	-	5	18.30
Investigator-initiated projects:					
HKU	-	1	13	14	9.67
CUHK	1	1	13	15	9.33
CUHK with					
- DH	1	-	1	2	0.88
- DH, PYNEH, PMH, TPH and UCH	-	-	1	1	0.07
- Hong Kong University of Science and Technology and Kunming Institute of Botany (China)	-	-	1	1	0.51
- Private Sector and Columbia University (USA)	1	-	-	1	0.79
PolyU with University of Copenhagen (Denmark)	-	-	1	1	0.33
City University of Hong Kong with PolyU and Simon Fraser University (Canada)	-	-	1	1	0.69
Total:	8	2	31	41	40.57

2009-10

The RFCID approved a total of 62 research projects amounting to \$48.99 million in 2009-10 as summarised in the following table:

Institution	Research theme			No. of projects	Fund amount (\$ million)
	Infectious disease epidemiology, infection control and public health	Clinical and health services	Basic and laboratory research		
Commissioned projects:					
Studies related to Human Swine Influenza (H1N1 Influenza A) conducted by CUHK and HKU	8	2	7	17	17.02
Researches on surveillance, prevention and control of infectious diseases by the Centre for Health Protection of DH	3	-	-	3	4.12

Institution	Research theme			No. of projects	Fund amount (\$ million)
	Infectious disease epidemiology, infection control and public health	Clinical and health services	Basic and laboratory research		
Investigator-initiated projects:					
HKU	2	2	9	13	9.16
CUHK	1	4	10	15	8.59
HKU with					
- DH	-	1	1	2	0.94
- Peking Union Medical College (PRC)	-	-	1	1	0.8
- Health Protection Agency (UK)	-	-	1	1	0.8
- Hong Kong Sanatorium and Hospital	-	1	-	1	0.48
- University of Toronto	-	-	1	1	0.56
- Princess Margaret Hospital and Hospital Authority	1	-	-	1	0.86
CUHK with					
- CHP/DH and University of Toronto	-	-	1	1	0.8
- Shenzhen CDC (PRC)	-	1	-	1	0.8
- University of Glasgow (UK) and private practice	-	1	-	1	0.8
- HKU	-	-	1	1	1.0
Pasteur Research Ltd of HKU with					
- HKU	-	-	2	2	1.57
QEH with					
- QMH and KH	-	1	-	1	0.69
Total:	15	13	34	62	48.99

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 17.3.2010

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

FHB(H)182

Question Serial No.

2743

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the effort to “prepare for the establishment of multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong”, please provide the following information:

- (a) When will preparation start? What is the expected completion date of the plan and its current progress?
- (b) When will the technical feasibility studies and other related studies be completed?
- (c) Has the Administration determined the concrete timetable, opening date, number of target clients, spending plan and estimated expenditure?

Asked by: Hon. HO Chun-yan, Albert

Reply:

To prepare for the establishment of multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong, two respective Steering Committees have been set up to spearhead the projects. They are chaired by the Permanent Secretary for Food and Health (Health) and comprise medical practitioners in both the public and private sectors, academics, as well as patient group representatives. The Steering Committees agreed that the two centres should pool together experts from both the public and private sectors and also overseas to provide multi-disciplinary care for patients suffering from these complex diseases, and to conduct research and training. The Steering Committees have collected views from various stakeholders, and conducted focus group studies. The Committees have agreed on the clinical, research and training requirements. These have been incorporated into the Project Definition Statements for the technical feasibility studies (TFS) which have commenced at the beginning of this year. The TFS will form the basis for the future design of the two Centres and is expected to be completed in June 2010.

The Administration will report to the Health Services Panel of LegCo in due course the detailed timetable, completion date, number of target clients, as well as estimated expenditure of each of the medical centres of excellence after we have completed the TFS and worked out the estimated capital expenditure.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 11.3.2010

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

FHB(H)183

Head: 37 Department of Health

Subhead (No. & title): 000
Operational
expenses

Question Serial No.

2320

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

(a) Please provide details of “non-civil service contract staff” employed for provision of service:

	2010-11	2009-10	2008-09	2007-08
Number of non-civil service contract staff	()	()	()	()
Total salary expenditure for non-civil service contract staff	()	()	()	()
Number of non-civil service contract staff converting to civil service				
Number of non-civil service contract staff who have a chance of converting to permanent employment but failed in the common recruitment examination	()	()	()	()
Percentage of non-civil service contract staff against the overall staff of the department	()	()	()	()

() *Annual change*

(b) Please list the period of employment of non-civil service contract staff from 2007-08 to 2010-11 in the table below:

Period of employment	Number of staff in 2010-11	Number of staff in 2009-10	Number of staff in 2008-09	Number of staff in 2007-08
Six months to one year	()	()	()	()
One to three years	()	()	()	()
Three to five years	()	()	()	()
Five to ten years	()	()	()	()
Ten to fifteen years	()	()	()	()

() *Annual change*

(c) In the coming three years (i.e. from 2010-11 to 2012-13), how many non-civil service contract staff can be converted to civil service posts for permanent employment?

Asked by: Hon. WONG Kwok-hing

Reply:

- (a) The number of non-civil service contract (NCSC) staff engaged by the Department of Health (DH) since the financial year 2007-08 ¹ are as follows-

	2009-10 ²	2008-09	2007-08
Number of NCSC staff at year end	1,272 ³ (+21.6%)	1,046 (-11.7)	1,184 (+4.4)
Total salary expenditure for NCSC staff (\$million)	161.0 (N/A) ⁴	191.6 (-15.8%)	227.5 (+14.3%)
Number of civil servants appointed who were previously NCSC staff in DH (for recruitment conducted by DH in the respective year)	15 (-89.9%)	149 (-20.3%)	187 (N/A)
Number of NCSC staff who failed in civil service recruitment in DH excluding those who did not meet short-listing criteria (for recruitment conducted by DH in the respective year)	9 (-90.9%)	99 (+371.4%)	21 (N/A)
Percentage of NCSC staff against the overall staff number in the department as at 31.3.08, 31.3.09 and 1.2.10 respectively.	19.4 % (+12.7%)	17.2% (-13.1%)	19.8% (+2.5%)

1. Figures for 2010-11 are not available.
2. Figures for 2009-10 were as at February 2010.
3. The increase was mainly attributable to the engagement of some 340 NCSC staff on a time-limited basis (up to August 2010 at the latest) in relation to human swine influenza and massive vaccination programmes.
4. Comparison with previous year is not applicable as the expenditure did not reflect full year cost.

- (b) The service period of NCSC staff in DH since the financial year 2007-08 ⁵ are as follows-

Period of employment	Number of staff in 2009-10 ⁶	Number of staff in 2008-09	Number of staff in 2007-08
Less than 0.5 year	160 (+6.7%)	150 (+51.5%)	99 (-9.2%)
0.5 year – less than 1 year	333 (+184.6%)	117 (-47.5%)	223 (+16.1%)
1 year – less than 3 years	338 (-4.0%)	352 (-26.4%)	478 (-7.7%)
3 years – less than 5 years	284 (+5.2%)	270 (+52.5%)	177 (+12%)
5 years – less than 10 years	146 (-6.4%)	156 (-24.3%)	206 (+31.2%)
10 years – less than 15 years	11 (+1000%)	1 (+0%)	1 (NA)

5. Figures for 2010-11 are not available.
6. Figures for 2009-10 were as at February 2010.

- (c) The civil service recruitment policy is that civil service vacancies are filled through an open, fair and competitive recruitment process. All qualified persons (including NCSC staff) can apply for the vacancies and will be selected on the basis of merits.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

Examination of Estimates of Expenditure 2010-11

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

Reply Serial No.

FHB(H)184

Question Serial No.

2321

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

- (a) Please provide the following details on the use of outsourced services (including property management, security, cleansing, telecommunication technology, statistics, etc...[except for architectural services]) -

	2010-11	2009-10	2008-09	2007-08
Number of contracts of outsourced services	()	()	()	()
Total amount of the contracts of outsourced services	()	()	()	()
Total number of staff employed under contracts of outsourced services	()	()	()	()
Number of posts under contracts of outsourced services replaced by civil servants	()	()	()	()

() Annual change

- (b) In the coming three years (i.e. from 2010-11 to 2012-13), how many posts under contracts of outsourced services are expected to be replaced by permanent civil servants?

Asked by: Hon. WONG Kwok-hing

Reply:

(a) Details are as follows -

	2010-11	2009-10		2008-09		2007-08	
Number of contracts of outsourced services	Not available at this stage depending on the results of tenders	80	(-4.8%)	84	(13.5%)	74	(27.6%)
Total amount of the contracts of outsourced services (\$ million)		51.3	(19.9%)	42.8	(21.2%)	35.3	(75.6%)
Total number of staff employed under contracts of outsourced services		325	(64.1%)	198	(15.1%)	172	(31.3%)
Number of posts under contracts of outsourced services replaced by civil servants		0	(0%)	0	(0%)	0	(0%)

() Annual Change

The increase in the total number of staff employed under contracts of outsourced services in 2009-10 was mainly attributable to the additional health screening services in relation to the outbreak of human swine influenza.

(b) It is Government policy to outsource services as far as it is practicable. It is not envisaged that posts under contracts of outsourced services will be replaced by civil servants.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 19.3.2010

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION****FHB(H)185**Head: 37 Department of HealthSubhead (No. & title): 000
Operational
expenses

Question Serial No.

2322

Programme:Controlling Officer: Director of HealthDirector of Bureau: Secretary for Food and HealthQuestion:

- (a) Please provide details of temporary staff employed and expected to be employed for provision of service from 2007-08 to 2009-10:

	2010-11	2009-10	2008-09	2007-08
Number of temporary staff employed	()	()	()	()
Total salary expenditure for temporary staff employed	()	()	()	()
Percentage of temporary staff employed against the overall staff of the department	()	()	()	()

() *Annual change*

- (b) Please list the period of employment of the temporary staff employed and expected to be employed from 2007-08 to 2009-10:

Period of employment	Number of staff in 2010-11	Number of staff in 2009-10	Number of staff in 2008-09	Number of staff in 2007-08
Six months	()	()	()	()
One year	()	()	()	()
Two years	()	()	()	()
Three years	()	()	()	()
Three years or above	()	()	()	()

() *Annual change*Asked by: Hon. WONG Kwok-hing

Reply:

- (a) Temporary staff in the Department of Health (DH) are part-time non-civil service staff employed on a need basis. The employment of temporary staff in DH since the financial year 2007-08¹ is as follows-

	2009-10 ²	2008-09	2007-08
Number of temporary staff employed	257 ¹ (+9.4%)	235 (-6.4%)	251 (+22.4%)
Total salary expenditure for temporary staff employed (\$million)	15.8 (N/A) ³	16.7 (+36.9%)	12.2 (+62.7%)
Percentage of temporary staff employed against the overall staff of the department ⁴	3.9% (0%)	3.9% (-7.1%)	4.2% (+20.9%)

1. Figures for 2010-11 are not available.
2. Figures for 2009-10 were as at February 2010.
3. Comparison with previous year is not applicable as the expenditure did not reflect full year cost.
4. Since temporary staff are engaged on a need basis only, they are not included in the total number of staff in DH.

- (b) The years of service of temporary staff in DH since the financial year 2007-08⁵ are as follows-

Period of employment	Number of staff in 2009-10 ⁶	Number of staff in 2008-09	Number of staff in 2007-08
Less than 0.5 year	60 (+100%)	30 (-51.6%)	62 (+55%)
0.5 year – less than 1 year	18 (+20%)	15 (0%)	15 (+200%)
1 year – less than 2 years	20 (-37.5%)	32 (-3%)	33 (+37.5%)
2 years – less than 3 years	25 (-7.4%)	27 (+42.1%)	19 (-70.3%)
3 years and above	134 (+2.3%)	131 (+7.4%)	122 (+69.4%)

5. Figures for 2010-11 are not available.
6. Figures for 2009-10 were as at February 2010.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)186

Head: 37 Department of Health

Subhead (No. & title): 000
Operational
expenses

Question Serial No.

2323

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please list the information concerning services provided by employment agencies appointed by the Department from 2006-07 to 2009-10:

- (a) the number of agency contracts;
- (b) the sum and period of each contract under each employment agency;
- (c) the number of workers and their duties under each agency contract;
- (d) the (both monthly and daily) salaries of workers under each agency contract;
- (e) the change in the numbers of employment agencies, contracts, staff employed and total expenditures in that year as compared with those in the previous year;
- (f) if more than one agency is appointed to supply workers in that year, the number of contracts obtained by each employment agency, the total contract sum and the number of workers supplied;
- (g) the highest, lowest and median salaries of workers supplied by each employment agency;
- (h) the number of workers supplied by the employment agencies against the total number of staff of the Department in that year; and
- (i) the expenditures on employment agencies against the expenditures of the Department.

Asked by: Hon. WONG Kwok-hing

Reply:

Details of agency contracts under Department of Health (DH) during 2006-07, 2007-08, 2008-09 and 2009-10 are shown in the table at below:

	2006-07	2007-08	2008-09	2009-10
No. of Agencies and % of change	10	12 (+20.0%)	16 (+33.3%)	18 (+12.5%)
No. of contracts per agency	1 - 2 contracts	1- 9 contracts	1 - 8 contracts	1 - 12 contracts
Contract sum per agency (\$ million)	0.17 – 1.14	0.07 – 1.69	0.08 – 4.77	0.48 – 7.3
Length of contracts	3 - 12 months	3 - 31 months	3 - 13 months	3 - 16 months
No. of agency workers under each agency	1 - 17 workers	1 - 17 workers	1 - 16 workers	1 - 31 workers
Types of duties	Ancillary service, general office support, research and promotional duties			
Salary level of Agency Workers	<p>The contracts with employment agencies have specified the service fee charged by the agencies in providing agency workers. We do not specify the wages of agency workers, except with regard to the wages of non-skilled workers. Hence we are unable to provide the information requested.</p> <p>As for non-skilled workers, in compliance with the mandatory requirement on wage rates for government service contract introduced by the Administration since May 2004, the agencies have offered monthly wages, or the equivalent wage rates, to non-skilled workers, which are no less than the average monthly wages for the relevant industry/occupation as published in the latest “Census and Statistics Department’s Quarterly Report of Wage and Payroll Statistics”, at the time when providing their quotations.</p>			
Total no. of contracts and % of change	12	24 (+100%)	32 (+33.3%)	58 (+81.3%)
Total no. of agency workers and % of change	122	127 (+4.1%)	220 (+73.2%)	323(+46.8%)
Agency worker to total DH staff *	2.1%	2.1%	3.6%	4.9%
Total amount of contract sum (\$ million) and % of change	6.4	8.3 (+29.7%)	16.1 (+94.0%)	30.6 (+90.1%)
Total contract sum to total expenditure of DH	0.2%	0.3%	0.5%	0.7%

*The percentage of agency workers as compared with total DH staff is for a specific date only (i.e. 31.3.07, 31.3.08, 31.3.09 and 30.9.09) and is not representative of the situation for the concerned financial year.

DH also hires IT support services through OGCIO bulk contracts. The numbers of agency workers under these contracts are 58, 60, 66 and 76 in 2006-07, 2007-08, 2008-09 and 2009-10 respectively.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)187

Question Serial No.

2501

Head: 37 Department of Health

Subhead (No. & title):

Programme: All Programmes

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding consultations conducted for the purpose of policy formulation and evaluation under all Programmes, please provide the relevant information in the following format –

For consultations which funds have been allocated in 2009-10, please provide the information in the following format –

Name of Consultation/ Content	Revised Estimate (\$)	Progress of consultation (under planning/ in progress / completed)	Form of consultation (e.g. collection of written submissions, consultation forums, focus groups), number of consultations, names of parties consulted, number of people consulted	Administration's follow-up on consultation results and progress (if any)	If the consultation is completed, has it been released to the public? If yes, through what channels? If no, what are the reasons?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

Consultation with stakeholders is part of the development and evaluation of various health programmes and will be conducted as and when necessary. Funding for conducting consultation for the purpose of policy formulation and evaluation will be absorbed in the allocation of the relevant services and cannot be identified separately.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 17.3.2010

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

FHB(H)188

Question Serial No.

2502

Head: 37 Department of Health

Subhead (No. & title):

Programme: All Programmes

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding consultations to be conducted for the purpose of policy formulation and evaluation under all Programmes, please provide the relevant information in the following format –

Are resources reserved for conducting consultations in 2010-11? If yes, please provide the following information -

Name of Consultation/Content	Expenditure (\$)	Progress of consultation (under planning / in progress / completed)	Form of consultation (e.g. collection of written submissions, consultation forums, focus groups), number of consultations, names of parties consulted, number of people consulted	If the consultation is scheduled for completion in the 2010-11 financial year, will the outcome be released to the public? If no, what are the reasons?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

Consultation with stakeholders is part of the development and evaluation of various health programmes and will be conducted as and when necessary. Funding for conducting consultation for the purpose of policy formulation and evaluation will be absorbed in the allocation of the relevant services and cannot be identified separately.

Signature _____

Name in block letters _____ **Dr P Y LAM** _____

Post Title _____ **Director of Health** _____

Date _____ **17.3.2010** _____

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

FHB(H)189

Question Serial No.

2511

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding Matters Requiring Special Attention in 2010-11, concerning the continual launching of the Elderly Health Care Voucher Pilot Scheme (the Scheme),

- (a) since the launching of the Scheme, how many complaints have the Administration received? What were the contents of the complaints by category? To date, how many investigations have been completed?
- (b) how many staff has the Administration deployed to handle the complaints, investigations and inspection work respectively? How much time was required to complete the investigations after the receipt of complaints? Would deploying more manpower to shorten the processing time be considered?
- (c) please list the number of health care service providers who have been disqualified from the Scheme so far? To which medical professions do they belong? What were the reasons for de-listing?

Asked by: Hon. CHAN Hak-kan

Reply:

The Elderly Health Care Voucher Scheme (the Scheme) was launched on 1 January 2009 as a three-year pilot scheme to provide elders aged 70 or above with five health care vouchers of \$50 each annually as a partial subsidy for using private primary care services in the community that most suit their needs.

Number of enrolled practices

The number of health care practices enrolled under the Scheme was 3 248 as at end February 2010, up from 2 116 when the Scheme was launched on 1 January 2009. A breakdown of enrolled practices as at end February 2010 by profession and district is at Annex A. The Department of Health (DH) will continue to monitor the enrolment of service providers and promote for participation in the Scheme.

Between 1 January 2009 and end February 2010, 1 274 practices have newly enrolled in the Scheme, while 142 practices have withdrawn (87 in Western medicine, 22 in Chinese medicine, 25 in dentistry, 3 in physiotherapy, 4 in chiropractic and 1 in nursing). Among those withdrawn, most have not provided reasons for their withdrawal. For those who have, change in practices at which they work in is the most common reason.

Number of enrolled elders

As at end February 2010, 308 646 eligible elders have participated in the Scheme, constituting 46% of about 670 000 eligible elders aged 70 years or above in 2010. Among them, 215 705 (32% of eligible elders) have made a total of 467 728 voucher claims for 1 123 122 vouchers in total (involving a total amount of \$56.2 million). DH will continue to monitor the participation of elders and promote for participation in the Scheme.

Usage of vouchers

Elders can use the vouchers starting from the year they turn 70 years old. Unused vouchers can be accumulated until the Scheme has ended. By end 2009, 122 883 elders (18% of eligible elders) have used up all their entitled vouchers in 2009. A breakdown of the number of vouchers used in each claim in 2009 is as follows –

<u>No. of vouchers claimed in each claim episode</u>	<u>No. of claim episodes</u>	<u>% of claim episodes</u>
1	93 531	27
2	144 549	42
3	59 718	17
4	14 706	4
5	36 370	10
Total :	<hr/> 348 874	100%

Information on usage of vouchers by different age groups is at Annex B.

Complaints and improper claims

To ensure that vouchers are properly claimed by the service providers, DH routinely monitors claim transactions through the electronic voucher system, checks claims and examines service records through inspection of service providers, and check with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. In addition, DH has conducted briefing sessions and distributed guidelines via mail, email and website to service providers on procedures for making voucher claims for the elders and conditions for reimbursement.

Up to end February 2010, DH has received a total of ten complaints under the Scheme. Six complaints involved refusal to provide services to elders enrolled under the Scheme and four involved improper claims. The Health Care Voucher Unit of DH is responsible for the implementation of the Scheme including investigating complaints against and conducting inspection of service providers. The time required for completing the investigation depends on the complexity of individual cases. In general, investigation is expected to be completed within two weeks after receiving the complaint. As at end February 2010, investigation on seven out of the ten complaints has been completed.

A service provider will be disqualified from the Scheme if (i) the Government is of the reasonable opinion that he has failed to provide health care services in a professional manner or is otherwise found to have committed professional misconduct or malpractice; or (ii) the service provider or his employing organisation fails to comply with any provision of the agreement under the Scheme or with any direction or requirement given by the Government or Director of Health in relation to the Scheme. As at February 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Scheme.

Expenditure related to the Scheme

The Government has earmarked a total of \$573.2 million for the three-year pilot Scheme, of which \$505.3 million is budgeted for reimbursing vouchers (\$168.6 million in 2010-11). For the implementation of the Scheme, the Food and Health Bureau and DH have incurred up to end February 2010 actual capital expenditure of \$20.9 million for system development and maintenance and other capital and setting up works, and actual operating expenditure of \$62.0 million, comprising \$49.2 million for reimbursement of vouchers, \$12.1 million for staffing expenses and \$0.7 million for other operating expenses. The expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears.

Review of the Scheme

As undertaken, the Administration will conduct an interim review in 2010 and a full review after the three-year pilot period. The reviews will assess the effectiveness of the Scheme and its operational arrangements including its scope, and also consider the suggestions to adjust the age limit and revise the voucher amount. The Administration will also conduct surveys to gather feedback from both elders and health care providers. As stated in the 2010-11 Budget Speech, the Financial Secretary will provide the necessary resources subject to the review findings.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 19.3.2010

Location of Practices of Health Care Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 28 February 2010)

Profession District	Western Medicine Doctor	Chinese Medicine Practitioner	Dentist	Occupational Therapist	Physiotherapist	Medical Laboratory Technologist	Radiographer	Chiropractor	Enrolled Nurse	Registered Nurse	Total
Central & Western	127	83	32	3	36	3	4	9	2	3	302
Eastern	125	29	23	2	14	0	0	0	0	2	195
Southern	38	26	4	0	3	0	0	0	0	0	71
Wan Chai	87	75	30	4	27	1	0	0	1	4	229
Kowloon City	116	30	11	0	18	0	0	0	0	0	175
Kwun Tong	137	75	31	3	8	10	11	1	3	16	295
Sham Shui Po	72	45	7	3	10	3	1	0	0	0	141
Wong Tai Sin	75	52	10	0	3	0	0	0	0	0	140
Yau Tsim Mong	217	141	49	5	78	10	8	6	3	25	542
North	45	24	5	0	1	1	0	0	0	0	76
Sai Kung	88	21	7	0	5	3	3	0	0	0	127
Sha Tin	84	28	24	0	20	0	0	1	1	2	160
Tai Po	60	48	12	1	3	2	2	0	2	11	141
Kwai Tsing	82	29	13	0	8	0	0	0	1	1	134
Tsuen Wan	111	46	8	4	15	4	5	1	1	4	199
Tuen Mun	81	60	6	0	3	0	1	0	0	0	151
Yuen Long	93	25	8	0	6	0	0	0	0	1	133
Islands	27	4	1	0	5	0	0	0	0	0	37
Total	1 665	841	281	25	263	37	35	18	14	69	3 248

Utilisation of Health Care Vouchers by Age Group of Eligible Elders
(as at 28 February 2010)

Age group	No. of eligible elders in 2010	No. of elders with voucher accounts [% of eligible elders]	No. of elders without voucher accounts [% of eligible elders]	No. of vouchers used
70-74	230 300	84 709 [37%]	145 591 [63%]	306 087
75-79	199 500	91 699 [46%]	107 801 [54%]	369 280
80-84	132 200	68 314 [52%]	63 886 [48%]	259 747
≥85	112 300	63 924 [57%]	48 376 [43%]	188 008
Total	674 300	308 646 [46%]	365 654 [54%]	1 123 122

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

FHB(H)190

Question Serial No.

2710

Head: 37 Department of Health

Subhead (No. & title):

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In view of the increasing problem of adolescent smoking, has the Administration allocated additional resources to prevent adolescents from smoking addiction and help them quit smoking in the financial year of 2010-11? In addition, will the Administration launch new services to prevent adolescents from smoking and help them quit smoking?

Asked by: Hon. IP Kwok-him

Reply:

The provision for publicity and education programme on smoking prevention and cessation in 2010-11 will be increased to \$57.4 million, from a revised estimate of 34.5 million in 2009-10. The resources devoted to prevention and cessation of tobacco use among youths are absorbed within the provision.

In 2010-11, the Tobacco Control Office (TCO) of the Department of Health (DH) will strengthen publicity, health education and promotional activities on tobacco control through TV and radio announcements of public interest, giant outdoor advertisements, internet, hotline, campaigns, on-line games, health education materials and seminars. The aim of these activities is to encourage smokers to quit smoking and prevent people from picking up the smoking habit.

In parallel, the Hong Kong Council on Smoking and Health (COSH) will focus its efforts on promoting smoking cessation and a smoke-free living environment. It will conduct publicity campaigns including production of a new announcement of public interest to encourage smokers to quit smoking and garner public support for a smoke-free Hong Kong. COSH will also continue its education and publicity efforts at kindergartens, and primary and secondary schools through health talks and theatre programmes. The aim is to educate students on the hazards of smoking as well as how to resist the temptation of smoking and support a smoke-free environment.

To strengthen its efforts on smoking prevention and cessation, DH has entered into a funding and service agreement with the Tung Wah Group of Hospitals for the provision of a community-based smoking cessation programme from January 2009. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for health care professionals and research projects. The programme will be enhanced in 2010-11 with a total of five centres (increased from four) operating throughout the territory to provide free smoking cessation services. To cultivate a smoke-free culture among young people, smoke-free educational programmes will be organised in collaboration with primary and secondary school principals and parents. There will also be tailor-made smoking cessation programmes for young smokers.

DH will also enter into a funding and service agreement with Pok Oi Hospital (POH) for the provision of a one-year smoking cessation pilot programme using traditional Chinese medicine with effect from 1 April 2010. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public and research projects. Free smoking cessation service including counselling and acupuncture will be provided by POH Chinese medicine practitioners in ten mobile clinics which serve 48 locations at different districts. A Chinese Medicine Community Health Care Centre will be established to support these mobile clinics.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 18.3.2010

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

FHB(H)191

Question Serial No.

2718

Head: 37 Department of Health

Subhead (No. & title):

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The target regarding the appointment time for new dermatology cases was not achieved because a number of experienced doctors had left the service. According to the Estimates of Expenditure 2009-10, such a problem had already occurred in 2009-10. The Administration, in replying the question on Estimates of Expenditure 2009-10, stated that "the Department of Health (DH) will endeavour to fill vacancies arising from staff wastage as soon as possible through recruitment of new doctors and internal deployment within the DH." (Reply Serial No. FHB(H)028) In this respect,

- (a) how will the Administration explain on the unresolved problem of the impact arising from doctors leaving the service, resulting in the persistent failure to achieve the target of "the appointment time for new dermatology cases"?
- (b) what is the turnover rate of the doctors of DH? How will the Administration solve the problem of doctors' wastage? What is the estimated expenditure involved?

Asked by: Hon. PAN Pey-chyou

Reply:

The turnover and wastage rate of doctors in Social Hygiene Service of the Department of Health (DH) is illustrated in the following table:

<u>Year (Calendar year)</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Number of doctors in Social Hygiene Service (as at 1 April) [A]	31	28	30
Number of doctors who left or transferred out of the service [B]	4	6	5
Wastage rate [B]/[A] x 100%	12.9%	21.4%	16.7%

DH has recruited new doctors on civil service terms from 2009-10 onwards. This is expected to have a positive effect on the wastage and turnover rate of doctors in Social Hygiene Service, leading to gradual improvement in waiting time for new dermatology appointment in the coming years. Furthermore, DH will endeavour to fill vacancies arising from staff wastage as soon as possible through recruitment of new doctors and internal deployment of suitable doctors within DH.

The financial provision for dermatology service for 2009-10 and 2010-11 is \$107.6 million and \$108.8 million respectively.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 18.3.2010

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

FHB(H)192

Question Serial No.

2719

Head: 37 Department of Health

Subhead (No. & title):

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under the Indicator of "BCG vaccinations given to new born babies", the figure increases from the actual of 78 000 doses in 2008 to the actual of 82 000 doses in 2009.

- (a) What is the expenditure involved in the additional required number of vaccinations?
- (b) Is it necessary to increase manpower to meet the additional required number of vaccinations? If yes, what are the expenditure and details involved? If not, what are the reasons for not increasing manpower?

Asked by: Hon. PAN Pey-chyou

Reply:

The increase in expenditure is mainly due to increased use of BCG vaccine. The additional expenditure involved is about \$23,840.

BCG vaccination to new born babies was mainly administered by Hospital Authority's hospitals using their existing manpower resources and by private hospitals.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION****FHB(H)193**

Question Serial No.

2121

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What are the overall expenditure of the Hospital Authority and the expenditure of its clusters on personal emoluments in 2009-10? What are the number of doctors at consultant level or above in the clusters and the expenditure on their annual emoluments? Please set out the number of posts in 41 public hospitals and institutions for which the emoluments are equivalent to or higher than those of civil service directorate posts.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

- (i) The tables below set out the total number of staff, overall expenditure on personal emoluments (PE), the number of clinical doctors at consultant level or above and the expenditure on their PE in the Hospital Authority (HA) Head Office and each hospital cluster for the past two years. The expenditure on PE for 2009-10 is not yet available.

2008-09

Cluster	(a) Total number of staff (as at 31 March 2009)	(b) Overall expenditure on PE of staff (\$ million)	(c) Number of clinical doctors at consultant level or above (as at 31 March 2009)	(d) Expenditure on PE of clinical doctors at consultant level or above (\$ million)
Hong Kong East	6 295	2 894	60	162
Hong Kong West	6 609	3 105	89	234
Kowloon Central	7 502	3 575	82	221
Kowloon East	5 562	2 636	47	133
Kowloon West	12 717	6 187	127	354
New Territories East	8 977	4 233	88	212
New Territories West	7 050	3 227	69	180
Head Office	1 199	234	N/A	N/A
Total	55 911	26 091	562	1 496

2009-10 (up to 31 December 2009)

Cluster	(a) Total number of staff (as at 31 December 2009)	(b) Number of clinical doctors at consultant level or above (as at 31 December 2009)
Hong Kong East	6 445	66
Hong Kong West	6 733	91
Kowloon Central	7 746	80
Kowloon East	5 759	53
Kowloon West	13 026	127
New Territories East	9 147	94
New Territories West	7 436	71
Head Office	1 359	N/A
Total	57 651	582

Notes:

- (1) PE includes basic salary, allowances and other benefits.
- (2) The above manpower figures are calculated on full-time equivalent basis. All HA staff on permanent, contract and temporary employment terms are included. Staff on honorary appointments and university clinical staff are excluded.
- (3) For medical interns, their headcounts are included in the clusters in which they work but the expenditure on their PE are charged under the funding of the Head Office.

- (ii) HA's pay and conditions of service for their staff are de-linked from that of the civil service. The table below sets out the number of staff in HA who are remunerated on a pay scale comparable to that of government directorate ranks in the HA Head Office and each hospital cluster for 2009-10 (up to 31 December 2009).

Cluster	Number of staff (up to 31 December 2009)
Head Office	42
Hong Kong East	69
Hong Kong West	99
Kowloon Central	85
Kowloon East	57
Kowloon West	134
New Territories East	100
New Territories West	78
Total	664

Signature _____

Name in block letters Ms Sandra LEEPost Title Permanent Secretary for Food and Health (Health)Date 15.3.2010

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

FHB(H)194

Question Serial No.

1196

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary has stated in the Budget Speech that in the next three financial years (i.e. from 2010-11 to 2012-13), a total of about \$600 m will be allocated to extend the pilot project for strengthening the support to chronic patients, set up community health centres or networks, and enhance primary dental services and oral health promotion programmes, particularly those for the elderly. Will the Administration please give the details and timetable of the implementation of these programmes in the above three financial years. What are the expenditures, manpower and ranks involved?

Asked by: Hon. LEUNG Ka-lau

Reply:

Following the broad public support during the first-stage public consultation on healthcare reform in 2008, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health has put forward a set of recommendations to enhance primary care in Hong Kong. These include:

- (i) developing conceptual models and clinical protocols for primary care;
- (ii) setting up and promoting a Primary Care Directory; and
- (iii) designing feasible service delivery models, based on the primary care conceptual models and clinical protocols, to enhance primary care services in the community.

Based on these recommendations, the Government has earmarked a total of about \$600 million for the period 2010-11 to 2012-13 (of which about \$169 million will be allocated in 2010-11) to implement a series of pilot projects to enhance primary care, including –

- (1) \$254 million for strengthening the support for chronic disease patients;
- (2) \$65 million for setting up community health centres or network; and
- (3) \$80 million for enhancing primary dental services and oral health promotion programmes in collaboration with the dental profession, particularly those for the elderly in need.

We are working out the implementation details of the above pilot projects, including their scale, manpower requirement, and participation arrangements.

In addition to the above, starting from August 2009, the Government has already launched, through the Hospital Authority (HA), a series of pilot projects under the policy initiative announced by the Chief Executive in his 2008-09 Policy Address to enhance support for chronic disease patients in the primary care settings. These include promoting the prevention and treatment of chronic diseases in both the public and

private sectors in local communities, conducting health risk assessments and drawing up management plans for high-risk groups, helping chronic disease patients improve their self-care skills through enhanced education, etc.

In order to support the development of primary care in Hong Kong and co-ordinate the implementation of various programmes to enhance primary care, the Government has planned to set up a Primary Care Office (PCO) in 2010-11. The PCO will be responsible for supporting the WGPC for the strategic planning, implementation and overall co-ordination of long-term development of primary care, so as to improve health of the population and to strengthen disease prevention and control. It will be set up under the Department of Health (DH) and comprise staff of relevant expertise including those from DH, the Hospital Authority (HA) and the Food and Health Bureau (FHB).

Out of the \$226 million earmarked for the PCO for the period 2010-11 to 2012-13, about \$194 million is earmarked for implementing specific tasks relating to primary care development, including developing primary care conceptual models and preventive protocols, establishing and maintaining the Primary Care Directory, implementing and evaluating new primary care delivery models, supporting research on primary care, improving primary care related training and capacity building in collaboration with healthcare professionals, etc. It will also coordinate and monitor the progress of all the pilot projects mentioned above, and continuously work with independent assessment bodies to evaluate the arrangements and effectiveness of the projects during the pilot period.

The PCO will involve an initial setup of 19 civil service posts, comprising Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, Administrative Officer, Executive Officers and supporting clerical and secretarial staff, breakdown of which is at Annex. The Head of the PCO will be pitched at the Assistant Director of Health (D2) rank, underpinned by a Principal Medical and Health Officer (D1). We will seek the Finance Committee's approval in due course to create the two directorate posts later. We have earmarked about \$9 million in 2010-11 for these civil service posts. In addition, about \$6 million in 2010-11 has been earmarked for secondment of staff from HA (e.g. Medical and Health Officers, Scientific Officer (Medical), Nursing Officer) with relevant expertise in the provision and development of primary care and other related tasks such as the development of clinical protocols.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

Proposed Civil Service Staffing Complement for the Primary Care Office

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Assistant Director of Health	1
Principal Medical & Health Officer	1
Senior Medical & Health Officer	2
Medical & Health Officer	2
Nursing Officer	2
Scientific Officer (Medical)	2
<u>Administration support</u>	
Senior Executive Officer	2
Executive Officer I*	1
Executive Officer II	1
Clerical Officer	1
Assistant Clerical Officer	2
Personal Secretary I	1
<u>Policy and strategy development</u>	
Administrative Officer*	1
Total	19

*Existing posts in the Food and Health Bureau. All other posts are new posts to be created under the Department of Health.

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

FHB(H)195

Question Serial No.

1197

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Food and Health Bureau (Health Branch) plans to create 15 additional non-directorate posts in 2010-11. Please provide information on the ranks, remunerations and duties of such posts.

Asked by: Hon. LEUNG Ka-lau

Reply:

Details of the 15 additional non-directorate posts to be created in the Health Branch in 2010-11 are as follows -

<u>Nature of work</u>	<u>Rank</u>	<u>No. of Post</u>	<u>Annual Salary (Notional annual mid-point salary) (\$)</u>
(a) Enhancing support for the Electronic Health Record Office	Chief Management Services Officer	1	981,000
	Senior Systems Manager	1	981,000
	Senior Executive Officer	1	719,160
	Clerical Officer	1	303,840
	Assistant Clerical Officer	3	568,260
(b) Providing support for the piloting of oral health promotion and dental care projects	Chief Executive Officer *	1	981,000
	Senior Executive Officer *	1	719,160
	Executive Officer II *	1	350,820

* denotes three-year time-limited posts

<u>Nature of work</u>	<u>Rank</u>	<u>No. of Post</u>	<u>Annual Salary (Notional annual mid-point salary) (\$)</u>
(c) Supporting researches and studies on medical and health related issues in the Research Office	Scientific Officer (Medical)**	4	2,628,720
(d) Strengthening clerical support to the Bureau	Assistant Clerical Officer	1	189,420
	Total:	15	8,422,380

** denotes civil service posts to be created to replace four existing short-term non-civil service contract positions in the Research Office of the Bureau

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

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

FHB(H)196

Question Serial No.

1198

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In 2007-08, the Health Branch stated that it would “explore the feasibility of setting up multi-partite medical centres of excellence in Hong Kong”. In 2008-09, the Health Branch stated that it would “explore the feasibility of setting up multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong”. In 2009-10, the Health Branch stated that it would “prepare for the establishment of multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong”. In 2010-11, the Health Branch stated once again that it would “prepare for the establishment of multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong”. Will the Administration advise on the details of the initiative concerned, and the completion date, estimated expenditure, manpower and ranks involved?

Asked by: Hon. LEUNG Ka-lau

Reply:

To prepare for the establishment of multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong, two respective Steering Committees have been set up to spearhead the projects. They are chaired by the Permanent Secretary for Food and Health (Health) and comprise medical practitioners in both the public and private sectors, academics, as well as patient group representatives. The Steering Committees agreed that the two centres should pool together experts from both the public and private sectors and also overseas to provide multi-disciplinary care for patients suffering from these complex diseases, and to conduct research and training. The Steering Committees have collected views from various stakeholders, and conducted focus group studies. The Committees have agreed on the clinical, research and training requirements. These have been incorporated into the Project Definition Statements for the technical feasibility studies (TFS) which have commenced at the beginning of this year. The TFS will form the basis for the future design of the two Centres and is expected to be completed in June 2010.

The Administration will report to the Health Services Panel of LegCo in due course the detailed timetable, completion date, number of target clients, as well as estimated expenditure of each of the medical centres of excellence after we have completed the TFS and worked out the estimated capital expenditure.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 11.3.2010

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

FHB(H)197

Question Serial No.

1199

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In the Matters Requiring Special Attention in 2010-11, the Health Branch states that it will “implement a pilot case management programme in some districts to provide customized intensive community support for patients with severe mental illness, and to enhance the assessment and treatment for patients with common mental disorders”. Will the Administration inform this Committee of the details of the programme, the estimated expenditure, the staffing required and their ranks.

Asked by: Hon. LEUNG Ka-lau

Reply:

To further strengthen the platform for provision of mental health services and enhance the support for mental patients in the community, the Hospital Authority (HA) will launch a case management programme for patients with severe mental illness in individual districts to provide personalized and intensive support to these patients in the community settings. Under the programme, healthcare workers will be trained as case managers to establish close service relationship with the patients and their family members. They will coordinate and arrange for the patients to receive various services. The case managers will also establish linkages with the Integrated Community Centres for Mental Wellness set up by the Social Welfare Department in various districts to arrange one-stop social rehabilitation services for patients in need. The case management programme will be piloted in the second quarter of 2010 in Kwai Tsing, Kwun Tong and Yuen Long districts as relatively more patients with severe mental illness reside in these districts. An additional 100 nurses and allied health staff will be recruited to support the programme and the additional recurrent expenditure involved is estimated at \$78 million. About 5 000 patients will benefit from the programme in 2010-11.

To enhance support for patients with common mental disorders, HA will promote collaboration between psychiatric specialist outpatient service and primary healthcare service to provide appropriate assessment and consultation services for patients with common mental disorders. Under the initiative, HA will provide more timely assessment and treatment services to patients with common mental disorders at the psychiatric specialist outpatient clinics and introduce an integrated mental health programme in the primary care settings. An additional eight doctors, five nurses and 17 allied health professionals will be recruited to provide the service under the initiative and the additional recurrent expenditure involved is estimated at \$31 million. About 7 000 patients will benefit from the initiative in 2010-11.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 12.3.2010

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

FHB(H)198

Question Serial No.

1200

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority states in the "Matters Requiring Special Attention in 2010-11" that it will "enhance infection control measures to cope with the new virus human swine influenza (H1N1 Influenza A)". In this connection, could the Administration advise this Committee on the details of the measures concerned, the estimated expenditure, the staff required and their ranks?

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets out the enhanced infection control measures implemented by the Hospital Authority (HA) to cope with the Human Swine Flu (HSI) and the additional funding to be provided to HA in 2010-11 for the purpose.

Measures	Additional Funding in 2010-11 (\$ million)
(a) opening of Designated Flu Clinics with the support of other general out-patient clinics (GOPCs) as refill clinics	16.2
(b) strengthening the operation of isolation facilities and Intensive Care Unit	
(c) enhancement of the throughput of laboratory tests	
(a) additional stockpiling of personal protective equipment (PPE)	21.0
(b) supply of more PPE to HA staff	
(c) promotion of hand-hygiene in hospitals, Designated Flu Clinics and GOPCs including supply of more alcohol hand-rub	
(a) provision of antiviral therapy	9.0
Total :	46.2

HA deploys existing staff to implement the enhanced infection control measures and no additional staff will be employed for the purpose.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 12.3.2010

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

FHB(H)199

Question Serial No.

2894

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In his Budget Speech, the Financial Secretary said, “.....improving medication safety in the Hospital Authority through the newly established Drug Quality Assurance Office.” Would the Administration advise on the details of the initiative as well as the expenditure, manpower requirement and ranks of staff involved?

Asked by: Hon. LEUNG Ka-lau

Reply:

The Drug Quality Assurance Office (Office) of the Hospital Authority (HA) has come into operation since December 2009. The Office serves to strengthen the quality control mechanism for pharmaceutical products through implementation of various in-house quality assurance measures, including drug sample testing, handling of drug quality incidents and management of performance of HA's drug manufacturers and suppliers.

The Office has four professional staff (one Senior Pharmacist, two Pharmacists and one Dispenser) and two supporting staff (one Senior Executive Officer and one Technical Services Assistant). The estimated recurrent expenditure of the Office is \$11 million each year.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION****FHB(H)200**

Question Serial No.

2895

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In the Matters Requiring Special Attention in 2010-11, the Hospital Authority states that it will “improve healthcare services in Hong Kong East, Kowloon East and New Territories West Clusters respectively through opening of additional acute and convalescent beds”. Please provide the numbers of existing and additional acute and convalescent beds in various hospitals, the estimated expenditure, the staff required and their ranks.

Asked by: Hon. LEUNG Ka-lau

Reply:

The Hospital Authority (HA) will open additional beds in Hong Kong East, Kowloon East and New Territories West Clusters to cope with the growing service demand in 2010-11. The table below sets out the number of existing general (acute and convalescent) beds and additional general beds in different hospital clusters -

Cluster	Number of existing general beds (as at 31 March 2010)	Occupancy rate	Additional general beds to be opened in 2010-11
HKEC	1 942	83%	60 (30 acute and 30 convalescent beds)
HKWC	2 853	71%	-
KCC	3 002	83%	-
KEC	2 075	81%	60 (42 acute and 18 convalescent beds)
KWC	5 174	80%	-
NTEC	3 473	85%	-
NTWC	1 997	89%	97 (22 acute and 75 convalescent beds)
Total	20 516	82%	217

HA has earmarked an additional \$137 million for opening additional beds in 2010-11 (including \$47.5 million for KEC, \$68 million for NTWC and \$21 million for HKEC). The estimated occupancy rate of general beds for HKEC, KEC, and NTWC in 2010-11 is 82%, 81% and 89% respectively. HA will deploy existing staff and recruit additional staff to cope with the opening of additional beds. The detailed additional manpower requirements are being worked out and not yet available.

Notes:

HKEC – Hong Kong East Cluster

HKWC – Hong Kong West Cluster

KCC – Kowloon Central Cluster

KEC – Kowloon East Cluster

KWC – Kowloon West Cluster

NTEC - New Territories East Cluster

NTWC – New Territories West Cluster

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 15.3.2010

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

FHB(H)201

Question Serial No.

2896

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under Matters Requiring Special Attention in 2009-10, the Hospital Authority (HA) stated that it would “strengthen mental health services through new initiatives such as recovery support programme for psychiatric patients in the community and triage clinics in psychiatric specialist outpatient clinics”. Now for 2010-11, HA states that it will “strengthen mental health services through introduction of case management programme and personalized care programme for patients with severe mental illness in the community, enhance treatment of patients with common mental disorders by providing more timely treatment at psychiatric specialist outpatient clinics and introduce an integrated mental health programme in the primary care settings”. Has the Administration assessed the effectiveness of the initiatives implemented last year (i.e. 2009-10)? If yes, what is their effectiveness? As compared with last year, what are the details of the programmes; the estimated expenditure; and the staffing required with ranks for 2010-11?

Asked by: Hon. LEUNG Ka-lau

Reply:

The Hospital Authority (HA) will implement the following programmes to strengthen mental health services in 2010-11:

- To further strengthen the platform for provision of mental health services and enhance the support for mental patients in the community, HA will launch a case management programme for patients with severe mental illness in individual districts to provide personalized and intensive support to these patients in the community settings. Under the programme, healthcare workers will be trained as case managers to establish close service relationship with the patients and their family members. They will coordinate and arrange for the patients to receive various services. The case managers will also establish linkages with the Integrated Community Centres for Mental Wellness set up by the Social Welfare Department in various districts to arrange one-stop social rehabilitation services for patients in need. The programme will be piloted in the second quarter of 2010 in Kwai Tsing, Kwun Tong and Yuen Long districts where more patients with severe mental illness reside. An additional 100 nurses and allied health staff will be recruited to provide the service and the additional recurrent expenditure involved is estimated at \$78 million. About 5 000 patients will benefit from the programme in 2010-11.
- To enhance support for patients with common mental disorders, HA will promote collaboration between psychiatric specialist outpatient service and primary healthcare service to provide enhanced assessment and consultation services for patients with common mental disorders. Under the initiative, HA will provide more timely assessment and treatment services to patients with common mental disorders at the psychiatric specialist outpatient clinics in all seven hospital clusters and introduce an integrated mental health programme in the primary care settings (including family medicine specialist clinics and general outpatient clinics) in the Hong Kong East, Hong Kong West, Kowloon East, Kowloon West and New Territories East Clusters. An additional eight doctors, five nurses and 17 allied health professionals

will be recruited to provide the service under the initiative and the additional recurrent expenditure involved is estimated at \$31 million. About 7 000 patients will benefit from the initiative in 2010-11.

Signature _____

Name in block letters _____ Ms Sandra LEE _____

Post Title _____ Permanent Secretary for Food and Health (Health) _____

Date _____ 15.3.2010 _____

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

FHB(H)202

Question Serial No.

2897

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority states in "Matters Requiring Special Attention in 2010-11" that it will "strengthen the support for chronic patients by expanding the comprehensive multi-disciplinary Risk Assessment and Management Programme and provision of systematic diabetic complication screening". In this connection, would the Administration advise on the details of the initiative, the estimated expenditure, manpower requirement and ranks of staff involved?

Asked by: Hon. LEUNG Ka-lau

Reply:

The comprehensive multi-disciplinary Risk Assessment and Management Programme (RAMP) is one of the pilot projects launched by the Government through the Hospital Authority (HA) under the policy initiative announced by the Chief Executive in his 2008-09 Policy Address to enhance support for chronic disease patients in the primary care settings.

Since August 2009, HA has implemented the pilot project in 15 public general out-patient clinics (GOPCs) in the Hong Kong East and New Territories East Clusters. Multi-disciplinary teams of professional healthcare personnel including nurses, dieticians, pharmacists, etc. are set up to provide comprehensive health risk assessments for diabetes mellitus and hypertension patients at public GOPCs so as to provide appropriate control of disease conditions and follow-up to the patients. In 2010-11, HA will similarly set up multi-disciplinary teams in 12 additional public GOPCs in six clusters (including the Hong Kong East, Hong Kong West, Kowloon East, Kowloon Central, Kowloon West and New Territories East Clusters) and provide systematic diabetic complication screening. HA will extend the pilot project to all the seven clusters across the territory in phases by 2011-12.

The Government has earmarked about \$139 million for the period 2010-11 to 2012-13 (of which about \$36 million will be allocated in 2010-11) for expanding the RAMP and providing systematic diabetic complication screening.

HA is working out the implementation details of the expansion of the pilot project, including the manpower requirement.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____
Permanent Secretary for Food and
Health (Health)

Date _____ 12.3.2010

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

FHB(H)203

Question Serial No.

2898

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide a detailed breakdown of the turnover of medical officers in hospitals of the Hospital Authority in 2009-10 by post (including Consultant, Associate Consultant/Senior Doctor, Specialist and Specialist Trainee) and by department upon the officers' departure, including the number of departures, turnover rate and lengths of service upon departure. Please also indicate whether all the arising vacancies have been filled, and the time required as well as the expenditure involved for filling them.

Asked by: Hon. LEUNG Ka-lau

Reply:

The attached tables provide the turnover figures of all ranks of doctors by department in each hospital cluster of the Hospital Authority (HA), the turnover rates of all ranks of doctors by department, and the years of service in HA of the departed doctors by department in each hospital cluster for the period from 1 January 2009 to 31 December 2009.

In general, HA fills the vacancies of Consultant and Associate Consultant through internal transfer or promotion of suitable serving doctors in HA as far as possible. As for vacancies of resident trainee, HA conducts the recruitment exercise of resident trainee each year to recruit medical graduates of local universities and other qualified doctors to fill the vacancies and undergo specialist training in HA. Individual departments may also recruit doctors throughout the year to cope with service and operational needs.

In 2009-10, HA has recruited new doctors to fill vacancies and to strengthen its manpower support. As at 31 December 2009, there are 5 029 doctors working in the HA, an increase of 3.4% from 4 863 in 2008-09. The projected additional expenditure incurred in the recruitment and promotion of doctors exceeds the savings from staff wastage by around \$71 million for 2009-10.

**Turnover figures of doctors by department and by rank in each hospital cluster
from 1 January 2009 to 31 December 2009**

Cluster	Department	1 January 2009 to 31 December 2009			
		Consultant	Senior Medical Officer/ Associate Consultant	Medical Officer/ Resident	Total
Hong Kong East	Accident & Emergency				
	Anaesthesia		1		1
	Family Medicine			4	4
	Medicine	1		4	5
	Obstetrics & Gynaecology		1	2	3
	Ophthalmology				
	Orthopaedics & Traumatology			4	4
	Paediatrics		1	3	4
	Pathology			1	1
	Psychiatry				
	Radiology		1		1
	Surgery			1	1
	Others			1	1
Total		1	4	20	25
Hong Kong West	Accident & Emergency			1	1
	Anaesthesia		2	1	3
	Family Medicine			2	2
	Medicine		3	3	6
	Obstetrics & Gynaecology				
	Ophthalmology				
	Orthopaedics & Traumatology	1		2	3
	Paediatrics				
	Pathology		1	1	2
	Psychiatry				
	Radiology	1	1	1	3
	Surgery	3		4	7
	Others			1	1
Total	5	7	16	28	
Kowloon Central	Accident & Emergency				
	Anaesthesia		1	1	2
	Family Medicine			5	5
	Medicine			7	7
	Obstetrics & Gynaecology		1		1
	Ophthalmology	1			1
	Orthopaedics & Traumatology			1	1
	Paediatrics			4	4
	Pathology		1		1
	Psychiatry			1	1
	Radiology				
	Surgery	4	1		5
	Others				
Total	5	4	19	28	

Cluster	Department	1 January 2009 to 31 December 2009			
		Consultant	Senior Medical Officer/ Associate Consultant	Medical Officer/ Resident	Total
Kowloon East	Accident & Emergency			2	2
	Anaesthesia		1	1	2
	Family Medicine			4	4
	Medicine		1	6	7
	Obstetrics & Gynaecology				
	Ophthalmology	1	1		2
	Orthopaedics & Traumatology			2	2
	Paediatrics		1		1
	Pathology				
	Psychiatry			2	2
	Radiology				
	Surgery		1		1
	Others				
	Total		1	5	17
Kowloon West	Accident & Emergency			6	6
	Anaesthesia	1	2	2	5
	Family Medicine		1	8	9
	Medicine	4	2	6	12
	Obstetrics & Gynaecology	2	3	1	6
	Ophthalmology			1	1
	Orthopaedics & Traumatology	1	1		2
	Paediatrics	1	1	2	4
	Pathology				
	Psychiatry		1	1	2
	Radiology	3		2	5
	Surgery	1	1	2	4
	Others			2	2
	Total	13	12	33	58
New Territories East	Accident & Emergency			2	2
	Anaesthesia		1	2	3
	Family Medicine			5	5
	Medicine			8	8
	Obstetrics & Gynaecology	1	3		4
	Ophthalmology			2	2
	Orthopaedics & Traumatology		1		1
	Paediatrics			2	2
	Pathology				
	Psychiatry				
	Radiology		1		1
	Surgery		1	1	2
	Others	1			1
Total	2	7	22	31	

Cluster	Department	1 January 2009 to 31 December 2009			
		Consultant	Senior Medical Officer/ Associate Consultant	Medical Officer/ Resident	Total
New Territories West	Accident & Emergency			2	2
	Anaesthesia		1	1	2
	Family Medicine			3	3
	Medicine	1		2	3
	Obstetrics & Gynaecology				
	Ophthalmology			1	1
	Orthopaedics & Traumatology			1	1
	Paediatrics			2	2
	Pathology			1	1
	Psychiatry	2			2
	Radiology		1		1
	Surgery	1			1
	Others			1	1
Total	4	2	14	20	

Overall turnover rates of doctors by major department and by rank from 1 January 2009 to 31 December 2009

Department	Consultant	Senior Medical Officer/ Associate Consultant	Medical Officer/ Resident	Overall
Accident & Emergency	-	-	4.4%	3.0%
Anaesthesia	2.1%	7.5%	4.5%	5.2%
Family Medicine	-	2.0%	7.1%	6.5%
Medicine	5.5%	2.6%	4.7%	4.3%
Obstetrics & Gynaecology	8.4%	13.5%	3.4%	6.8%
Ophthalmology	13.7%	3.0%	4.2%	4.9%
Orthopaedics & Traumatology	5.1%	2.8%	5.4%	4.7%
Paediatrics	2.5%	3.9%	6.7%	5.5%
Pathology	-	3.0%	4.1%	2.8%
Psychiatry	7.3%	1.4%	2.0%	2.3%
Radiology	6.9%	5.4%	2.8%	4.6%
Surgery	10.4%	2.8%	2.3%	3.7%
Overall	5.3%	3.3%	4.4%	4.3%

Remarks: The above turnover rates are calculated on the basis of the changes in headcounts, except for the rates of Family Medicine which are calculated on the basis of the changes in full-time equivalent because of the higher proportion of part-time Consultants.

**Years of service in HA of departed doctors by department in each hospital cluster
from 1 January 2009 to 31 December 2009**

Cluster	Department	Years of service in HA						Total
		<1 year	1 - < 6 years	6 - <11 years	11 - <16 years	16 - <21 years	21 years & above	
Hong Kong East	Accident & Emergency							
	Anaesthesia			1				1
	Family Medicine			2	1	1		4
	Medicine	1	1	2	1			5
	Obstetrics & Gynaecology		2	1				3
	Ophthalmology							
	Orthopaedics & Traumatology				3	1		4
	Paediatrics		1	1	2			4
	Pathology		1					1
	Psychiatry							
	Radiology				1			1
	Surgery			1				1
	Others				1			1
	Total		1	6	7	9	2	25
Hong Kong West	Accident & Emergency		1					1
	Anaesthesia			2	1			3
	Family Medicine		1	1				2
	Medicine	1		1	3	1		6
	Obstetrics & Gynaecology							
	Ophthalmology							
	Orthopaedics & Traumatology			2	1			3
	Paediatrics							
	Pathology		1	1				2
	Psychiatry							
	Radiology		1		1	1		3
	Surgery		4	1	1	1		7
	Others				1			1
	Total		1	8	8	8	3	28
Kowloon Central	Accident & Emergency							
	Anaesthesia		1	1				2
	Family Medicine		1	3		1		5
	Medicine		4	2	1			7
	Obstetrics & Gynaecology				1			1
	Ophthalmology					1		1
	Orthopaedics & Traumatology				1			1
	Paediatrics	1		1	1	1		4
	Pathology				1			1
	Psychiatry	1						1
	Radiology							
	Surgery					4	1	5
	Others							
	Total		2	6	7	5	7	28

Cluster	Department	Years of service in HA						
		<1 year	1 - < 6 years	6 - <11 years	11 - <16 years	16 - <21 years	21 years & above	Total
Kowloon East	Accident & Emergency		1	1				2
	Anaesthesia				1	1		2
	Family Medicine		1	3				4
	Medicine		1	1	4	1		7
	Obstetrics & Gynaecology							
	Ophthalmology				1	1		2
	Orthopaedics & Traumatology				2			2
	Paediatrics		1					1
	Pathology							
	Psychiatry		1			1		2
	Radiology							
	Surgery					1		1
	Others							
Total			5	5	9	4		23
Kowloon West	Accident & Emergency	1	3	1	1			6
	Anaesthesia		1		3	1		5
	Family Medicine		3	6				9
	Medicine		3	1	3	5		12
	Obstetrics & Gynaecology	1	1	2	1	1		6
	Ophthalmology			1				1
	Orthopaedics & Traumatology					2		2
	Paediatrics			1	2	1		4
	Pathology							
	Psychiatry		1			1		2
	Radiology		2	1		2		5
	Surgery				1	3		4
	Others		2					2
Total	2	16	13	11	16			58
New Territories East	Accident & Emergency		2					2
	Anaesthesia		2		1			3
	Family Medicine		1	3		1		5
	Medicine		7		1			8
	Obstetrics & Gynaecology				3	1		4
	Ophthalmology	1	1					2
	Orthopaedics & Traumatology				1			1
	Paediatrics	1	1					2
	Pathology							
	Psychiatry							
	Radiology			1				1
	Surgery				1	1		2
	Others					1		1
Total	2	14	4	7	4			31

Cluster	Department	Years of service in HA						
		<1 year	1 - < 6 years	6 - <11 years	11 - <16 years	16 - <21 years	21 years & above	Total
New Territories West	Accident & Emergency		2					2
	Anaesthesia		1		1			2
	Family Medicine	2		1				3
	Medicine		2			1		3
	Obstetrics & Gynaecology							
	Ophthalmology			1				1
	Orthopaedics & Traumatology				1			1
	Paediatrics			1	1			2
	Pathology		1					1
	Psychiatry						2	2
	Radiology		1					1
	Surgery					1		1
	Others			1				1
	Total		2	7	4	3	2	2

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 15.3.2010

- Note: (1) Under the original estimates for 2009-10 the percentage of expenditure on health policy in the recurrent government expenditure is 15.7%.
- (2) Sum of individual items may be different from the total due to rounding effect.
- (3) Government departments that report to more than one bureau for different policy programmes.

Signature _____

Name in block letters _____ Ms Sandra LEE _____

Post Title _____ Permanent Secretary for Food and Health (Health) _____

Date _____ 12.3.2010 _____

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

FHB(H)205

Question Serial No.

2900

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

Programme: All programmes

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

Director of Bureau: Secretary for Food and Health

Question:

In 2010-11, has the Administration reserved any provision for studies conducted for the purposes of formulating and assessing policies? If yes, please provide the following information:

In-house Studies/ Name(s) of Responsible Research Institute(s) (if any)	Research Topics	Content	Expenditure (\$)	Progress of Studies (under planning/ in progress/ completed)	Will the studies be released to the public if they are expected to be completed in the 2010-2011 financial year? If yes, through which channels? If no, what are the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

The information requested is provided in Annex.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 15.3.2010

Annex

In-house Studies/ Name(s) of Responsible Research Institute(s) (if any)	Research Topics	Content	Expenditure (\$)	Progress of Studies (under planning/ in progress/ completed)	Will the studies be released to the public if they are expected to be completed in the 2010-2011 financial year? If yes, through which channels? If no, what are the reasons?
The University of Hong Kong	Project to update the Hong Kong Domestic Health Accounts (DHA) to 2005/06 and 2006/07*	To further update the estimates of Hong Kong's domestic health expenditure based on the OECD standardization of health accounts, "A System of Health Accounts", and to appraise the applications of domestic health accounts.	498,000	In progress	When the study is completed, results will be released to public through the website of Food and Health Bureau.
The University of Hong Kong	Project to update the Hong Kong Domestic Health Accounts (DHA) to 2007/08 and 2008/09*	To further update the estimates of Hong Kong's domestic health expenditure based on the OECD standardization of health accounts, "A System of Health Accounts", and to appraise the applications of domestic health accounts.	708,280	In progress	When the study is completed, results will be released to public through the website of Food and Health Bureau.
Milliman Limited	Studies on Voluntary Supplementary Financing Scheme – Analyses on Stakeholders' Views, Overseas Experience and Local Market Situation about Private Health Insurance	To serve as a background research by collecting and analyzing stakeholders' views, reviewing theoretical framework and overseas experience, and assessing local market situation through an investigation of available information and data.	1,430,000	In progress	When the study is completed, results will be considered by the Food and Health Bureau for the overall planning of healthcare reform public consultation.

In-house Studies/ Name(s) of Responsible Research Institute(s) (if any)	Research Topics	Content	Expenditure (\$)	Progress of Studies (under planning/ in progress/ completed)	Will the studies be released to the public if they are expected to be completed in the 2010-2011 financial year? If yes, through which channels? If no, what are the reasons?
Milliman Limited	Studies on Voluntary Supplementary Financing Scheme – Feasibility Study on the Key Features of the Scheme	To design actuarially sound insurance product templates, and develop policy options for provision of incentives where necessary to enable the Scheme to operate effectively.	1,430,000	In progress	When the study is completed, results will be considered by the Food and Health Bureau for the overall planning of healthcare reform public consultation.
The University of Hong Kong	Studies in Health Services (SHS-P-08) *	Study on cervical cancer prevention through cytologic and HPV DNA screening	159,480	Expected to complete within 2010	Research findings will be released through the website of Food and Health Bureau
The Chinese University of Hong Kong	Studies in Health Services (SHS-P-04) *	Study on self management and the role of pharmacists in developing an effective primary care system	138,740	Expected to complete within 2010	Research findings will be released through the website of Food and Health Bureau
The Chinese University of Hong Kong	Studies Related to Melamine Incident (MI-BS-06) *	Study on metabolism and toxicity of melamine in developing and infant rats	393,430	In progress	The study is still ongoing.
The Chinese University of Hong Kong	Studies Related to Melamine Incident (MI-BS-07) *	Study on formation of melamine crystals in urine and their effects on human cells	238,110	In progress	The study is still ongoing.
The Chinese University of Hong Kong	Studies Related to Melamine Incident (MI-BS-12) *	Study on effect of melamine on kidney and vascular function in pregnant and newborn rats	323,680	In progress	The study is still ongoing.
The University of Hong Kong	Studies Related to Melamine Incident (MI-BS-16) *	Study on transfer of melamine across the placenta and toxic effects on the developing mouse foetus	346,230	In progress	The study is still ongoing.

In-house Studies/ Name(s) of Responsible Research Institute(s) (if any)	Research Topics	Content	Expenditure (\$)	Progress of Studies (under planning/ in progress/ completed)	Will the studies be released to the public if they are expected to be completed in the 2010-2011 financial year? If yes, through which channels? If no, what are the reasons?
The University of Hong Kong	Studies Related to Melamine Incident (MI-BS-18) *	Study on mechanism of melamine-induced human urinary bladder cancer	447,970	In progress	The study is still ongoing.
The Chinese University of Hong Kong	Studies Related to Melamine Incident (MI-FU-01) *	Study on medium- and long-term follow-up of Hong Kong children exposed to melamine	317,180	In progress	The study is still ongoing.
The Chinese University of Hong Kong	Studies Related to Melamine Incident (MI-FU-04) *	Study on prevalence of melamine in stored urine samples and clinical follow-up of affected Hong Kong children	134,290	In progress	The study is still ongoing.
The University of Hong Kong	Studies Related to Melamine Incident (MI-FU-08)*	Case-control study of Sichuan and Hong Kong children with melamine-associated renal stones	173,740	In progress	The study is still ongoing.
The Chinese University of Hong Kong	Studies Related to Melamine Incident (MI-LAB-02) *	Study on development and application of novel diagnostic tests for melamine exposure	287,210	In progress	The study is still ongoing.

* This study spanned over more than one financial year and payments are made in instalments. The estimate here reflects the payments made in 2010-11.

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

FHB(H)206

Question Serial No.

2903

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher pilot scheme being implemented from 2009 to 2011, what will be the expenditure for one year if the age requirement is lowered and the assistance increased based on the current take-up rate and the average amount involved? Please use the following table.

Age requirement/Assistance per person	\$500 per year	\$1,000 per year
Aged 65		
Aged 60		

Asked by: Hon. LEUNG Ka-lau

Reply:

The Elderly Health Care Voucher Scheme (the Scheme) was launched on 1 January 2009 as a three-year pilot scheme to provide elders aged 70 or above with five health care vouchers of \$50 each annually as a partial subsidy for using private primary care services in the community that most suit their needs.

Number of enrolled practices

The number of healthcare practices enrolled under the Scheme was 3 248 as at end February 2010, up from 2 116 when the Scheme was launched on 1 January 2009. A breakdown of enrolled practices as at end February 2010 by profession and district is at Annex A. The Department of Health (DH) will continue to monitor the enrolment of service providers and promote for participation in the Scheme.

Between 1 January 2009 and end February 2010, 1 274 practices have newly enrolled in the Scheme, while 142 practices have withdrawn (87 in Western medicine, 22 in Chinese medicine, 25 in dentistry, 3 in physiotherapy, 4 in chiropractic and 1 in nursing). Among those withdrawn, most have not provided reasons for their withdrawal. For those who have, change in practices at which they work in is the most common reason.

Number of enrolled elders

As at end February 2010, 308 646 eligible elders have participated in the Scheme, constituting 46% of about 670 000 eligible elders aged 70 years or above in 2010. Among them, 215 705 (32% of eligible elders) have made a total of 467 728 voucher claims for 1,123,122 vouchers in total (involving a total amount of \$56.2 million). DH will continue to monitor the participation of elders and promote for participation in the Scheme.

Usage of vouchers

Elders can use the vouchers starting from the year they turn 70 years old. Unused vouchers can be accumulated until the Scheme has ended. By end 2009, 122 883 elders (18% of eligible elders) have used up all their entitled vouchers in 2009. A breakdown of the number of vouchers used in each claim in 2009 is as follows –

<u>No. of vouchers claimed in each claim episode</u>	<u>No. of claim episodes</u>	<u>% of claim episodes</u>
1	93 531	27
2	144 549	42
3	59 718	17
4	14 706	4
5	36 370	10
Total :	348 874	100%

Information on usage of vouchers by different age groups is at Annex B.

Complaints and improper claims

To ensure that vouchers are properly claimed by the service providers, DH routinely monitors claim transactions through the electronic voucher system, checks claims and examines service records through inspection of service providers, and check with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. In addition, DH has conducted briefing sessions and distributed guidelines via mail, email and website to service providers on procedures for making voucher claims for the elders and conditions for reimbursement.

Up to end February 2010, DH has received a total of 10 complaints under the Scheme. Six complaints involved refusal to provide services to elders enrolled under the Scheme and four involve improper claims. The Health Care Voucher Unit of DH is responsible for the implementation of the Scheme including investigating complaints against and conducting inspection of service providers. The time required for completing the investigation depends on the complexity of individual cases. In general, investigation is expected to be completed within two weeks after receiving the complaint. As at end February 2010, investigation on seven out of the 10 complaints has been completed.

A service provider will be disqualified from the Scheme if (i) the Government is of the reasonable opinion that he has failed to provide health care services in a professional manner or is otherwise found to have committed professional misconduct or malpractice; or (ii) the service provider or his employing organization fails to comply with any provision of the agreement under the Scheme or with any direction or requirement given by the Government or Director of Health in relation to the Scheme. As at February 2010, two medical practitioners and one Chinese medicine practitioners have been disqualified from the Scheme.

Expenditure related to the Scheme

The Government has earmarked a total of \$573.2 million for the three-year pilot Scheme, of which \$505.3 million is budgeted for reimbursing vouchers (\$168.6 million in 2010-11). For the implementation of the Scheme, the Food and Health Bureau and DH have incurred up to end February 2010 actual capital expenditure of \$20.9 million for system development and maintenance and other capital and setting up works, and actual operating expenditure of \$62 million, comprising \$49.2 million for reimbursement of vouchers, \$12.1 million for staffing expenses and \$0.7 million for other operating expenses. The expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears.

Review of the Scheme

As undertaken, the Administration will conduct an interim review in 2010 and a full review after the three-year pilot period. The reviews will assess the effectiveness of the Scheme and its operational arrangements including its scope, and also consider the suggestions to adjust the age limit and revise the voucher amount.

The Administration will also conduct surveys to gather feedback from both elders and healthcare providers. As stated in the 2010-11 Budget Speech, the Financial Secretary will provide the necessary resources subject to the review findings.

Financial implication of lowering eligible age and increasing voucher amount

If hypothetically the eligible age of 70 were to be lowered to 65 or 60 and the amount of vouchers for each elder were to be increased to \$500 or \$1,000, the financial implication would increase due to the increase in the number of eligible elders and increase in voucher reimbursement. The hypothetical annual expenditure for providing vouchers at different age limit and different voucher amount taking the year 2011 as an illustrative example is as follows:

Eligible Age	Annual expenditure at voucher amount of \$250 per elder per year (\$ million)	Annual expenditure at voucher amount of \$500 per elder per year (\$ million)	Annual expenditure at voucher amount of \$1,000 per elder per year (\$ million)
70 or above	171.0	341.9	683.8
65 or above	229.8	459.6	919.2
60 or above	332.7	665.4	1,330.8

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 15.3.2010

Location of Practices of Health Care Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 28 February 2010)

Profession District	Western Medicine Doctor	Chinese Medicine Practitioner	Dentist	Occupational Therapist	Physiotherapist	Medical Laboratory Technologist	Radiographer	Chiropractor	Enrolled Nurse	Registered Nurse	Total
Central & Western	127	83	32	3	36	3	4	9	2	3	302
Eastern	125	29	23	2	14	0	0	0	0	2	195
Southern	38	26	4	0	3	0	0	0	0	0	71
Wan Chai	87	75	30	4	27	1	0	0	1	4	229
Kowloon City	116	30	11	0	18	0	0	0	0	0	175
Kwun Tong	137	75	31	3	8	10	11	1	3	16	295
Sham Shui Po	72	45	7	3	10	3	1	0	0	0	141
Wong Tai Sin	75	52	10	0	3	0	0	0	0	0	140
Yau Tsim Mong	217	141	49	5	78	10	8	6	3	25	542
North	45	24	5	0	1	1	0	0	0	0	76
Sai Kung	88	21	7	0	5	3	3	0	0	0	127
Sha Tin	84	28	24	0	20	0	0	1	1	2	160
Tai Po	60	48	12	1	3	2	2	0	2	11	141
Kwai Tsing	82	29	13	0	8	0	0	0	1	1	134
Tsuen Wan	111	46	8	4	15	4	5	1	1	4	199
Tuen Mun	81	60	6	0	3	0	1	0	0	0	151
Yuen Long	93	25	8	0	6	0	0	0	0	1	133
Islands	27	4	1	0	5	0	0	0	0	0	37
Total	1 665	841	281	25	263	37	35	18	14	69	3 248

Utilisation of Health Care Vouchers by Age Group of Eligible Elders
(as at 28 February 2010)

Age group	No. of eligible elders in 2010	No. of elders with voucher accounts [% of eligible elders]	No. of elders without voucher accounts [% of eligible elders]	No. of vouchers used
70-74	230 300	84 709 [37%]	145 591 [63%]	306 087
75-79	199 500	91 699 [46%]	107 801 [54%]	369 280
80-84	132 200	68 314 [52%]	63 886 [48%]	259 747
≥85	112 300	63 924 [57%]	48 376 [43%]	188 008
Total	674 300	308 646 [46%]	365 654 [54%]	1 123 122

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

FHB(H)207

Question Serial No.

2904

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Mention is made in the Budget Speech that the Government is working out a healthcare financing reform option that will contain an insurance component. Also, the suggestion to provide tax deduction for medical insurance premium or expenses will be considered. Please advise if the Administration has assessed what is the estimated expenditure in one year if the public is financed to take out medical insurance?

Asked by: Hon. LEUNG Ka-lau

Reply:

As announced by the Chief Executive in the 2009/10 Policy Address, the Food and Health Bureau (FHB) is working on a supplementary healthcare financing scheme based on voluntary participation, comprising insurance and savings components, which will be standardized and regulated by the Government.

The scheme aims to (i) improve sustained access to affordable private healthcare through medical insurance, thereby facilitating choice for private healthcare as an alternative to public healthcare; (ii) enhance transparency about service standards and price in the private health insurance and healthcare services market, thereby promoting market competition and enhancing consumer protection and confidence.

FHB is conducting consultancy studies and working with relevant stakeholders with a view to formulating detailed proposals for the scheme. In working out the scheme, the Government will consider how to make use of the \$50 billion earmarked in the fiscal reserve for implementing the healthcare financing reform, and take into account the suggestion of providing tax deduction for private medical insurance premium.

We aim to have the proposals ready and launch the second stage public consultation on healthcare reform in the second half of 2010. The workload arising from the formulation of the scheme including the public consultation is being undertaken as part of the day-to-day operations of the FHB. We have no separate estimates on the expenditure and manpower required.

Plans for implementation including timetable and resource requirements will be determined in due course taking into account the outcomes of the consultation on the proposals for the scheme.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)208

Question Serial No.

2905

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2009-10, an additional funding of \$870 million was provided to the Hospital Authority. Please advise :

- (a) What are the criteria for allocating the additional funding to individual hospitals?
- (b) What are the services individual hospitals provide using the additional funding and their expenditure?

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) & (b)

The additional recurrent subvention of \$872 million for the Hospital Authority (HA) in 2009-10 serves to meet the increasing demand for hospital services and to improve the quality of clinical care through the implementation of the following key initiatives in various clusters / hospitals:

- enhancement of healthcare services in the New Territories West cluster through the opening of additional beds in Pok Oi Hospital and Tuen Mun Hospital;
- improvement of services in the Kowloon East cluster through the opening of additional beds and provision of additional surgical operations and special out-patient clinic attendances in Tseung Kwan O Hospital;
- enhancement of services for life threatening diseases;
- strengthening mental health services through new initiatives such as recovery support program for psychiatric patients in the community and triage clinics in psychiatric specialist out-patient clinics;
- enhancement of support to discharged elderly patients by extending the Community Geriatric Assessment Service to additional residential care homes for the elderly;
- launching of a pilot scheme for accreditation in public hospitals to improve patient safety and quality of care; and
- extend the psychogeriatric outreach programme to additional residential care homes for the elderly to provide support to chronic elderly psychiatric patients.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 15.3.2010

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

FHB(H)209

Question Serial No.

2906

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Government has allocated a total of \$1.24 billion to the Hospital Authority in 2010-11, and part of the provision will be used to introduce the new case management programme on cancer treatment. What are the details of the programme? What are the expenditure, manpower and ranks of staff involved? What is the estimated number of patients to be served?

Asked by: Hon. LEUNG Ka-lau

Reply:

The Hospital Authority (HA) will pilot a case manager programme in the New Territories West Cluster and the Kowloon West Cluster in 2010-11 to streamline and enhance coordination on the management of cancer patients. The programme aims to benefit 500 breast cancer and 600 colorectal cancer patients respectively. The estimated expenditure is around \$6 million. The detailed manpower requirements for the initiative are being worked out and are not yet available.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and
Health (Health)

Date 15.3.2010

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

FHB(H)210

Question Serial No.

2907

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Government has allocated a total of \$1.24 billion to the Hospital Authority in 2010-11, and parts of the provision will be used to enhance the haemodialysis service for renal patients and introduce a pilot scheme for palliative care services. What are the details of the initiatives? What are the expenditure, manpower and ranks of staff involved? What are the estimated numbers of patients to be served?

Asked by: Hon. LEUNG Ka-lau

Reply:

The Hospital Authority (HA) will enhance haemodialysis (HD) service for patients with end stage renal disease in 2010-11 by providing additional 41 hospital HD places and 20 home HD places, as well as expanding the private public partnership of HD service in eligible community HD centres. The estimated expenditure is \$30 million.

HA will also introduce palliative care to improve quality of life of patients with end stage renal disease for about 720 patients in 2010-11. The service will be piloted in four hospitals, namely the Ruttonjee & Tang Shiu Kin Hospitals, United Christian Hospital, Caritas Medical Centre and Shatin Hospital. The estimated expenditure is \$14 million.

The detailed manpower requirements for the above initiatives are being worked out and are not yet available.

Signature _____

Name in block letters _____ Ms Sandra LEE _____

Post Title _____ Permanent Secretary for Food and Health (Health) _____

Date _____ 15.3.2010 _____

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

FHB(H)211

Question Serial No.

2908

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Government has allocated a total of \$1.24 billion to the Hospital Authority in 2010-11, and part of the provision will be used to increase the number of cataract surgeries by 40%. Please provide the following information:

- (a) the numbers of cataract surgeries performed at various hospitals in the past 3 years, i.e. from 2007-08 to 2009-10, and the expenditure, manpower and ranks of staff involved; and
- (b) the estimated numbers of additional cataract surgeries to be performed at various hospitals upon the increase of provision to \$1.24 billion, and the expenditure, manpower and ranks of staff involved.

Asked by: Hon. LEUNG Ka-lau

Reply:

- (a) The table below sets out the number of cataract surgeries conducted by the hospitals under the Hospital Authority (HA) in the past three years:

Financial Year	Number of cataract surgeries conducted
2007-08	17 163
2008-09	17 185
2009-10 (up to December 09)	15 150

As cataract surgeries are only part of the duties of the relevant healthcare staff, the breakdown of manpower and resources incurred for such service is not available.

- (b) HA will provide 8480 additional cataract surgeries in 2010-11, including 5480 surgeries to be conducted in HA's hospitals and 3000 to be conducted in the private sector through the provision of subsidy to patients, subject to co-payment. The estimated expenditure is \$55 million. The detailed manpower requirements for the initiatives are being worked out and are not yet available.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 15.3.2010

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

FHB(H)212

Question Serial No.

2909

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The funding to be provided to the Hospital Authority in 2010-11 is \$1.24 billion in total, and some of the funding will be used for incorporating eight drugs into the Hospital Authority Drug Formulary. Please advise:

- (a) what the eight drugs are;
- (b) on the expenditure involved (please list by drug); and
- (c) on the number of patients expected to benefit from this (please list by drug).

Asked by: Hon. LEUNG Ka-lau

Reply:

(a), (b) and (c)

The Government has earmarked additional recurrent funding of \$194 million to the Hospital Authority (HA) to incorporate eight drugs into the HA Drug Formulary and expand the clinical application of nine drug classes. It is estimated that a total of 38 200 patients will benefit from these two initiatives.

The table below sets out the name and the indication for clinical application of eight drugs to be incorporated into the HA Drug Formulary in 2010-11 as well as the estimated number of patients benefited and the estimated expenditure involved for each drug. All eight drugs will be included as special drugs in the Formulary and provided at standard fees and charges to patients who meet the specific clinical conditions.

Drug name	Indication for clinical application	Estimated number of patients benefited	Estimated expenditure involved (\$ million)
1. Laronidase	Mucopolysaccharidosis I	Patients will be assessed by an expert panel on their clinical suitability for use of the drug on a case-by-case basis	35
2. Idursulfase	Mucopolysaccharidosis II		
3. Galsulfase	Mucopolysaccharidosis VI		
4. Alglucosidase alpha	Pompe		
5. Algalsidase beta	Fabry		
6. Imiglucerase	Gaucher		
7. Irinotecan	Colorectal cancer	167	10
8. Vinorelbine	Lung cancer	160	3

(Note: Items 1-6 are for treatment of rare genetic diseases and items 7-8 are for treatment of cancer.)

The table below sets out the name and scope of expansion of the nine drug classes as well as the estimated number of patients benefited and the estimated expenditure involved for each drug class. The drug class “Vascular endothelial growth factor inhibitors” is self-financed item and the remaining classes of drugs are special drugs in the HA Drug Formulary.

Drug class	Expanded scope for application	Estimated number of patients benefited	Estimated expenditure involved (\$ million)
1. Drugs for active Hepatitis B cases	To initiate the drug therapy for Hepatitis B patients earlier to enhance treatment outcome	2 575	54
2. Drugs for active Hepatitis C cases	To expand the provision of the drugs to Hepatitis C patients infected through other means apart from blood transfusion	600	22.8
3. Angiotensin-receptor blocker	To expand the provision of the drugs to patients with diabetes mellitus and hypertension at general outpatient clinics	25 000	18.6
4. Glitasones	To expand the provision of the drugs to patients with diabetes mellitus at general outpatient clinics		
5. Insulin	To expand the provision of the drugs to patients with diabetes mellitus at general		

Drug class	Expanded scope for application	Estimated number of patients benefited	Estimated expenditure involved (\$ million)
	outpatient clinics		
6. Aromatase inhibitors	To relax the use of the drugs (including the use in adjuvant therapy) on breast cancer patients	400	16
7. Vascular endothelial growth factor inhibitors	To provide treatment for wet aged-related macular degeneration on a trial basis under special programmes	500	12.45
8. Clopidogrel	To align the duration of providing the drug to patients after post coronary/vascular intervention or high risk acute coronary syndrome	6 650	12
9. Atypical anti-psychotics	To relax the use of the drugs on patients with mental illness	2 170	10

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

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

FHB(H)213

Question Serial No.

2910

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2010-11, the Government will provide a funding of \$1.24 billion in total to the Hospital Authority. Part of the funding will be used to expand the clinical application of nine drug classes. In this connection, please advise on the following:

- (a) What are these nine drug classes?
- (b) What are the expenditure, manpower and ranks involved? (Please list by drug class)
- (c) How many patients are expected to benefit? (Please list by drug class)

Asked by: Hon. LEUNG Ka-lau

Reply:

(a), (b) and (c)

The Government has earmarked additional recurrent funding of \$194 million to the Hospital Authority (HA) to incorporate eight drugs into the HA Drug Formulary and expand the clinical application of nine drug classes. It is estimated that a total of 38 200 patients will benefit from these two initiatives.

The table below sets out the name and the indication for clinical application of eight drugs to be incorporated into the HA Drug Formulary in 2010-11 as well as the estimated number of patients benefited and the estimated expenditure involved for each drug. All eight drugs will be included as special drugs in the Formulary and provided at standard fees and charges to patients who meet the specific clinical conditions.

Drug name	Indication for clinical application	Estimated number of patients benefited	Estimated expenditure involved (\$ million)
1. Laronidase	Mucopolysaccharidosis I	Patients will be assessed by an expert panel on their clinical suitability for use of the drug on a case-by-case basis	35
2. Idursulfase	Mucopolysaccharidosis II		
3. Galsulfase	Mucopolysaccharidosis VI		
4. Alglucosidase alpha	Pompe		
5. Algalsidase beta	Fabry		
6. Imiglucerase	Gaucher		
7. Irinotecan	Colorectal cancer	167	10
8. Vinorelbine	Lung cancer	160	3

(Note: Items 1-6 are for treatment of rare genetic diseases and items 7-8 are for treatment of cancer.)

The table below sets out the name and scope of expansion of the nine drug classes as well as the estimated number of patients benefited and the estimated expenditure involved for each drug class. The drug class “Vascular endothelial growth factor inhibitors” is self-financed item and the remaining classes of drugs are special drugs in the HA Drug Formulary.

Drug class	Expanded scope for application	Estimated number of patients benefited	Estimated expenditure involved (\$ million)
1. Drugs for active Hepatitis B cases	To initiate the drug therapy for Hepatitis B patients earlier to enhance treatment outcome	2 575	54
2. Drugs for active Hepatitis C cases	To expand the provision of the drugs to Hepatitis C patients infected through other means apart from blood transfusion	600	22.8
3. Angiotensin-receptor blocker	To expand the provision of the drugs to patients with diabetes mellitus and hypertension at general outpatient clinics	25 000	18.6
4. Glitasones	To expand the provision of the drugs to patients with diabetes mellitus at general outpatient clinics		
5. Insulin	To expand the provision of the drugs to patients with diabetes mellitus at general		

Drug class	Expanded scope for application	Estimated number of patients benefited	Estimated expenditure involved (\$ million)
	outpatient clinics		
6. Aromatase inhibitors	To relax the use of the drugs (including the use in adjuvant therapy) on breast cancer patients	400	16
7. Vascular endothelial growth factor inhibitors	To provide treatment for wet aged-related macular degeneration on a trial basis under special programmes	500	12.45
8. Clopidogrel	To align the duration of providing the drug to patients after post coronary/vascular intervention or high risk acute coronary syndrome	6 650	12
9. Atypical anti-psychotics	To relax the use of the drugs on patients with mental illness	2 170	10

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

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

FHB(H)214

Question Serial No.

2911

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2010-11, the Government will provide a funding of \$1.24 billion in total to the Hospital Authority. Part of the funding will be used to set up a specialist centre for joint replacement. In this connection, please advise on the following:

- (a) Over the past three years (i.e. 2007-08 to 2009-10), what is the number of cases in which patients were provided with post-surgical care and rehabilitation support by the Hospital Authority? What were the expenditure, manpower and ranks involved?
- (b) What services will be provided in the new specialist centre? What are the expenditure, manpower and ranks involved? What is the estimated number of patients to be served each year?

Asked by: Hon. LEUNG Ka-lau

Reply:

- (a) About 1 600 total hip / knee replacement surgeries were conducted in the Hospital Authority (HA) in 2007-08 and 2008-09 respectively. During the first nine months of 2009-10 (April - December 09), about 1 500 hip / knee replacement surgeries were conducted. All patients would receive post-operative and rehabilitation care after the surgeries. As joint replacement surgeries and rehabilitation care are only part of the duties of the relevant healthcare staff, the breakdown of manpower and resources incurred for these services is not available.
- (b) The specialist centre for joint replacement (the Centre) will be established at the Buddhist Hospital in the Kowloon Central Cluster. It is estimated that the Centre can provide 750 surgeries and follow-up rehabilitation programmes each year. An estimated amount of \$42 million will be required for the setting up of the Centre and its first year of operation. The additional manpower involved include two Consultants, two Medical Residents, two Advanced Practice Nurses, 11 Registered Nurses, one Physiotherapist, five Technical Service Assistants, four Clinical Service Assistants and three General Service Assistants.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

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

FHB(H)215

Question Serial No.

2913

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Government has approved the disposal of 4 sites for developing private hospitals in Tung Chung, Tseung Kwan O, Wong Chuk Hang and Tai Po. Please advise on the number of expressions of interest received so far.

Asked by: Hon. LEUNG Ka-lau

Reply:

The Government has reserved four sites at Wong Chuk Hang, Tseung Kwan O, Tai Po and Lantau respectively for the development of private hospitals. The Government has launched an expression of interest (EOI) exercise to solicit market interest in developing private hospitals at these sites. The EOI exercise will close on 31 March 2010. After consideration of the responses and feedbacks received, we will work out the detailed land disposal arrangements for the four sites, including the means and timing for land disposal, the detailed special requirements and the land premium for the four reserved hospital sites.

The four sites are available at different times depending on the status of each site on planning procedures, site formation works or interface with other infrastructure projects. The Government does not have a definite timetable at the present stage on the disposal or development of these sites.

These new private hospitals should provide services of good quality and their service charges should be highly transparent. The development of new private hospitals should meet a number of special requirements covering the aspects of land use, bed capacity, types of specialties and services, price transparency, etc. We will specifically require the private hospitals to make available a certain percentage of bed days for services provided at packaged charge, so as to offer more choices to the general public.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

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

FHB(H)216

Question Serial No.

2938

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the “formulation of proposals for a voluntary supplementary healthcare financing scheme comprising insurance and savings components, and standardized and regulated by the Government”, would the Administration advise us on the following:

- a) What are the details of the scheme?
- b) What is the estimated expenditure involved?
- c) What is the timetable of the scheme? When is the consultation on the proposals expected to be launched?
- d) Will the Government consider establishing its own insurance company to ensure that participants of the medical insurance scheme will be protected by reasonable clauses?
- e) Will the Administration formulate measures (e.g. introducing new allowances) to encourage people to take out medical insurance?

Asked by: Hon. WONG Kwok-kin

Reply:

(a) – (e)

As announced by the Chief Executive in the 2009/10 Policy Address, the Food and Health Bureau (FHB) is working on a supplementary healthcare financing scheme based on voluntary participation, comprising insurance and savings components, which will be standardized and regulated by the Government.

The scheme aims to (i) improve sustained access to affordable private healthcare through medical insurance, thereby facilitating choice for private healthcare as an alternative to public healthcare; (ii) enhance transparency about service standards and price in the private health insurance and healthcare services market, thereby promoting market competition and enhancing consumer protection and confidence.

FHB is conducting consultancy studies and working with relevant stakeholders with a view to formulating detailed proposals for the scheme. In working out the scheme, the Government will consider how to make use of the \$50 billion earmarked in the fiscal reserve for implementing the healthcare financing reform, and take into account the suggestion of providing tax deduction for private medical insurance premium.

We aim to have the proposals ready and launch the second stage public consultation on healthcare reform in the second half of 2010. The workload arising from the formulation of the scheme including the public consultation is being undertaken as part of the day-to-day operations of the FHB. We have no separate

estimates on the expenditure and manpower required.

Plans for implementation including timetable and resource requirements will be determined in due course taking into account the outcomes of the consultation on the proposals for the scheme.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 12.3.2010

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

FHB(H)217

Question Serial No.

3074

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Under the Analysis of Financial and Staffing Provision, it is stated that additional provision will be used for commencing pilot projects to provide enhanced primary care services, and reportedly, the Administration will launch pilot projects in Tai Po and Sha Tin districts in May and June this year at the earliest. In this connection, will the Administration inform this Committee how to monitor the performance of the participating private doctors to ensure the quality of their services, the measures it will take to support the patients participating in the projects, and whether they can go back to the public hospitals for certain regular check-ups so as to relieve their burden?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

The Shared Care Programme in the New Territories East Cluster announced by the Government and the Hospital Authority (HA) on 8 March 2010 is one of the pilot projects launched by the Government through HA under the policy initiative in the Chief Executive's 2008-09 Policy Address to enhance support for chronic disease patients in the primary care settings. The Programme aims to enable chronic disease patients currently under the care of the public healthcare system to choose to receive comprehensive care from private doctors.

At this initial stage, the pilot Programme targets primarily at diabetes mellitus (DM) and hypertension (HT) patients having been under the care of public Specialist Out-patient Clinics (SOPCs) for at least two years, and assessed to be clinically stable and suitable for continuing to receive care in the primary care settings. Under the Programme, participating patients will receive consultation/case management and drugs from private doctors of their choice and receive government subsidies for their care.

Participating doctors are required to make public the fees they expect to charge a patient for a year's care. They will provide participating patients with comprehensive and continuous care based on set chronic disease management conceptual models and clinical protocols for DM and HT. They are required to provide, through an electronic system provided by HA, clinical information about patient care including drugs and indicators on care process and health outcome, as well as fees they charge patients for the care.

HA will continue to provide support for participating patients, including health risk assessments and laboratory tests for clinical indicators for these patients in accordance with the clinical protocols on private doctors' referral. HA will also monitor the conditions of patients including the health outcomes of patients through the electronic system. Private doctors may also, on the basis of their clinical diagnosis, refer patients with deteriorating conditions or complications back to public SOPCs for timely management.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 12.3.2010

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION****FHB(H)218**

Question Serial No.

3075

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Opening of additional acute and convalescent beds in Hong Kong East, Kowloon East and New Territories West Clusters respectively is stated in Matters Requiring Special Attention in 2010-11. Will the Administration inform this Committee on the respective number of the additional acute and convalescent beds, the additional expenditure and manpower involved, and the expected improvements in the healthcare services in these clusters?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

The Hospital Authority (HA) will open additional beds in three hospital clusters below to cope with the growing service demand in 2010-11:

Cluster	Hospital	Number of additional acute beds	Number of additional convalescent beds	Subtotal of number of additional beds in hospital	Total number of additional beds in cluster
Hong Kong East (HKEC)	Pamela Youde Nethersole Eastern Hospital	28	25	53	60
	Ruttonjee and Tang Shiu Kin Hospitals	2	5	7	
Kowloon East (KEC)	Tseung Kwan O Hospital	42	-	42	60
	United Christian Hospital	-	18	18	
New Territories West (NTWC)	Pok Oi Hospital	12	38	50	97
	Tuen Mun Hospital	10	37	47	

HA has earmarked an additional \$137 million for opening additional beds in 2010-11 (including \$47.5 million for KEC, \$68 million for NTWC and \$21 million for HKEC). HA will deploy existing staff and recruit additional staff to cope with the opening of additional beds. The detailed additional manpower requirements are being worked out and not yet available. With the additional beds, the total number of beds of HKEC, KEC and NTWC will increase by 3.1%, 2.9% and 4.9% respectively. The access to inpatient services of the three clusters will be improved.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 15.3.2010

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

FHB(H)219

Question Serial No.

3076

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In order to establish a common information platform among healthcare providers in the public and private sectors, the Administration has taken forward the development of an electronic health record system. Will the Administration inform this Committee that upon the implementation of the electronic health record system, how it will protect the confidentiality of personal data stored in the system, and what practical measures it will take to further support and promote the system?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

The Government is committed to developing a territory-wide patient-oriented Electronic Health Record (eHR) system where individual records are owned by the patients. Participation will be on a voluntary basis and sharing of patients' health records between healthcare professionals in both public and private sectors is subject to patients' express and informed consent. The eHR system, which serves as an essential infrastructure for implementing the healthcare reform, will enhance continuity of care for patients and efficiency of healthcare by providing a platform for seamless integration and interface of healthcare services at different levels of care from primary care doctors to hospitals.

The targets of the first stage programme are: (i) to have the eHR sharing platform as an essential healthcare infrastructure ready by 2013-14 for connection with all public and private hospitals, (ii) to have electronic medical/patient record systems or other health information systems in the market for connection to the eHR sharing platform, and (iii) to formulate a legal framework for the eHR sharing system to protect data privacy and security prior to commissioning of the system.

In July 2009, the Finance Committee of the Legislative Council approved a new commitment of \$702 million for implementing the first stage of the eHR Programme from 2009-10 to 2013-14. Up to two-third of the \$702 million commitment has been planned for procurement of goods and services.

To co-ordinate the complex and multi-faceted eHR development programme, the Government set up a dedicated eHR Office in the Food and Health Bureau. In 2009-10, 15 civil service posts were created for the setting-up of the eHR Office, involving an annual staff cost of \$15.5 million. Seven new civil service posts are planned for the eHR Office in 2010-11, involving an additional annual staff cost of \$5.4 million. The Hospital Authority IT Services will provide the eHR Office with technical support and has established the eHR Programme development team, which comprises 88 posts in 2009-2010, to carry out the projects under the eHR Programme. The Department of Health will also set up a team for the development of its

eHR systems. For all these eHR development co-ordinating and supporting functions, the Government has earmarked a total of \$369 million recurrent resources for three years from 2009-10 to 2011-12.

The engagement and participation of all stakeholders in the private and non-government sectors will be essential to building up a territory-wide patient-oriented eHR system. To this end, the eHR Office launched the first stage eHR Engagement Initiative (EEI) in October 2009 to invite proposals from private healthcare stakeholders which would contribute to the development of the eHR sharing system. 50 proposals have been received and are being assessed. A second stage EEI invitation targeting at IT sector will be launched in the latter half of 2010 tentatively.

A blueprint for the core infrastructure, which proposes an overall eHR architectural design to support a standards-based, robust and secured central platform, is under preparation. A blueprint for the Hospital Authority Clinical Management System (CMS) extension is also under preparation. It will contain a strategy for the development, sourcing and hosting of the CMS adaptation modules for private hospitals and CMS on-ramp applications for private practitioners. These modules and applications will be provided to the private healthcare sector for free or at minimal cost for their use.

Protection of patient data privacy and security is of paramount importance in developing the eHR sharing system. To this end, the eHR Office will commission a Privacy Impact Assessment and a Privacy Compliance Audit, as well as Security Risk Assessments and Security Audits to safeguard data privacy and ensure the integrity of the eHR system. We will also develop the long-term legal framework to safeguard the privacy and security of eHR data. The eHR Office will consult the relevant professions, stakeholders and the public in 2010-11 on issues such as voluntary participation; authorisation; consent for record access and the long-term legal framework required for the protection of privacy and security of eHR data. Drafting of the necessary legislation will then follow.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 12.3.2010

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

FHB(H)220

Question Serial No.

3097

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

- a) The Administration will “continue to oversee the implementation of the established tobacco control policy”. In this connection, does the Administration know the total expenditures, the manpower involved and the effectiveness of the efforts of various departments in respect of promotion, education, legislation, enforcement, taxation and smoking cessation? Please provide data and information in detail; and
- b) Regarding the smoking cessation services provided by the Hospital Authority, Department of Health and other organizations, please state separately the annual expenditure, number of clients, medication expenses, charges paid by clients, costs of self-financed drugs and short-term and medium / long-term success rates for the past three years (i.e. from 2007-08 to 2009-10).

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

(a) The Tobacco Control Office (TCO) of the Department of Health (DH) is responsible for tobacco control activities including enforcement, health promotion and smoking cessation programmes. DH also subvents the Hong Kong Council on Smoking and Health (COSH) for publicity, health education and promotional activities on tobacco control. To strengthen its efforts on smoking prevention and cessation, DH has entered into a funding and service agreement with the Tung Wah Group of Hospitals (TWGHs) for the provision of a community-based smoking cessation programme from January 2009.

The total expenditure for tobacco control activities in 2008-09 and 2009-10 were as follows –

	2008-09	2009-10
	\$ million	\$ million
Under DH's Programme (1) Statutory Functions		
- TCO	23.1	27.5
Under DH's Programme (3) Health Promotion		
- TCO	22.4	17.0
- Subventions	<u>13.4</u>	<u>17.5</u>
Total	<u>58.9</u>	<u>62.0</u>

Details of TCO's staffing are shown in Annex.

The Administration regularly evaluates its tobacco control efforts by monitoring various performance indicators. After the enactment of the amended Smoking (Public Health) Ordinance on 1 January 2007, DH conducted a series of evaluation which revealed that over 90% of citizens supported smoke-free workplaces and restaurants while patrons in over 95% of the restaurants complied with the statutory requirements. The 2007-08 Thematic Household Survey revealed that the prevalence of daily cigarette smokers aged 15 or above in Hong Kong was 11.8%, representing a drop of 2.2% when compared to 14.0% in the immediate past survey carried out in 2005. In the same survey, around 57.0% of respondents reported that they were exposed to less second-hand smoke after the implementation of the smoking ban in 2007. After the increase of tobacco duty by 50% in 2009, the number of callers and users of the smoking cessation services provided by DH, TWGHs and the Hospital Authority (HA) increased sharply. For example, the DH smoking cessation hotline received 15,500 enquires in 2009, representing a 250% increase when compared with 2008. The smoking cessation rates for patients at one year after treatment in 2009 for DH and HA were 36.7% and 49.4% respectively, which were comparable to the performance in overseas countries. All these indicators reflect the effectiveness of the Administration's efforts in promotion, education, legislation, enforcement, taxation and smoking cessation.

(b) HA provides treatment services for smoking cessation as an integral part of its overall services provision. It currently operates two full-time and 30 part-time smoking cessation clinics. The services provided include face-to-face counseling sessions and telephone follow-ups by trained counselors, who will assess the clients' conditions, formulate appropriate smoking cessation plans, provide tips on smoking abstinence and recommend Nicotine Replacement Therapy (NRT) if required. The charge for each counseling session is HK\$45. With the support of community partner, those in need of NRT can be given free NRT, in the form of gum or patch, for up to seven days.

Since the provision of smoking cessation services forms an integral part of HA's overall service provision, a breakdown of the expenditure on the services is not available. Service throughput and success rate of quitting are as follows:

	2007	2008	2009
New patients attending smoking cessation clinics	2,218	2,109	2,854
No. of telephone counseling (including initial & follow-up telephone counseling)	8,473	7,583	9,121
52-week success quit rate*	N/A	N/A	49.4%

Note: The statistics are shown in calendar years.

*Quit rates at 52-week refer to the percentage of clients who self-reported having not smoked for seven consecutive days prior to the 52 weeks after their first actual quit date for the captioned periods. HA does not have the 52-week success quit rate statistics for 2007 and 2008.

TCO has been actively promoting smoking prevention and cessation through cessation counseling telephone hotline, health talks and smoking cessation services in various DH clinics. On direct smoking cessation services, DH operates four smoking cessation clinics. A patient pays HK\$100 for the first consultation and HK\$ 60 for each of the follow up consultations. Breakdown of the expenditure on the services including drug and the subsidy level is not available. Relevant service statistics are as follows:

	2007	2008	2009
Hotline enquiries handled by TCO	5 917	4 335	15 500
New patients attending smoking cessation clinics	475	329	567
Smoking cessation rate for patients at 52-week after treatment	35.8%	29.5%	36.7%

Note: The statistics are shown in calendar years.

As for the TWGHs smoking cessation programme which commenced in January 2009, the total number of service recipients is 717. Expenditure on the provision of smoking cessation services and expenses on medicines involved are absorbed into the overall budget of the programme and cannot be separately itemized. Patients receive the smoking services under this programme free of charge.

The expenditures for publicity and education programme on smoking prevention and cessation in 2007-08, 2008-09 and 2009-10 are \$35.1 million, \$35.8 million and \$34.5 million respectively. Expenditure on smoking cessation services is part and parcel of the programme and cannot be separately identified.

The Hong Kong Council on Smoking and Health (COSH) organises media publicity campaigns, community involvement and health education programmes to promote the hazards of smoking and secondhand smoke in different sectors of the community, particularly kindergartens and schools. Expenditure for these activities is absorbed in the overall budget of COSH and cannot be separately itemized. The subvention for COSH in 2007-08, 2008-09 and 2009-10 were \$10.2 million, \$10.9 million and \$12.5 million respectively.

DH will also enter into a funding and service agreement with Pok Oi Hospital (POH) for the provision of a one-year smoking cessation pilot programme using traditional Chinese medicine with effect from 1 April 2010. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public and research projects. Free smoking cessation service including counselling and acupuncture will be provided by POH Chinese medicine practitioners in ten mobile clinics which serve 48 locations at different districts. A Chinese Medicine Community Health Care Centre will be established to support these mobile clinics.

Signature _____
Name in block letters Ms Sandra LEE
Post Title Permanent Secretary for Food and Health (Health)
Date 15.3.2010

Staffing of Tobacco Control Office

Rank	2008-09	2009-10
<u>Head, TCO</u>		
Principal Medical & Health Officer	1	1
<u>Enforcement</u>		
Senior Medical & Health Officer	1	1
Medical & Health Officer	2	2
Superintendent of Police/ Chief Inspector of Police/ Police Sergeant	7	5
Tobacco Control Inspector	85	67
Senior Executive Officer/ Executive Officer	0	5
Overseer/ Senior Foreman/ Foreman	0	27
<u>Health Education and Smoking Cessation</u>		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Nursing Officer/ Registered Nurse	2	3
Research Officer/ Scientific Officer (Medical)	1	1
Health Promotion Officer/ Hospital Administrator II	4	4
<u>Administrative and Logistics Support</u>		
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4
Clerical Officer/ Clerical Assistant/ Project Assistant/ General Worker	13	14
Motor Driver	1	1
Total no. of staff:	124	137

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION****FHB(H)221**

Question Serial No.

3098

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 HealthQuestion:

Among departments and institutions granted financial provisions, what is the total number of funds under the departments that come under the health portfolio? Please list out the year of establishment and the expenditures and balances for the past two years (i.e. 2008-09 and 2009-10) of each of these funds.

Asked by: Hon. CHENG Kar-foo, AndrewReply:

The information requested is set out below:

Name of Fund	Year of Establishment	Administered by	2008-09 Actual Expenditure (\$million)	Balance as at 31 March 2009 (\$million)	2009-10 Revised Estimate (\$million)	Estimated Balance as at 31 March 2010 (\$million)
Samaritan Fund	1950	Hospital Authority	129.0	1,273.3	186.8 ¹	1,163.4 ¹
AIDS Trust Fund	1993	Department of Health	41.4	182.5 ²	24.3	162.1 ²
Health Care and Promotion Fund	1995	Food and Health Bureau	3.3	57.8	3.3	54.5
Health and Health Services Research Fund	2002	Food and Health Bureau	4.9	60.2	9.1	201.1 ³
Research Fund for the Control of Infectious Diseases	2003	Food and Health Bureau	29.0	314.8	35.0	279.8

- Note: (1) The figures are estimated on accrual basis.
(2) The figures include income from refund of grants and interest.
(3) The figure reflects a \$150 million increase in the approved commitment approved by the Finance Committee on 5 February 2010.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

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

FHB(H)222

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

Question Serial No.

3099

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

Please list out by year the following information in the past five years (i.e. from 2005-06 to 2009-10):

- the percentage of actual expenditure on health policy in the Government's recurrent expenditure; and
- among departments and institutions granted financial provisions, the recurrent expenditure, non-recurrent expenditure and total amount received by each of the departments that comes under the health portfolio and their percentages in the Government's recurrent expenditure.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The information requested is set out below:

- percentage of actual expenditure (recurrent) on health policy in the recurrent government expenditure –

	2005-06 Actual		2006-07 Actual		2007-08 Actual		2008-09 Actual		2009-10 Revised Estimate	
	\$million	% ¹	\$million	% ¹	\$million	% ¹	\$million	% ¹	\$million	% ¹
Total recurrent government expenditure on health	29,286	15.7 ²	29,830	15.7 ²	31,641	15.9 ²	33,849	15.8 ²	35,356	15.9 ²

- Breakdown of recurrent expenditure on health and respective percentages in the recurrent government expenditure³:

Bureau/ Department/ Agency	2005-06 Actual		2006-07 Actual		2007-08 Actual		2008-09 Actual		2009-10 Revised Estimate	
	\$million	% ¹	\$million	% ¹	\$million	% ¹	\$million	% ¹	\$million	% ¹
HA	26,941	14.4	27,446	14.5	29,101	14.6	31,065	14.5	32,027	14.4
DH ⁴	2,182	1.2	2,219	1.2	2,356	1.2	2,585	1.2	3,025	1.4
FHB(H)	36	0.02	37	0.02	54	0.03	63	0.03	166	0.07
PPDH	102	0.05	102	0.05	104	0.05	108	0.05	110	0.05
GL ⁴	24	0.01	24	0.01	24	0.01	26	0.01	25	0.01
ITC ⁴	2	0.001	2	0.001	2	0.001	2	0.001	3	0.001

b(ii) Breakdown of non-recurrent expenditure on health :

Bureau/ Department/ Agency	2005-06 Actual (\$million)	2006-07 Actual (\$million)	2007-08 Actual (\$million)	2008-09 Actual (\$million)	2009-10 Revised Estimate (\$million)
HA	365	350	-	1,000	-
DH ⁴	88	130	48	27	701
FHB(H)	43	34	35	35	46

b(iii) Breakdown of total operating expenditure on health ³ :

Bureau/ Department/ Agency	2005-06 Actual (\$million)	2006-07 Actual (\$million)	2007-08 Actual (\$million)	2008-09 Actual (\$million)	2009-10 Revised Estimate (\$million)
HA	27,305	27,796	29,101	32,065	32,027
DH ⁴	2,270	2,349	2,404	2,612	3,726
FHB(H)	79	71	88	98	212
PPDH	102	102	104	108	110
GL ⁴	24	24	24	26	25
ITC ⁴	2	2	2	2	3

Legend:

HA = Hospital Authority

DH = Department of Health

FHB(H) = Food and Health Bureau (Health Branch)

PPDH = Prince Philip Dental Hospital

GL = Government Laboratory

ITC = Innovation Technology Commission

Note:

- (1) Represent percentage of recurrent government expenditure.
- (2) Under the original estimates for 2005-06, 2006-07, 2007-08, 2008-09 and 2009-10 the percentages of expenditure on health policy in the recurrent government expenditure are 14.8%, 15.0%, 14.8%, 15.2% and 15.7% respectively.
- (3) Sum of individual items may be different from the total due to rounding effect.
- (4) Government departments that report to more than one bureau for different policy programmes.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION****FHB(H)223**

Question Serial No.

3132

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the number of acute and rehabilitation beds and the occupancy rate of beds in various clusters, as well as the additional number of acute and rehabilitation beds to be opened in Hong Kong East, Kowloon East and New Territories West Clusters respectively, and the figures of anticipated occupancy rate.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Hospital Authority (HA) will open additional beds in Hong Kong East, Kowloon East and New Territories West Clusters to cope with the growing service demand in 2010-11. The table below sets out the number of existing general (acute and convalescent) beds and additional general beds in different hospital clusters -

Cluster	Number of existing general beds (as at 31 March 2010)	Occupancy rate	Additional general beds to be opened in 2010-11
HKEC	1 942	83%	60 (30 acute and 30 convalescent beds)
HKWC	2 853	71%	-
KCC	3 002	83%	-
KEC	2 075	81%	60 (42 acute and 18 convalescent beds)
KWC	5 174	80%	-
NTEC	3 473	85%	-
NTWC	1 997	89%	97 (22 acute and 75 convalescent beds)
Total	20 516	82%	217

HA has earmarked an additional \$137 million for opening additional beds in 2010-11 (including \$47.5 million for KEC, \$68 million for NTWC and \$21 million for HKEC). The estimated occupancy rate of general beds for HKEC, KEC, and NTWC in 2010-11 is 82%, 81% and 89% respectively. HA will deploy existing staff and recruit additional staff to cope with the opening of additional beds. The detailed additional manpower requirements are being worked out and not yet available.

Notes:

HKEC – Hong Kong East Cluster

HKWC – Hong Kong West Cluster

KCC – Kowloon Central Cluster

KEC – Kowloon East Cluster

KWC – Kowloon West Cluster

NTEC - New Territories East Cluster

NTWC – New Territories West Cluster

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 15.3.2010

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

FHB(H)224

Question Serial No.

3133

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list out the annual remunerations and allowances of the Chief Executive and Cluster Chief Executives in the past five financial years (i.e. from 2005-06 to 2009-10), their job-related allowances, annual rate of increase/decrease and percentages in terms of the total remuneration expenses and the total expenditure of the Hospital Authority.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The table below sets out the remunerations (including salaries and allowances) of the Chief Executive and the Cluster Chief Executives of the Hospital Authority (HA) from 2005-06 to 2008-09, the percentage of increase/decrease in the remunerations over the previous year, the percentage of the above remunerations over the total payroll cost of HA and the percentage of the above remunerations over the total expenditure of HA. The relevant information for 2009-10 is not yet available.

	2005-06	2006-07	2007-08	2008-09
Remunerations of the Chief Executive and the Cluster Chief Executives	\$27.3 million	\$25.9 million	\$27.3 million	\$31.4 million
Percentage of increase / (decrease) in remunerations over the previous year	--	(5%)	5%	15%*
Percentage of the above remunerations over the total payroll cost of HA	0.12%	0.11%	0.11%	0.12%
Percentage of the above remunerations over the total expenditure of HA	0.09%	0.09%	0.09%	0.09%

* The increase in the remuneration in 2008-09 over 2007-08 was mainly due to (a) annual pay adjustment by 6.3% in 2008-09; and (b) the remuneration to the then incumbent of Cluster Chief Executive (Kowloon West) (CCE(KW)) which covered both the salary paid to her as civil servant during pre-retirement leave and as an HA employee when she served in the post of CCE(KW) from 24 June 2008 to 23 March 2009 during her pre-retirement leave.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 15.3.2010

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

FHB(H)225

Question Serial No.

3081

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The brief for this Programme mentions that “the Student Health Service for secondary two to secondary seven students will be suspended in 2010 for the redeployment of manpower for the Human Swine Influenza (HSI) vaccination”. Would the Administration inform this Committee whether possible adverse effects on the health of students of such a measure have been taken into account? Have considerations been given to continue to provide such service through deployment of internal resources or with additional provision?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

Student Health Service (SHS) Centres of the Department of Health have been providing free human swine influenza (HSI) vaccination service to children between the age of 6 months and less than 6 years who are Hong Kong residents since the commencement of the HSI vaccination programme on 21 December 2009. Regular service to secondary two to secondary seven students has been suspended in order to redeploy necessary manpower resources for the HSI vaccination programme. Such suspension of service should not have any adverse effects on the health of these students as students requiring follow-up for their various health problems could still attend SHS Centres as scheduled.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)226

Question Serial No.

3082

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In the light of a private Chinese medicine practitioner who had enrolled in the Health Care Voucher Scheme being removed due to improper claims, could the Administration inform this Committee of the number of cases and complaints related to improper claims having been received since the launching of the Scheme, the mechanisms to ensure proper claim by service providers and to assist them to understand comprehensively the procedures for claiming and using the vouchers?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

The Elderly Health Care Voucher Scheme (the Scheme) was launched on 1 January 2009 as a three-year pilot scheme to provide elders aged 70 or above with five health care vouchers of \$50 each annually as a partial subsidy for using private primary care services in the community that most suit their needs.

Number of enrolled practices

The number of health care practices enrolled under the Scheme was 3 248 as at end February 2010, up from 2 116 when the Scheme was launched on 1 January 2009. A breakdown of enrolled practices as at end February 2010 by profession and district is at Annex A. The Department of Health (DH) will continue to monitor the enrolment of service providers and promote for participation in the Scheme.

Between 1 January 2009 and end February 2010, 1 274 practices have newly enrolled in the Scheme, while 142 practices have withdrawn (87 in Western medicine, 22 in Chinese medicine, 25 in dentistry, 3 in physiotherapy, 4 in chiropractic and 1 in nursing). Among those withdrawn, most have not provided reasons for their withdrawal. For those who have, change in practices at which they work in is the most common reason.

Number of enrolled elders

As at end February 2010, 308 646 eligible elders have participated in the Scheme, constituting 46% of about 670 000 eligible elders aged 70 years or above in 2010. Among them, 215 705 (32% of eligible elders) have made a total of 467 728 voucher claims for 1 123 122 vouchers in total (involving a total amount of \$56.2 million). DH will continue to monitor the participation of elders and promote for participation in the Scheme.

Usage of vouchers

Elders can use the vouchers starting from the year they turn 70 years old. Unused vouchers can be accumulated until the Scheme has ended. By end 2009, 122 883 elders (18% of eligible elders) have used up all their entitled vouchers in 2009. A breakdown of the number of vouchers used in each claim in 2009 is as follows –

<u>No. of vouchers claimed in each claim episode</u>	<u>No. of claim episodes</u>	<u>% of claim episodes</u>
1	93 531	27
2	144 549	42
3	59 718	17
4	14 706	4
5	36 370	10
Total :	348 874	100%

Information on usage of vouchers by different age groups is at Annex B.

Complaints and improper claims

To ensure that vouchers are properly claimed by the service providers, DH routinely monitors claim transactions through the electronic voucher system, checks claims and examines service records through inspection of service providers, and check with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. In addition, DH has conducted briefing sessions and distributed guidelines via mail, email and website to service providers on procedures for making voucher claims for the elders and conditions for reimbursement.

Up to end February 2010, DH has received a total of ten complaints under the Scheme. Six complaints involved refusal to provide services to elders enrolled under the Scheme and four involved improper claims. The Health Care Voucher Unit of DH is responsible for the implementation of the Scheme including investigating complaints against and conducting inspection of service providers. The time required for completing the investigation depends on the complexity of individual cases. In general, investigation is expected to be completed within two weeks after receiving the complaint. As at end February 2010, investigation on seven out of the ten complaints has been completed.

A service provider will be disqualified from the Scheme if (i) the Government is of the reasonable opinion that he has failed to provide health care services in a professional manner or is otherwise found to have committed professional misconduct or malpractice; or (ii) the service provider or his employing organisation fails to comply with any provision of the agreement under the Scheme or with any direction or requirement given by the Government or Director of Health in relation to the Scheme. As at February 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Scheme.

Expenditure related to the Scheme

The Government has earmarked a total of \$573.2 million for the three-year pilot Scheme, of which \$505.3 million is budgeted for reimbursing vouchers (\$168.6 million in 2010-11). For the implementation of the Scheme, the Food and Health Bureau and DH have incurred up to end February 2010 actual capital expenditure of \$20.9 million for system development and maintenance and other capital and setting up works, and actual operating expenditure of \$62.0 million, comprising \$49.2 million for reimbursement of vouchers, \$12.1 million for staffing expenses and \$0.7 million for other operating expenses. The expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears.

Review of the Scheme

As undertaken, the Administration will conduct an interim review in 2010 and a full review after the three-year pilot period. The reviews will assess the effectiveness of the Scheme and its operational arrangements including its scope, and also consider the suggestions to adjust the age limit and revise the voucher amount. The Administration will also conduct surveys to gather feedback from both elders and health care providers. As stated in the 2010-11 Budget Speech, the Financial Secretary will provide the necessary resources subject to the review findings.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 19.3.2010

Location of Practices of Health Care Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 28 February 2010)

Profession District	Western Medicine Doctor	Chinese Medicine Practitioner	Dentist	Occupational Therapist	Physiotherapist	Medical Laboratory Technologist	Radiographer	Chiropractor	Enrolled Nurse	Registered Nurse	Total
Central & Western	127	83	32	3	36	3	4	9	2	3	302
Eastern	125	29	23	2	14	0	0	0	0	2	195
Southern	38	26	4	0	3	0	0	0	0	0	71
Wan Chai	87	75	30	4	27	1	0	0	1	4	229
Kowloon City	116	30	11	0	18	0	0	0	0	0	175
Kwun Tong	137	75	31	3	8	10	11	1	3	16	295
Sham Shui Po	72	45	7	3	10	3	1	0	0	0	141
Wong Tai Sin	75	52	10	0	3	0	0	0	0	0	140
Yau Tsim Mong	217	141	49	5	78	10	8	6	3	25	542
North	45	24	5	0	1	1	0	0	0	0	76
Sai Kung	88	21	7	0	5	3	3	0	0	0	127
Sha Tin	84	28	24	0	20	0	0	1	1	2	160
Tai Po	60	48	12	1	3	2	2	0	2	11	141
Kwai Tsing	82	29	13	0	8	0	0	0	1	1	134
Tsuen Wan	111	46	8	4	15	4	5	1	1	4	199
Tuen Mun	81	60	6	0	3	0	1	0	0	0	151
Yuen Long	93	25	8	0	6	0	0	0	0	1	133
Islands	27	4	1	0	5	0	0	0	0	0	37
Total	1 665	841	281	25	263	37	35	18	14	69	3 248

Utilisation of Health Care Vouchers by Age Group of Eligible Elders
(as at 28 February 2010)

Age group	No. of eligible elders in 2010	No. of elders with voucher accounts [% of eligible elders]	No. of elders without voucher accounts [% of eligible elders]	No. of vouchers used
70-74	230 300	84 709 [37%]	145 591 [63%]	306 087
75-79	199 500	91 699 [46%]	107 801 [54%]	369 280
80-84	132 200	68 314 [52%]	63 886 [48%]	259 747
≥85	112 300	63 924 [57%]	48 376 [43%]	188 008
Total	674 300	308 646 [46%]	365 654 [54%]	1 123 122

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

FHB(H)227

Question Serial No.

3083

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

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the financial provision for the subvented sector in estimate of 2010-11 increases substantially by 47.0% from the original estimate of 2009-10. This is mainly due to additional provision for reinforcing the provision of smoking cessation services, promoting a healthy lifestyle for reducing people's reliance on health care services in the long term and the net increase of two posts in 2010-11 to meet operational needs. Please provide the amount and details of the additional items of expenditure.

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

The provision for subvented sector in 2010-11 is higher than the 2009-10 original estimates by \$14.2 million. It is mainly because of additional provision of \$10 million for enhancing smoking cessation services as explained in paragraphs 2 and 3 below.

To strengthen its efforts on smoking prevention and cessation, the Department of Health (DH) has entered into a funding and service agreement with the Tung Wah Group of Hospitals for the provision of a community-based smoking cessation programme from January 2009. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for health care professionals and research projects. The programme will be enhanced in 2010-11 with a total of five centres (increased from four) operating throughout the territory to provide free smoking cessation services.

DH will enter into a funding and service agreement with Pok Oi Hospital (POH) for the provision of a one-year smoking cessation pilot programme using traditional Chinese medicine with effect from 1 April 2010. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public and research projects. Free smoking cessation service including counselling and acupuncture will be provided by POH Chinese medicine practitioners in ten mobile treatment clinics which serve 48 locations at different districts. A Chinese Medicine Community Health Care Centre will be established to support these mobile clinics.

The balance of \$4.2 million increase in provision for the subvented sector is attributable to implementation of non-recurrent projects in 2010-11.

The additional provision of \$14.2 million does not include the provision for a net increase of two posts in 2010-11 which will be created under government sector of this programme. Two Workman II posts are proposed to be created to replace two non-civil service contract positions to provide general support in the Central Health Education Unit and Oral Health Education Unit.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)228

Question Serial No.

3084

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In Matters Requiring Special Attention in the 2010-11 Estimates, the Administration indicated that it was going to "continue to implement the three-year pilot scheme to provide health care vouchers for elderly (aged 70 or above)". Would the Administration inform this Committee whether consideration would be given to lower the age of elders applying for the health care vouchers to 65 and allocate more resources to increase the amount in the health care vouchers?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

The Elderly Health Care Voucher Scheme (the Scheme) was launched on 1 January 2009 as a three-year pilot scheme to provide elders aged 70 or above with five health care vouchers of \$50 each annually as a partial subsidy for using private primary care services in the community that most suit their needs.

Number of enrolled practices

The number of health care practices enrolled under the Scheme was 3 248 as at end February 2010, up from 2 116 when the Scheme was launched on 1 January 2009. A breakdown of enrolled practices as at end February 2010 by profession and district is at Annex A. The Department of Health (DH) will continue to monitor the enrolment of service providers and promote for participation in the Scheme.

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Review of the Scheme

As undertaken, the Administration will conduct an interim review in 2010 and a full review after the three-year pilot period. The reviews will assess the effectiveness of the Scheme and its operational arrangements including its scope, and also consider the suggestions to adjust the age limit and revise the voucher amount. The Administration will also conduct surveys to gather feedback from both elders and health care providers. As stated in the 2010-11 Budget Speech, the Financial Secretary will provide the necessary resources subject to the review findings.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 19.3.2010

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≥85	112 300	63 924 [57%]	48 376 [43%]	188 008
Total	674 300	308 646 [46%]	365 654 [54%]	1 123 122

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

FHB(H)229

Question Serial No.

2901

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health plans to increase 143 non-directorate posts and two directorate posts in 2010-11. Please provide information on the ranks, remunerations and duties of these posts.

Asked by: Hon. LEUNG Ka-lau

Reply:

Details of the 145 posts are at the Annex.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

Creation and Deletion of Posts in Department of Health in 2010-11

Major scope of responsibilities / Rank	Additional posts	Number of posts to be created/deleted			Annual recurrent cost of civil service posts (\$)
		Replacement of non-civil service contract positions	Regrading of posts	Total	
<i>Programme 1 – Statutory Functions</i>					
Senior Medical & Health Officer	2			2	1,962,000
Medical & Health Officer	2			2	1,500,240
Senior Pharmacist	1			1	981,000
Pharmacist	11			11	7,228,980
Scientific Officer (Medical)	7			7	4,600,260
Senior Health Inspector	1			1	554,760
Health Inspector I/II	2			2	744,720
Medical Technologist	2			2	1,059,720
Senior Foreman		12		12	2,719,440
Foreman	2	18		20	3,573,600
Senior Executive Officer	1			1	719,160
Executive Officer I		5		5	2,649,300
Executive Officer II	1	2		3	1,052,460
Hospital Administrator II		3		3	1,052,460
Clerical Officer	1			1	303,840
Assistant Clerical Officer	3			3	568,260
Clerical Assistant	3			3	443,160
Workman II		2		2	234,840
<i>Programme 2 – Disease Prevention</i>					
* Assistant Director of Health	1			1	1,479,480
* Principal Medical & Health Officer	1			1	1,245,600
Senior Medical & Health Officer	4			4	3,924,000
Medical & Health Officer	5		-1	4	3,000,480
Nursing Officer	2			2	1,012,200

<u>Major scope of responsibilities / Rank</u>	<u>Number of posts to be created/deleted</u>			<u>Total</u>	<u>Annual recurrent cost of civil service posts (\$)</u>
	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Regrading of posts</u>		
Registered Nurse	1			1	319,020
Scientific Officer (Medical)	2			2	1,314,360
Senior Systems Manager	1			1	981,000
Systems Manager	2			2	1,438,320
Analyst/Programmer I	2			2	1,059,720
Analyst/Programmer II	2			2	734,760
Senior Executive Officer	3		1	4	2,876,640
Executive Officer II	2			2	701,640
Accounting Officer I	1			1	529,860
Clerical Officer	1			1	303,840
Assistant Clerical Officer	4			4	757,680
Personal Secretary I	1			1	303,840
Workman II		11		11	1,291,620
<i>Programme 3 – Health Promotion</i>					
Workman II		2		2	234,840
<i>Programme 4 – Curative Care</i>					
Workman II		6		6	704,520
<i>Programme 5 – Rehabilitation</i>					
Registered Nurse			1	1	319,020
Enrolled Nurse			-1	-1	-250,020
<i>Programme 7 – Medical and Dental Treatment for Civil Servants</i>					
Senior Dental Officer	3			3	2,943,000
Senior Dental Surgery Assistant	1		1	2	669,840
Dental Surgery Assistant	2		-1	1	213,660
Dental Hygienist			-1	-1	-226,620
Dental Technician II			-2	-2	-500,040
Executive Officer II			1	1	350,820

<u>Major scope of responsibilities / Rank</u>	<u>Number of posts to be created/deleted</u>			<u>Total</u>	<u>Annual recurrent cost of civil service posts (\$)</u>
	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Regrading of posts</u>		
Accounting Officer I	1			1	529,860
Assistant Clerical Officer	2		2	4	757,680
Workman II		1		1	117,420
<i>Posts supporting more than one programme</i>					
Chief Nursing Officer			1	1	816,180
Senior Nursing Officer			-1	-1	-657,180
Hospital Foreman			1	1	178,680
Ganger			-1	-1	-127,140
Assistant Clerical Officer			1	1	189,420
Clerical Assistant			-1	-1	-147,720
Total	83	62	0	145	61,338,480

*Directorate posts

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

FHB(H)230

Head: 37 Department of Health

Subhead (No. & title):

Question Serial No.

2902

Programme: All Programmes

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In 2010-11, has the Administration reserved funding for conducting research for the purpose of policy formulation and evaluation? If yes, please provide the following information -

In-house studies/name of responsible organisation (if any)	Research topic	Scope	Expenditure (\$)	Progress of study (under planning/ in progress/ completed)	If the study is scheduled for completion in the 2010-11 financial year, will the study report be released to the public? If yes, through what channels? If no, what are the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

Research for the purpose of policy formation and evaluation is an integral part in the planning-implementation-evaluation cycle for various health programmes. The Department of Health will conduct research as and when necessary. Funds involved will be absorbed in the allocation of the relevant services and cannot be separately identified.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)231

Question Serial No.

2912

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

What were the vaccines procured annually by the Government in the past three years (i.e. from 2007-08 to 2009-10)? What were the expenditures and manpower involved in respect of each type of vaccines? What were the respective numbers of doses of vaccines left and disposed of annually and the expenses involved?

Asked by: Hon. LEUNG Ka-lau

Reply:

The names and numbers of various vaccines procured annually by the Department of Health (DH) in the past three years (i.e. from 2007-08 to 2009-10) and the expenditures are in Annex 1 to Annex 3.

The manpower involved in the procurement of all drugs, including vaccines, in the past three years was one Pharmacist and two Dispensers.

The figures below show the number of doses of various vaccines disposed of by DH:

Year of Disposal	Name of vaccine	Number of doses	Expenditure (\$)
2007-08	Nil	Nil	Nil
2008-09	Seasonal Influenza Vaccine	16 324	648,004
	Diphtheria, Tetanus and Pertusis Vaccine	32 340	146,694
	Rabies Vaccine	66	10,890
2009-10	Diphtheria, Tetanus and Pertusis Vaccine	80 660	365,874
	Seasonal Influenza Vaccine	28 837	961,137
	Diphtheria & Tetanus Vaccine (Children)	150 150	650,150

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 18.3.2010

Vaccines procured by the Department of Health in 2007-08

Name of Vaccine	Number of doses procured	Expenditure (\$)
Typhoid Fever Vaccine	2 700	186,000
Hepatitis A Vaccine (Adult)	2 200	248,600
Hepatitis A Vaccine (Paediatric)	340	27,200
Hepatitis B Vaccine (Adult)	450	9,045
Hepatitis B Vaccine (Paediatric)	141 900	1,518,330
Rabies Vaccine	700	115,850
Seasonal Influenza Vaccine	302 000	10,140,000
Injectable Poliomyelitis Inactivated Vaccine	1 000	70,000
Tetanus Vaccine	270 000	985,500
Japanese Encephalities Vaccine	100	4,600
Meningococcal Quadrivalent Vaccine	500	102,500
Yellow Fever Vaccine	1 000	220,000
BCG Vaccine	155 000	818,685
Measles, Mumps & Rubella (MMR) Vaccine	125 321	3,975,921
Diphtheria, Tetanus, Pertusis and Polio Vaccine	209 895	17,946,069
Diphtheria & Tetanus Vaccine (Adult) (booster for primary 6 students)	44 000	140,800
Total:	<u>1 257 106</u>	<u>36,509,100</u>

Vaccines procured by the Department of Health in 2008-09

Name of Vaccine	Number of doses procured	Expenditure (\$)
Typhoid Fever Vaccine	2 800	192,850
Hepatitis A Vaccine (Adult)	3 200	361,600
Hepatitis A Vaccine (Paediatric)	230	19,550
Hepatitis B Vaccine (Adult)	590	11,796
Hepatitis B Vaccine (Paediatric)	141 300	1,486,476
Rabies Vaccine	600	99,300
Seasonal Influenza Vaccine	325 400	9,859,230
Injectable Poliomyelitis Inactivated Vaccine	726	50,820
Tetanus Vaccine	405 000	1,478,250
Japanese Encephalities Vaccine	20 200	1,616,000
Meningococcal Quadrivalent Vaccine	1 500	307,500
Yellow Fever Vaccine	3 100	682,000
BCG Vaccine	182 500	947,843
Measles, Mumps & Rubella (MMR) Vaccine	120 918	3,748,458
Diphtheria, Tetanus, Pertusis and Polio Vaccine	222 905	17,892,375
Diphtheria, Tetanus, Pertusis and Polio Vaccine (Booster Dose)	40 430	5,619,770
Total:	<u>1 471 399</u>	<u>44,373,818</u>

Vaccines procured by the Department of Health in 2009-10

Name of Vaccine	Number of doses procured	Expenditure (\$)
Typhoid Fever Vaccine	2 000	137,750
Hepatitis A Vaccine (Adult)	3 600	295,200
Hepatitis A Vaccine (Paediatric)	100	8,500
Hepatitis B Vaccine (Adult)	350	6,930
Hepatitis B Vaccine (Paediatric)	150 980	1,570,196
Rabies Vaccine	900	148,950
Seasonal Influenza Vaccine	333 000	9,623,700
Injectable Poliomyelitis Inactivated Vaccine	806	56,420
Tetanus Vaccine	525 000	1,842,150
Japanese Encephalities Vaccine	10 200	851,700
Meningococcal Quadrivalent Vaccine	500	132,500
Yellow Fever Vaccine	2 700	634,500
Human Swine Influenza (HSI) Vaccine	3 000 000	237,000,000
Pneumococcal 23 Valent Vaccine	221 053	21,884,247
BCG Vaccine	130 000	774,930
Measles, Mumps & Rubella (MMR) Vaccine	119 280	4,437,477
Diphtheria, Tetanus, Pertusis and Polio Vaccine	213 042	16,064,466
Diphtheria, Tetanus, Pertusis and Polio Vaccine (Booster Dose)	64 812	9,008,868
Pneumococcal Vaccine, 7 Valent	169 450	76,252,500
Total:	<u>4 947 773</u>	<u>380,730,984</u>

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

FHB(H)232

Question Serial No.

2553

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Could the Administration inform this Committee of the number of mental patients in all housing estates in the 18 districts? Please provide figures on the various types of mental patients.

Asked by: Hon. CHEUNG Kwok-che

Reply:

The table below sets out the number of patients who received psychiatric inpatient and/or outpatient services at the Hospital Authority (HA) and the number of those belonging to the two major diagnosis of mental disorders in HA (i.e. psychoses and neuroses) according to the district where the patients reside in 2008-09. We do not have readily available information on which housing estates the patients live.

District of residence	Number of patients who received psychiatric inpatient and/or outpatients services at HA	Number of patients diagnosed with psychoses	Number of patients diagnosed with neuroses
Central & Western	3 998	1 061	1 965
Eastern	13 323	2 614	5 364
Islands	2 170	569	1 081
Kowloon City	8 531	2 283	3 967
Kwai Tsing	13 525	4 033	6 047
Kwun Tong	14 537	4 253	6 756
North	7 286	1 676	2 739
Sai Kung	7 089	1 820	3 538
Sham Shui Po	9 230	2 881	4 023
Shatin	12 283	3 077	5 610
Southern	6 767	1 597	3 698

District of residence	Number of patients who received psychiatric inpatient and/or outpatients services at HA	Number of patients diagnosed with psychoses	Number of patients diagnosed with neuroses
Tai Po	7 144	1 452	3 387
Tsuen Wan	4 096	887	1 725
Tuen Mun	12 444	3 905	5 293
Wan Chai	2 144	362	775
Wong Tai Sin	10 661	3 374	4 970
Yau Tsim Mong	5 657	1 552	2 588
Yuen Long	12 620	3 415	5 627
Others	336	189	78
Total	153 841	41 000	69 231

Note: Patients may have more than one diagnosis.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and Health (Health)

Date _____ 15.3.2010

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

FHB(H)233

Question Serial No.

2311

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Administration states that it will pilot a case management programme in three districts to train healthcare workers as case managers and the programme will be gradually extended to cover the whole territory. Will the Administration advise on:

- (a) the estimated number of healthcare workers to receive training and the estimated expenditure involved;
- (b) which three districts to be selected for pilot implementation and how many people will benefit in each district; and
- (c) the average amount of subsidy to be received by each patient.

Asked by: Hon. WONG Sing-chi

Reply:

(a) and (b)

The Hospital Authority (HA) will implement the following programmes to strengthen mental health services in 2010-11:

- To further strengthen the platform for provision of mental health services and enhance the support for mental patients in the community, HA will launch a case management programme for patients with severe mental illness in individual districts to provide personalized and intensive support to these patients in the community settings. Under the case management programme, healthcare workers will be trained as case managers to establish close service relationship with the patients and their family members. They will coordinate and arrange for the patients to receive various services. The case managers will also establish linkages with the Integrated Community Centres for Mental Wellness set up by the Social Welfare Department in various districts to arrange one-stop social rehabilitation services for patients in need. The programme will be piloted in the second quarter of 2010 in Kwai Tsing, Kwun Tong and Yuen Long districts where more patients with severe mental illness reside. An additional 100 nurses and allied health staff will be recruited to provide the service and the additional recurrent expenditure involved is estimated at \$78 million. About 5 000 patients will benefit from the programme in 2010-11.
- To enhance support for patients with common mental disorders, HA will promote collaboration between psychiatric specialist outpatient service and primary healthcare service to provide enhanced assessment and consultation services for patients with common mental disorders. Under the initiative, HA will provide more timely assessment and treatment services to patients with common mental disorders at the psychiatric specialist outpatient clinics in all seven hospital clusters and introduce an integrated mental health programme in the primary care settings (including family medicine specialist clinics and general

outpatient clinics) in the Hong Kong East, Hong Kong West, Kowloon East, Kowloon West and New Territories East Clusters. An additional eight doctors, five nurses and 17 allied health professionals will be recruited to provide the service under the initiative and the additional recurrent expenditure involved is estimated at \$31 million. About 7 000 patients will benefit from the initiative in 2010-11.

- (c) Local eligible persons using the services under the above initiatives are charged at standard fees and charges which are highly subsidized by the Government.

Signature _____
Name in block letters Ms Sandra LEE
Post Title Permanent Secretary for Food and Health (Health)
Date 15.3.2010

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

FHB(H)234

Question Serial No.

3196

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Has the Administration provided additional funding to recruit more community psychiatric nurses while revamping community mental health support services? If so, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Hospital Authority (HA) delivers a range of mental health services, including inpatient, outpatient and community psychiatric services, using an integrated and multi-disciplinary team approach involving psychiatrists, clinical psychologists, occupational therapists, psychiatric nurses, community psychiatric nurses and medical social workers. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with the service needs and operational requirements. As at 31 December 2009, there were 310 psychiatrists, 1 904 psychiatric nurses (including 136 community psychiatric nurses), 41 clinical psychologists and 133 occupational therapists in HA providing various services to psychiatric patients, including psychiatric community outreach services.

HA will increase the number of community nurses from 377 in 2009-10 to 395 in 2010-11 (an increase of 18). The additional expenditure involved is estimated at \$7.6 million. It will also increase the number of community psychiatric nurses from 137 in 2009-10 to 154 in 2010-11 (an increase of 17). The additional expenditure involved is estimated at \$7.9 million.

In assessing its manpower requirements, HA takes into account the service needs and other various factors including the ageing population, different models of care and the direction of enhancing community care.

The addition of 18 community nurses and 17 community psychiatric nurses in HA in 2010-11 has taken into account the projected increase in the number of outreach visits to be conducted in the coming year as well as the manpower required to strengthen the staffing support.

HA will continue to monitor the manpower situation of community nurse and community psychiatric nurse and make appropriate arrangements in manpower planning and deployment to meet the service needs.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 15.3.2010

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

Reply Serial No.

FHB(H)235

Question Serial No.

1531

Head: 48 Government Laboratory

Subhead (No. & title):

Programme: (1) Statutory Testing

Controlling Officer: Government Chemist

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, 29 000 tests on pharmaceuticals (quality control) will be performed in 2010, a remarkable increase over 25 728 tests performed in 2009. Does the Administration have sufficient manpower and resources to cope with the increase in the number of tests? What are the details?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

To cater for the increase in the number of tests on pharmaceutical products, there is an additional provision in 2010-11 of \$4.613 million out of which \$2.746 million is reserved for personal emoluments and \$1.867 million for other costs. Six civil service posts viz. two Chemists, one Science Laboratory Technologist, one Science Laboratory Technician I and two Science Laboratory Technician IIs will be created. Besides, a set of major instruments costing a total of \$7.6 million will also be acquired by the Government Laboratory.

Signature _____

Name in block letters Dr LAU CHAU MING

Post Title Government Chemist (Acting)

Date 15.3.2010

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

FHB(H)236

Question Serial No.

1064

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Administration has indicated that it will promote collaboration between psychiatric specialist outpatient service and primary healthcare service to provide appropriate assessment and consultation services for patients with common mental disorders. Please inform this Committee of :

- (a) the details, district distribution and estimated expenditure of the services; and
- (b) the amount of subsidies for each patient.

Asked by: Hon. WONG Sing-chi

Reply:

- (a) To enhance support for patients with common mental disorders, the Hospital Authority (HA) will promote collaboration between psychiatric specialist outpatient service and primary healthcare service to provide enhanced assessment and consultation services for patients with common mental disorders. Under the initiative, HA will provide more timely assessment and treatment services to patients with common mental disorders at the psychiatric specialist outpatient clinics in all seven hospital clusters and introduce an integrated mental health programme in the primary care settings (including family medicine specialist clinics and general outpatient clinics) in the Hong Kong East, Hong Kong West, Kowloon East, Kowloon West and New Territories East Clusters. An additional eight doctors, five nurses and 17 allied health professionals will be recruited to provide the service under the initiative and the additional recurrent expenditure involved is estimated at \$31 million. About 7 000 patients will benefit from the initiative in 2010-11.
- (b) The cost per attendance at the specialist outpatient clinics, family medicine specialist clinics and general outpatient clinics of HA are estimated at \$870, \$790 and \$300 respectively. Local eligible persons using the services at these clinics are charged at the subsidized rates of \$100 (for first attendance) and \$60 (for each subsequent attendances) at the specialist outpatient clinics including family medicine specialist clinics, and \$45 per attendance at the general outpatient clinics.

Signature _____

Name in block letters _____ Ms Sandra LEE

Post Title _____ Permanent Secretary for Food and
Health (Health)

Date _____ 12.3.2010