



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

Our ref: FH/H/1/5
Your ref:

Tel: (852) 2973 8119
Fax: (852) 2521 0132

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Ms Mary So
Clerk to Panel
Panel on Health Services
Legislative Council
8 Jackson Road
Central

Dear Ms So,

Modernization of medical equipments in the Hospital Authority

I refer to item 6 of LC Paper No. CB(2)1015/09-10(02). On 8 February 2010, the Panel requested the Administration to provide the following information -

- (a) the reason of the Hospital Authority (HA) for setting the charge for a Positron Emission Tomography (PET) scan at about \$10,000 and the prevailing market rate for a PET scan in the private sector;
- (b) information on the number of patients using the PET scanning service of HA in 2009, together with a breakdown by whether or not they were provided with subsidy to cover the charge on using the scanner;
- (c) information on the number of the various types of medical equipment procured by HA in the replacement and procurement exercise from 2007/2008 to 2009/2010 and their distribution amongst hospitals;
- (d) a list setting out the basic medical equipment that each type of hospital should be provided with and whether these equipment were currently available in the hospitals concerned and, if not, the procurement plan of HA;

treatment in each cluster, with a breakdown by patients who were referred from other clusters for treatment and patients who received care in clusters in their own residential districts, and the number of patients who died while waiting for diagnosis or treatment; and

- (f) information on the conditions of the major equipment which aged more than ten years, with a breakdown by the equipment type and cluster, and the detailed replacement plan of these aged equipment.

Response to (a) and (b)

The HA Board approved in 2003 to install a PET scanner in the Queen Elizabeth Hospital on a pilot basis to assess the cost-effectiveness of PET service. The HA Board decided that the cost of PET service should be recovered by patient charges, which should be set at a level comparable with the market price. HA will continue to provide subsidy to those patients who could not afford the charges. The prevailing market price of a whole body PET scan ranges from about \$6,500 to \$15,700. In 2009, HA provided PET service to a total of 2 517 patients. Among them, 838 patients were provided with subsidy for the service.

Response to (c)

From 2007-08 to 2009-10, HA has procured a total of 1 090 items of medical equipment with unit cost above \$150,000. HA has taken into account the service needs, condition of the equipment as well as HA's strategic direction in technology adoption when determining the priority of procurement/replacement of the equipment. The distribution of different types of equipment procured in the period among clusters is set out at **Annex A**.

Response to (d)

The services of HA are delivered on a cluster basis, with each hospital within a cluster taking up different roles and functions. The equipment provision to individual hospital is based on service needs, roles and functions of the hospitals. For example, each cluster is provided with magnetic resonance imaging scanner, whereas each acute hospital providing 24-hour Accident and Emergency service is provided with computerised tomography scanner and all hospitals with oncology centre are equipped with Linac machine. On the other hand, certain services, such as the laboratory service, are centrally provided at the cluster level to support all hospitals of the cluster. Medical equipment for services that must be accessible on-site will be made available in all hospitals. Examples of these medical equipment include defibrillators, ventilators, electrocardiogram (ECG), physiologic monitors, ultrasound, endoscopy and sterilizers.

Response to (e)

The overall median and 90th percentile waiting time for first clinical oncology specialist outpatient (SOP) appointment in 2009 is set out in **Annex B**. The overall median and 90th percentile waiting time for radical radiotherapy treatment in 2009 is set out in **Annex C**.

Response to (f)

As at 1 March 2010, a total of 220 major equipment items in HA aged over 10 years. The types and distribution of these equipment is set out at **Annex D**. Of the 220 items, 154 are planned for replacement by 2012-13, 21 items will be consolidated with other advance technology, while the remaining 45 items will be considered for replacement in the next three years.

Yours sincerely,



(Kirk Yip)

for Secretary for Food and Health

c.c. Hospital Authority

Annex A

**Distribution of different types of equipment
procured by HA from 2007/08 to 2009/10**

Type of equipment Cluster	Number of equipment							Total
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Anaesthetic	7	14	26	0	16	12	6	81
Cardiac	1	1	0	1	2	0	0	5
Endoscopic	25	8	9	28	12	24	3	109
Pathology	16	9	8	17	4	28	2	84
Nuclear Medicine	2	1	1	1	0	0	0	5
Operating Table	13	3	4	15	11	3	7	56
Ophthalmic	5	1	4	7	4	0	0	21
Physiological	8	6	6	13	10	12	4	59
Physiotherapy/ Occupational	2	1	4	10	6	1	0	24
Radiological	25	21	20	19	33	20	7	145
Radiotherapy	1	2	6	0	1	10	1	21
Renal	6	1	0	5	4	5	1	22
Sterilizer	8	2	2	9	4	5	0	30
Surgical	15	8	9	8	7	7	8	62
Telephone system	2	3	0	2	8	2	0	17
Ventilator	26	58	45	3	39	24	40	235
Others	22	15	19	18	18	8	14	114
Total	184	154	163	156	179	161	93	1 090

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

**Median and 90th percentile waiting time
of Clinical Oncology SOP first appointment in 2009**

Hospital cluster	Patients residing in own cluster catchment areas		Patients referred from other clusters		Overall	
	Median waiting time (weeks)	90 th percentile waiting time (weeks)	Median waiting time (weeks)	90 th percentile waiting time (weeks)	Median waiting time (weeks)	90 th percentile waiting time (weeks)
HKE	<1	1	<1	1	<1	1
HKW	1	2	<1	2	1	2
KC	1	2	1	2	1	2
KW	2	2	1	2	2	2
NTE	1	2	1	2	1	2
NTW	<1	2	<1	1	<1	2
Overall	1	2	1	2	1	2

Note :

For the Kowloon East Cluster (KEC), clinical oncology SOP service has been commissioned since 2008 and its service capacity is gradually increasing. In 2009, about two-thirds of cancer patients residing in the catchment area of KEC were referred to the SOP clinic of the Kowloon Central cluster (KCC) for treatment. The median and 90th percentile waiting time of these patients was 1 week and 2 weeks respectively, which was similar to that of the patients of KCC and HA overall.

**Median and 90th percentile waiting time
of radiotherapy treatment in 2009**

Hospital cluster	Patients residing in own cluster catchment areas		Patients referred from other clusters		Overall	
	Median waiting time (days)	90 th percentile waiting time (days)	Median waiting time (days)	90 th percentile waiting time (days)	Median waiting time (days)	90 th percentile waiting time (days)
HKE	11	25	11	24	11	25
HKW	24	36	16	34	21	35
KC	15	28	15	28	15	28
KW	27	40	22	37	27	40
NTE	15	33	21	35	18	33
NTW	20	28	22	28	20	28
Overall	20	35	15	31	19	34

Note :

Patients residing in the catchment of KEC were referred to other clusters for such treatment, among which 80% were referred to KCC. The median and 90th percentile waiting time of these patients was comparable to the patients of KCC.

Distribution of major equipment aged over 10 years in HA

Type of equipment	Number of equipment							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Total
Anaesthetic	0	0	0	0	0	0	0	0
Cardiac	0	0	0	0	0	0	0	0
Endoscopic	0	0	0	0	1	0	0	1
Pathology	4	4	1	0	6	2	4	21
Nuclear Medicine	1	0	2	0	1	1	1	6
Operating Table	0	0	0	0	0	0	0	0
Ophthalmic	0	0	0	0	0	0	0	0
Physiological	1	3	0	1	4	3	2	14
Physiotherapy/ Occupational	0	0	1	0	0	1	1	3
Radiological	10	27	13	14	31	36	2	133
Radiotherapy	2	2	4	0	0	3	1	12
Renal	0	0	0	0	0	0	0	0
Sterilizer	0	0	0	0	0	0	0	0
Surgical	1	4	1	0	4	6	1	17
Telephone system	0	0	0	0	0	0	0	0
Ventilator	0	0	0	0	0	0	0	0
Others	1	0	2	1	2	7	0	13
Total	20	40	24	16	49	59	12	220