

**Replies to supplementary written questions  
raised by Finance Committee Members  
in examining the Estimates of Expenditure 2011-12**

**Director of Bureau: Secretary for Food and Health  
Session No.: 20**

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<b>Reply Serial No.</b>	<b>Question Serial No.</b>	<b>Name of Member</b>	<b>Head</b>	<b>Programme</b>
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<a href="#">S-FHB(H)27</a>	S150	HO Chun-yan, Albert	140	(2) Subvention: Hospital Authority
<a href="#">S-FHB(H)28</a>	S151	HO Chun-yan, Albert	140	(2) Subvention: Hospital Authority

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

**S-FHB(H)01**

Question Serial No.

S122

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 the actual expenditure of the Hospital Authority (HA), please list the following information for 1995-96, 2000-01, 2005-06 and 2010-11 respectively.

- (a) the HA's expenditure and the actual increase/decrease in its expenditure after adjustment for inflation or deflation;
- (b) the numbers of population and patients; as well as the increase/decrease in the average medical expenditure per citizen after adjustment for inflation or deflation; and
- (c) the numbers of elderly population and elderly patients, the percentage of the average annual expenditure involved in the use of the HA's services per person aged 65 or above against that for those aged under 65, and the percentage of the HA's expenditure on services for patients aged 65 or above in its total expenditure.

Asked by: Hon. CHEUNG Man-kwong

Reply:

- (a) The table below sets out the Hospital Authority's (HA) expenditure and the Consumer Price Index (A) in Hong Kong for 1995-96, 2000-01, 2005-06 and 2010-11 as well as the percentage changes over the period.

<b>Year</b>	<b>HA's Expenditure (\$ million)</b>	<b>Percentage changes in HA's actual expenditure</b>	<b>Consumer Price Index (A)</b>	<b>Percentage changes in Consumer Price Index (A)</b>
1995-96 (Actual)	18,922	-	98.7	-
2000-01 (Actual)	28,723	51.8%	106.6	8.0%
2005-06 (Actual)	29,512	2.7%	100.3	-5.9%
2010-11 (Projection)	36,070	22.2%	110.4	10.1%

The increase in HA's expenditure over the years is mainly due to increase in medical costs and enhancement of public healthcare services. The increase in the Consumer Price Index (A) is mainly due to increase in prices of general household items. Hence, the increase in HA's expenditure and the increase in the Consumer Price Index (A) cannot be directly compared.

- (b) The table below sets out the Hong Kong population and the number of HA patients as well as the average HA expenditure per 1 000 population for 1995-96, 2000-01, 2005-06 and 2010-11.

<b>Year</b>	<b>Hong Kong population</b>	<b>Number of HA patients<sup>(note)</sup></b>	<b>Average HA expenditure per 1 000 population (\$ million)</b>	<b>Percentage changes in average HA expenditure per 1 000 population</b>
1995-96 (Actual)	6 156 000	No record	3.1	-
2000-01 (Actual)	6 665 000	2 217 384	4.3	40.2%
2005-06 (Actual)	6 813 000	2 776 487	4.3	0.5%
2010-11 (Projection)	7 068 000	2 675 992 (as at 31 December 2010)	5.1	17.8%

Note: The number of HA patients for 2005-06 is around 560 000 (25%) higher than that for 2000-01 because HA took over the management of around 70 general out-patient clinics from the Department of Health in 2003.

- (c) The table below sets out the number of elderly people in Hong Kong and HA elderly patients (aged 65 or above), the percentage of HA's expenditure on services for elderly patients over the HA expenditure, and the ratio of average HA expenditure for elderly patient over the average for non-elderly patients for 2005-06 and 2010-11. As age-specific cost information has not collated by HA prior to 2005-06, information for 1995-96 and 2000-01 is not available.

<b>Year</b>	<b>Number of elderly population</b>	<b>Number of elderly patients</b>	<b>Ratio of average medical expenditure per elderly patient over average for non-elderly patient</b>	<b>Percentage of HA's expenditure on services for elderly patients</b>
2005-06 (Actual)	835 000	610 443	3 : 1	45.6%
2010-11 (Projection)	912 000	657 721 (as at 31 December 2010)	2.6 : 1	45.2%

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

Date \_\_\_\_\_ 30.3.2011

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

**S-FHB(H)02**

Question Serial No.

S123

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 the delivery of services by the Hospital Authority (HA) in 1995-96, 2000-01, 2005-06 and 2010-11, please list

- (a) the numbers of inpatient attendances and patient days of HA's inpatient services and their percentages in the public and private inpatient services of the territory;
- (b) the number of specialist outpatient attendances of HA and its percentage in the public and private specialist outpatient services of the territory;
- (c) the number of general outpatient attendances of HA and its percentage in the public and private services of the territory; and
- (d) the numbers of doctors, nurses and hospital beds of HA and their percentages in the public and private sectors of the territory.

Asked by: Hon. CHEUNG Man-kwong

Reply:

(a), (b) & (c)

The table below sets out the total inpatient and day-patient discharges and deaths, total inpatient and day-patient patient days, number of specialist outpatient attendances and number of general outpatient attendances provided by the Hospital Authority in 1995-96, 2000-01, 2005-06 and 2010-11 (up to December 2010).

	<b>1995-96</b>	<b>2000-01</b>	<b>2005-06</b>	<b>2010-11</b> (up to December 2010)
Total Inpatient and Day-patient Discharges and Deaths	919 743	1 165 967	1 125 265	1 078 736
Total Inpatient and Day-patient Patient days	7 463 669	8 491 934	7 490 619	5 745 843
Number of Specialist Outpatient Attendances	4 158 159	5 775 448	5 839 664	4 985 993
Number of General Outpatient Attendances	757 829	813 710	5 179 203	3 736 309

The table below sets out the number of inpatient discharges and deaths and number of bed days occupied in private hospitals in 1995-96, 2000-01 and 2005-06. The corresponding figures for 2010-11 are not available.

	<b>Number of Inpatient Discharges and Deaths in Private Hospitals (Including day patients)</b>	<b>Number of Bed Days Occupied in Private Hospitals (Excluding day patients)</b>
1995-96	188 248	530 833
2000-01	202 622	583 279
2005-06	248 464	666 792

The figures of attendances of specialist outpatient services and general outpatient services in the private sector are not available.

(d)

The table below sets out the number of beds, doctors and nurses in public hospitals in 1995-96, 2000-01, 2005-06 and 2010-11.

	<b>1995-96</b>	<b>2000-01</b>	<b>2005-06</b>	<b>2010-11 (up to December 2010)</b>
Number of beds in public hospitals	25 117	28 877	27 742	26 981
Number of Doctors	2 969	3 894	4 569	5 088
Number of Nurses	18 638	19 727	19 248	19 990

Notes:

- (1) The figures on number of doctors and nurses for 1995-96 are counted on a head count basis. The figures for other years are counted on a full time equivalent (FTE) basis and include permanent, contract and temporary, Full-Time/Part-Time staff.
- (2) The number of doctors includes Consultants, Senior Medical Officers / Associate Consultants and Medical Officers / Residents. Dental Officers and interns are excluded.
- (3) The number of nurses includes nursing staff at all ranks.

The table below sets out the number of beds in private hospitals in 1995, 2000, 2005 and 2010.

	<b>1995</b>	<b>2000</b>	<b>2005</b>	<b>2010</b>
Number of beds in private hospitals	2 926	2 928	3 038	3 949

As at 28 February 2011, the total number of registered medical practitioners on full registration list is 12 635 and the number of nurses is 40 069 (including 30 303 registered nurses and 9 766 enrolled nurses).

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and  
Health (Health)

Date \_\_\_\_\_ 31.3.2011

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

**S-FHB(H)03**

Question Serial No.

S124

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 respect of the turnover rates of health care professionals in the Hospital Authority, please provide the following figures:

- (a) the turnover figures and turnover rates of all ranks of doctors as well as the overall turnover figures and turnover rates of doctors in 2008, 2009 and 2010 by hospitals with Accident and Emergency Departments in each hospital cluster;
- (b) the turnover figures and turnover rates of all ranks of nurses in 2008, 2009 and 2010 by hospitals with Accidents and Emergency Departments in each hospital cluster;
- (c) the turnover figures and turnover rates of doctors in different specialties in 2008, 2009 and 2010 by hospitals with Accident and Emergency Departments in each hospital cluster; and
- (d) the turnover figures and turnover rates of nurses in different specialties in 2008, 2009 and 2010 by hospitals with Accidents and Emergency Departments in each hospital cluster.

Asked by: Hon. CHEUNG Man-kwong

Reply:

- (a) The table below sets out the turnover figures and turnover rates of doctors by rank in hospitals with Accident and Emergency Departments in the Hospital Authority (HA) in 2008-09, 2009-10 and 2010-11.

Cluster	Hospital	Rank <sup>(1)</sup>	Turnover of Doctors			Turnover Rates <sup>(2)</sup>		
			2008-09	2009-10	2010-11 (up to December 2010)	2008-09	2009-10	2010-11 (Annualized up to December 2010)
Hong Kong East	Pamela Youde Nethersole Eastern Hospital	Consultant	1	3	3	2.3%	6.1%	7.6%
		SMO/AC	3	7	8	3.4%	6.9%	10.5%
		MO/R	20	15	7	7.2%	5.7%	3.5%
	Ruttonjee Hospital	SMO/AC	1		2	5.0%	0.0%	13.5%
		MO/R	4		2	7.9%	0.0%	5.4%
	St John Hospital	MO/R		1		0.0%	20.0%	0.0%
Hong Kong West	Queen Mary Hospital	Consultant	5	6	5	6.9%	7.9%	9.0%
		SMO/AC	5	6	4	5.3%	5.6%	4.8%
		MO/R	14	13	9	5.1%	4.5%	4.0%



Cluster	Hospital	Rank <sup>(1)</sup>	Turnover of Doctors			Turnover Rates <sup>(2)</sup>		
			2008-09	2009-10	2010-11 (up to December 2010)	2008-09	2009-10	2010-11 (Annualized up to December 2010)
Kowloon Central	Queen Elizabeth Hospital	Consultant		4	7	0.0%	5.5%	12.4%
		SMO/AC	10	4	1	8.0%	3.0%	1.0%
		MO/R	14	11	10	4.5%	3.5%	4.2%
Kowloon East	Tseung Kwan O Hospital	Consultant	1			8.6%	0.0%	0.0%
		SMO/AC	1	4	2	2.3%	8.8%	5.7%
		MO/R	7	5	4	10.5%	7.7%	7.5%
	United Christian Hospital	Consultant	1		1	2.9%	0.0%	3.1%
		SMO/AC	3	1	4	3.4%	1.1%	5.4%
		MO/R	11	13	8	3.8%	4.4%	3.6%
Kowloon West	Caritas Medical Centre	Consultant	1	1	2	4.7%	4.6%	12.1%
		SMO/AC	3	2	3	6.4%	4.0%	7.8%
		MO/R	16	3	7	9.5%	1.8%	5.6%
	Kwong Wah Hospital	Consultant	1	2	2	2.9%	5.9%	7.5%
		SMO/AC	1	3	6	1.4%	4.2%	11.5%
		MO/R	9	11	10	4.9%	6.0%	7.3%
	Princess Margaret Hospital	Consultant	2	8	2	4.3%	16.8%	5.8%
		SMO/AC		5	4	0.0%	4.6%	4.9%
		MO/R	14	8	5	6.8%	3.8%	3.2%
	Yan Chai Hospital	Consultant		1		0.0%	6.7%	0.0%
		SMO/AC		2		0.0%	4.7%	0.0%
		MO/R	2	5	3	2.1%	5.2%	4.2%
New Territories East	Alice Ho Miu Ling Nethersole Hospital	Consultant			2	0.0%	0.0%	16.9%
		SMO/AC		2	2	0.0%	6.0%	7.8%
		MO/R	7	5	7	9.1%	6.2%	11.1%
	North District Hospital	Consultant	1	1	1	6.2%	5.8%	7.6%
		SMO/AC	4	4	4	9.0%	8.6%	11.4%
		MO/R	1	7	5	1.1%	8.0%	7.7%
	Prince of Wales Hospital	Consultant	2	1	1	4.4%	1.9%	2.4%
		SMO/AC	10	3	6	10.9%	3.1%	7.9%
		MO/R	21	8	11	6.8%	2.6%	4.7%
New Territories West	Pok Oi Hospital	SMO/AC	2	1	2	9.8%	3.8%	9.0%
		MO/R	3	1	6	6.8%	1.8%	13.6%
	Tuen Mun Hospital	Consultant	2	2		3.8%	3.5%	0.0%
		SMO/AC	4	1	1	4.2%	1.0%	1.3%
		MO/R	14	12	10	4.1%	3.5%	4.0%

**Notes**

(1) SMO/AC - Senior Medical Officer / Associate Consultant

MO/R - Medical Officer / Resident

(2) Turnover rate = Total turnover number / Average headcount of the relevant period x 100%

(b) The table below sets out the turnover figures and turnover rates of nurses by rank in hospitals with Accident and Emergency Departments in HA in 2008-09, 2009-10 and 2010-11.

Cluster	Hospital	Rank <sup>(1)</sup>	Turnover of Nurses			Turnover Rates <sup>(2)</sup>		
			2008-09	2009-10	2010-11 (up to December 2010)	2008-09	2009-10	2010-11 (Annualized up to December 2010)
Hong Kong East	Pamela Youde Nethersole Eastern Hospital	DOM/SNO and above	2		1	14.04%	0.00%	8.33%
		APN/NS/NO/WM	3	4	8	1.35%	1.64%	4.26%
		Registered Nurse	55	69	59	6.36%	8.01%	9.07%
		Enrolled Nurse and Others	7	10	8	4.69%	7.23%	8.30%
	Ruttonjee Hospital	APN/NS/NO/WM	3	1	2	4.85%	1.49%	3.93%
		Registered Nurse	18	20	26	7.57%	8.38%	13.98%
		Enrolled Nurse and Others	5	1	3	5.34%	1.18%	5.15%
	St John Hospital	Registered Nurse		2		0.0%	13.1%	0.0%
		Enrolled Nurse and Others		1		0.0%	11.9%	0.0%
Hong Kong West	Queen Mary Hospital	DOM/SNO and above	2	1	1	11.65%	5.00%	6.59%
		APN/NS/NO/WM	10	11	5	3.63%	3.64%	2.18%
		Registered Nurse	59	55	66	5.41%	4.85%	7.74%
		Enrolled Nurse and Others	5	10	12	4.26%	8.01%	15.03%
Kowloon Central	Queen Elizabeth Hospital	DOM/SNO and above	2			11.21%	0.00%	0.00%
		APN/NS/NO/WM	10	11	5	3.22%	3.17%	1.84%
		Registered Nurse	73	57	56	5.93%	4.70%	6.15%
		Enrolled Nurse and Others	4	4	7	3.38%	3.74%	9.52%
Kowloon East	Tseung Kwan O Hospital	APN/NS/NO/WM	2		1	3.03%	0.00%	1.56%
		Registered Nurse	29	19	15	11.21%	7.31%	7.26%
		Enrolled Nurse and Others	2	2	1	3.10%	3.25%	2.34%
	United Christian Hospital	DOM/SNO and above		2	1	0.00%	11.27%	7.79%
		APN/NS/NO/WM	2	5	11	0.99%	2.11%	5.91%
		Registered Nurse	36	34	36	3.96%	3.70%	5.09%
		Enrolled Nurse and Others	3	5	4	2.09%	3.75%	4.23%
Kowloon West	Caritas Medical Centre	DOM/SNO and above	1	1		10.26%	8.96%	0.00%
		APN/NS/NO/WM	3	4	2	2.53%	2.85%	1.82%
		Registered Nurse	16	28	22	3.52%	6.48%	6.93%
		Enrolled Nurse and Others	5	2	4	3.46%	1.47%	4.38%
	Kwong Wah Hospital	APN/NS/NO/WM	5	6	4	2.76%	2.85%	2.53%
		Registered Nurse	34	25	32	4.36%	3.31%	5.59%
		Enrolled Nurse and Others	2	7	2	3.13%	12.63%	5.67%
	Princess Margaret Hospital	DOM/SNO and above	2	1	1	13.48%	6.25%	8.45%
		APN/NS/NO/WM	6	3	7	2.96%	1.27%	3.96%
		Registered Nurse	61	41	46	6.01%	4.07%	5.95%
Enrolled Nurse and Others		13	4	3	18.33%	6.50%	7.16%	

Cluster	Hospital	Rank <sup>(1)</sup>	Turnover of Nurses			Turnover Rates <sup>(2)</sup>		
			2008-09	2009-10	2010-11 (up to December 2010)	2008-09	2009-10	2010-11 (Annualized up to December 2010)
	Yan Chai Hospital	DOM/SNO and above	1	2		16.22%	31.58%	0.00%
		APN/NS/NO/WM	1	4	1	1.02%	3.43%	1.12%
		Registered Nurse	16	12	12	3.95%	3.03%	4.12%
		Enrolled Nurse and Others	4	1	3	7.92%	2.15%	9.42%
New Territories East	Alice Ho Miu Ling Nethersole Hospital	APN/NS/NO/WM	1	1	1	1.43%	1.19%	1.52%
		Registered Nurse	18	11	9	5.38%	3.27%	3.47%
		Enrolled Nurse and Others	1	1	2	1.97%	2.13%	5.80%
	North District Hospital	DOM/SNO and above		1	1	0.00%	13.48%	16.90%
		APN/NS/NO/WM	2	3	2	2.40%	3.03%	2.63%
		Registered Nurse	27	16	8	6.68%	4.03%	2.62%
		Enrolled Nurse and Others	3		2	5.26%	0.00%	5.57%
	Prince of Wales Hospital	DOM/SNO and above	1	1	1	8.39%	6.82%	9.30%
		APN/NS/NO/WM	13	3	6	5.89%	1.20%	3.07%
		Registered Nurse	65	60	58	6.04%	5.70%	7.37%
		Enrolled Nurse and Others	6	3		6.70%	3.64%	0.00%
	New Territories West	Pok Oi Hospital	APN/NS/NO/WM	1		1	2.84%	0.00%
Registered Nurse			6	14	16	3.63%	6.69%	9.07%
Enrolled Nurse and Others			1	2	3	2.90%	5.58%	10.62%
Tuen Mun Hospital		DOM/SNO and above		2	1	0.00%	10.86%	7.06%
		APN/NS/NO/WM	11	6	8	3.99%	1.97%	3.47%
		Registered Nurse	70	59	44	6.50%	5.46%	5.29%
		Enrolled Nurse and Others	11	5	8	5.82%	2.82%	6.46%

**Notes**

- (1) DOM/SNO or above - Department Operations Manager / Senior Nursing Officer or above  
APN/NS/NO/WM - Advanced Practice Nurse / Nurse Specialist / Nursing Officer / Ward Manager  
Enrolled Nurse and Others - Includes Enrolled Nurse, Midwife, and other ranks such as Senior Enrolled Nurse, Junior Sister, Nursing Officer II/III.

- (2) Turnover rate = Total turnover number / Average headcount of the relevant period x 100%

(c) The table below sets out the turnover figures and turnover rates of doctors by specialty in hospitals with Accident and Emergency Departments in HA in 2008-09, 2009-10 and 2010-11.

Cluster	Hospital	Specialty <sup>(1)</sup>	Turnover of Doctors			Turnover Rates <sup>(2)</sup>		
			2008-09	2009-10	2010-11 (up to December 2010)	2008-09	2009-10	2010-11 (Annualized up to December 2010)
Hong Kong East	Pamela Youde Nethersole Eastern Hospital	Accident & Emergency		2		0.0%	6.3%	0.0%
		Anaesthesia		1	2	0.0%	3.3%	9.2%
		Family Medicine	7	2	2	14.6%	4.6%	6.0%
		Medicine	3	6	1	4.0%	8.3%	1.8%
		Neurosurgery	1			9.5%	0.0%	0.0%
		Obstetrics & Gynaecology	2	3	3	10.3%	16.4%	21.2%
		Orthopaedics & Traumatology	5	1	1	17.0%	3.3%	4.2%
		Paediatrics	2	4	2	8.0%	15.1%	9.8%
		Pathology		2		0.0%	12.3%	0.0%
		Psychiatry <sup>(3)</sup>		1		0.0%	3.2%	0.0%
		Radiology	1	2	2	3.6%	6.6%	8.5%
		Surgery	2		2	6.1%	0.0%	7.4%
		Others	1	1	3	2.7%	2.6%	10.7%
	Overall	24	25	18	5.8%	6.0%	5.7%	
	Ruttonjee Hospital	Accident & Emergency	1		2	6.2%	0.0%	16.8%
		Medicine	3		2	6.4%	0.0%	5.7%
		Others	1			- <sup>(4)</sup>	0.0%	0.0%
		Overall	5	0	4	6.4%	0.0%	6.8%
	St John Hospital	Family Medicine		1		0.0%	57.1%	0.0%
		Overall		1		0.0%	16.7%	0.0%
Hong Kong West	Queen Mary Hospital	Accident & Emergency	3			11.7%	0.0%	0.0%
		Anaesthesia	3	5	2	7.2%	11.2%	5.8%
		Cardiothoracic Surgery	1	1		16.4%	10.3%	0.0%
		Family Medicine		2		0.0%	6.3%	0.0%
		Medicine	4	5	4	5.9%	7.2%	7.5%
		Neurosurgery	1	1		7.7%	7.4%	0.0%
		Obstetrics & Gynaecology	1		1	4.6%	0.0%	5.4%
		Ophthalmology			1	0.0%	0.0%	12.6%
		Orthopaedics & Traumatology	3	1		14.4%	4.1%	0.0%
		Paediatrics	1	1	3	3.1%	2.7%	10.7%
		Pathology	1	1	1	4.6%	4.4%	5.6%
		Psychiatry <sup>(3)</sup>	2			9.8%	0.0%	0.0%
		Radiology	2	2	1	6.0%	5.9%	3.8%
		Surgery	1	6	3	1.6%	9.7%	6.3%
		Others	1		2	3.1%	0.0%	7.4%
Overall	24	25	18	5.4%	5.3%	5.0%		

Cluster	Hospital	Specialty <sup>(1)</sup>	Turnover of Doctors			Turnover Rates <sup>(2)</sup>		
			2008-09	2009-10	2010-11 (up to December 2010)	2008-09	2009-10	2010-11 (Annualized up to December 2010)
Kowloon Central	Queen Elizabeth Hospital	Accident & Emergency	3	1	3	8.0%	2.6%	10.4%
		Anaesthesia	1	2		2.2%	4.2%	0.0%
		Cardiothoracic Surgery		1	1	0.0%	7.1%	10.0%
		Family Medicine	3	3	1	6.0%	6.4%	2.7%
		Medicine	4	3	4	4.1%	3.0%	5.2%
		Neurosurgery			1	0.0%	0.0%	8.4%
		Obstetrics & Gynaecology	2	3	3	7.9%	12.0%	17.3%
		Orthopaedics & Traumatology	2			6.3%	0.0%	0.0%
		Paediatrics	2	2	1	5.1%	5.1%	3.5%
		Pathology		1		0.0%	4.4%	0.0%
		Radiology			1	0.0%	0.0%	21.1%
		Surgery	5	3	1	10.0%	5.8%	2.5%
		Others	2		2	4.3%	0.0%	5.3%
		Overall	24	19	18	4.7%	3.7%	4.5%
Kowloon East	Tseung Kwan O Hospital	Accident & Emergency	2	1		11.2%	5.9%	0.0%
		Anaesthesia	1	2	1	11.2%	19.4%	12.0%
		Medicine	3	2	2	10.8%	7.1%	8.3%
		Obstetrics & Gynaecology	1			21.8%	0.0%	0.0%
		Orthopaedics & Traumatology	1	3		7.5%	22.8%	0.0%
		Paediatrics			3	0.0%	0.0%	34.6%
		Surgery		1		0.0%	6.5%	0.0%
		Others	1			22.2%	0.0%	0.0%
		Overall	9	9	6	7.5%	7.3%	6.0%
	United Christian Hospital	Accident & Emergency	1	2		2.3%	4.4%	0.0%
		Anaesthesia	1		2	3.5%	0.0%	8.9%
		Family Medicine	3	4	3	4.0%	5.6%	5.8%
		Medicine	2	3		2.7%	4.1%	0.0%
		Obstetrics & Gynaecology			2	0.0%	0.0%	12.3%
		Ophthalmology	2	2	1	22.2%	16.1%	10.4%
		Orthopaedics & Traumatology	1	1	2	4.1%	4.1%	10.6%
		Paediatrics	1		2	3.6%	0.0%	9.3%
		Pathology		1		0.0%	5.5%	0.0%
		Psychiatry <sup>(3)</sup>	2			7.5%	0.0%	0.0%
		Surgery	2		1	5.7%	0.0%	3.2%
		Others		1		0.0%	6.0%	0.0%
		Overall	15	14	13	3.6%	3.2%	4.0%
Caritas Medical Centre	Accident & Emergency	1	1	2	3.9%	3.8%	10.2%	
	Anaesthesia	2	1		15.7%	7.9%	0.0%	
	Family Medicine	10	1	4	15.6%	1.5%	8.1%	
	Medicine	2		3	4.0%	0.0%	8.3%	
	Ophthalmology	2		2	8.5%	0.0%	11.3%	
	Orthopaedics & Traumatology		1		0.0%	6.6%	0.0%	
	Paediatrics	1			9.8%	0.0%	0.0%	
	Surgery	2	2	1	10.6%	10.3%	6.7%	
	Overall	20	6	12	8.5%	2.5%	6.7%	

Cluster	Hospital	Specialty <sup>(1)</sup>	Turnover of Doctors			Turnover Rates <sup>(2)</sup>		
			2008-09	2009-10	2010-11 (up to December 2010)	2008-09	2009-10	2010-11 (Annualized up to December 2010)
Kowloon West	Kwong Wah Hospital	Accident & Emergency	4	3	2	15.7%	11.5%	10.0%
		Anaesthesia		1	3	0.0%	3.9%	16.3%
		Family Medicine		1		0.0%	6.3%	0.0%
		Medicine	4	5	2	6.0%	7.7%	4.1%
		Neurosurgery		1		0.0%	7.5%	0.0%
		Obstetrics & Gynaecology	1	1	3	4.1%	4.0%	16.8%
		Orthopaedics & Traumatology			3	0.0%	0.0%	22.9%
		Paediatrics		1	1	0.0%	4.4%	5.9%
		Pathology	1			8.2%	0.0%	0.0%
		Radiology	1	3		4.3%	13.6%	0.0%
		Surgery			3	0.0%	0.0%	11.5%
		Others			1	0.0%	0.0%	15.8%
		Overall		11	16	18	3.8%	5.5%
	Princess Margaret Hospital	Accident & Emergency	2			6.7%	0.0%	0.0%
		Anaesthesia	1	1		3.9%	3.8%	0.0%
		Family Medicine	1	2	2	4.3%	9.2%	13.5%
		Medicine	3	7	3	3.7%	8.5%	4.9%
		Neurosurgery	1	1		9.2%	8.5%	0.0%
		Obstetrics & Gynaecology		6	1	0.0%	25.1%	5.5%
		Orthopaedics & Traumatology	1	1		5.1%	4.9%	0.0%
		Paediatrics	4	1	4	10.4%	2.6%	14.2%
		Radiology	1	2		4.8%	9.6%	0.0%
		Surgery			1	0.0%	0.0%	3.8%
		Others	2			6.8%	0.0%	0.0%
	Overall		16	21	11	4.5%	5.7%	4.0%
	Yan Chai Hospital	Accident & Emergency		1	1	0.0%	3.4%	4.5%
		Anaesthesia		2		0.0%	18.8%	0.0%
		Family Medicine			1	0.0%	0.0%	16.0%
		Medicine	1	1	1	2.3%	2.2%	3.1%
		Surgery		3		0.0%	17.0%	0.0%
		Others	1	1		5.3%	5.0%	0.0%
		Overall		2	8	3	1.3%	5.2%
	Alice Ho Miu Ling Nethersole Hospital	Accident & Emergency			2	0.0%	0.0%	12.5%
Family Medicine			2	1	0.0%	16.0%	10.0%	
Medicine		3	4	2	8.5%	11.5%	7.7%	
Ophthalmology				1	0.0%	0.0%	27.3%	
Orthopaedics & Traumatology		3	1	3	18.7%	6.9%	30.8%	
Paediatrics		1		1	6.1%	0.0%	7.6%	
Radiology				1	0.0%	0.0%	44.4%	
Overall			7	7	11	5.6%	5.4%	10.9%

Cluster	Hospital	Specialty <sup>(1)</sup>	Turnover of Doctors			Turnover Rates <sup>(2)</sup>		
			2008-09	2009-10	2010-11 (up to December 2010)	2008-09	2009-10	2010-11 (Annualized up to December 2010)
New Territories East	North District Hospital	Accident & Emergency	1		3	4.9%	0.0%	23.1%
		Anaesthesia	3	2	1	21.6%	13.6%	9.0%
		Family Medicine		2	2	0.0%	20.2%	27.6%
		Medicine		1		0.0%	2.6%	0.0%
		Neurosurgery			1	0.0%	0.0%	75.0%
		Orthopaedics & Traumatology		1	2	0.0%	6.3%	17.6%
		Psychiatry <sup>(3)</sup>	1			109.1%	0.0%	0.0%
		Radiology	1		1	11.4%	0.0%	14.5%
		Surgery		4		0.0%	17.6%	0.0%
		Others		2		0.0%	20.2%	0.0%
		Overall	6	12	10	4.0%	8.0%	8.8%
	Prince of Wales Hospital	Accident & Emergency	1	1		3.2%	3.4%	0.0%
		Anaesthesia	1	1	1	3.0%	2.8%	3.8%
		Family Medicine	6	2	4	10.3%	3.4%	9.1%
		Medicine	7	2	3	11.7%	3.3%	6.6%
		Obstetrics & Gynaecology	2	4	1	5.9%	12.6%	4.1%
		Ophthalmology	1	1	2	5.4%	5.3%	13.7%
		Orthopaedics & Traumatology	1		1	3.9%	0.0%	4.9%
		Paediatrics	3	1	1	8.8%	2.8%	3.8%
		Pathology			1	0.0%	0.0%	6.6%
		Radiology	5		1	25.2%	0.0%	5.7%
		Surgery	4			8.0%	0.0%	0.0%
Others	2		3	3.9%	0.0%	6.9%		
Overall	33	12	18	7.4%	2.6%	5.1%		
New Territories West	Pok Oi Hospital	Accident & Emergency	2		2	10.8%	0.0%	13.3%
		Anaesthesia		2		0.0%	26.7%	0.0%
		Family Medicine			1	0.0%	0.0%	41.4%
		Medicine	1		4	5.6%	0.0%	20.1%
		Orthopaedics & Traumatology			1	0.0%	0.0%	14.5%
		Radiology	2			45.3%	0.0%	0.0%
		Overall	5	2	8	7.0%	2.2%	10.9%
	Tuen Mun Hospital	Accident & Emergency		1		0.0%	2.2%	0.0%
		Anaesthesia		1		0.0%	2.9%	0.0%
		Family Medicine	1	4	1	1.4%	5.8%	2.0%
		Medicine	6	2	5	6.2%	2.1%	6.9%
		Obstetrics & Gynaecology	3		3	11.0%	0.0%	14.3%
		Ophthalmology	1		1	5.3%	0.0%	7.5%
		Orthopaedics & Traumatology	1	1	1	3.1%	3.0%	4.1%
		Paediatrics	5	1		15.8%	2.9%	0.0%
		Pathology		2		0.0%	9.8%	0.0%
		Surgery	1	1		2.6%	2.5%	0.0%
		Others	2	2		7.3%	5.3%	0.0%
		Overall	20	15	11	4.1%	3.0%	2.9%

**Notes**

- (1) For each hospital, only those specialties in which there were doctors departed in 2008-09, 2009-10 or 2010-11 are listed in the above table.
- (2) Turnover rate = Total turnover number / Average headcount of the relevant period x 100%
- (3) The services of the psychiatric department include services for the mentally handicapped.
- (4) The concerned doctor worked in a small-sized special clinical unit. The turnover rate as calculated based on the methodology in Note (2) above is over 100% and is therefore not presented.

(d) The table below sets out the turnover figures and turnover rate of nurses by specialty in hospitals with Accident and Emergency Departments in HA in 2008-09, 2009-10 and 2010-11.

Cluster	Hospital	Specialty <sup>(1)</sup>	Turnover of Nurses			Turnover Rates <sup>(2)</sup>		
			2008-09	2009-10	2010-11 (up to December 2010)	2008-09	2009-10	2010-11 (Annualized up to December 2010)
Hong Kong East	Pamela Youde Nethersole Eastern Hospital	Medicine	6	7	13	3.6%	4.3%	10.2%
		Obstetrics & Gynaecology	3	5	9	3.9%	6.5%	17.6%
		Orthopaedics & Traumatology	5	2	2	11.5%	4.7%	6.0%
		Paediatrics	3	1	3	5.2%	1.8%	6.9%
		Psychiatry <sup>(3)</sup>	5	9	9	2.6%	4.7%	6.4%
		Neurosurgery		1		0.0%	12.4%	0.0%
		Surgery	5	2	4	10.1%	4.1%	8.5%
		Others <sup>(4)</sup>	40	56	36	6.1%	8.3%	7.2%
		Overall	67	83	76	5.4%	6.6%	8.0%
	Ruttonjee Hospital	Medicine	14	15	15	6.3%	6.8%	8.7%
		Orthopaedics & Traumatology	2		5	11.5%	0.0%	45.1%
		Surgery	1	4	2	2.7%	11.2%	7.2%
		Others <sup>(4)</sup>	9	3	9	7.4%	2.5%	10.3%
		Overall	26	22	31	6.5%	5.6%	10.4%
	St John Hospital	Others <sup>(4)</sup>		3		0.0%	10.1%	0.0%
Overall			3		0.0%	10.1%	0.0%	
Hong Kong West	Queen Mary Hospital	Medicine	12	6	6	4.4%	2.2%	2.8%
		Obstetrics & Gynaecology	8	2	8	6.2%	1.6%	8.6%
		Orthopaedics & Traumatology	6	6	2	8.6%	8.5%	3.7%
		Paediatrics	17	12	15	9.9%	6.3%	10.3%
		Psychiatry <sup>(3)</sup>	5	3	2	6.4%	3.8%	3.4%
		Cardiothoracic Surgery	5	5	14	8.5%	4.4%	18.1%
		Neurosurgery	2		1	5.7%	0.0%	3.8%
		Surgery	6	8	7	2.9%	3.9%	4.5%
		Others <sup>(4)</sup>	15	35	29	3.1%	7.3%	8.2%
		Overall	76	77	84	5.1%	4.9%	7.1%
Kowloon Central	Queen Elizabeth Hospital	Medicine	11	8	6	3.2%	2.4%	2.4%
		Obstetrics & Gynaecology	5	5	3	3.5%	3.4%	2.6%
		Orthopaedics & Traumatology	1	3	3	1.6%	4.7%	6.5%
		Paediatrics	8	12	7	5.6%	8.7%	7.1%
		Cardiothoracic Surgery	4	4	4	10.7%	11.2%	16.8%
		Neurosurgery	8	2	3	15.0%	4.0%	8.6%
		Surgery	5	6	3	3.9%	4.8%	3.3%
		Others <sup>(4)</sup>	47	32	39	6.1%	4.1%	6.3%
		Overall	89	72	68	5.3%	4.3%	5.4%



Cluster	Hospital	Specialty <sup>(1)</sup>	Turnover of Nurses			Turnover Rates <sup>(2)</sup>		
			2008-09	2009-10	2010-11 (up to December 2010)	2008-09	2009-10	2010-11 (Annualized up to December 2010)
Kowloon East	Tseung Kwan O Hospital	Medicine	6	5	3	6.1%	5.0%	3.7%
		Obstetrics & Gynaecology			1	0.0%	0.0%	63.2%
		Orthopaedics & Traumatology		2		0.0%	5.7%	0.0%
		Paediatrics	5	2		26.9%	10.6%	0.0%
		Surgery	4	3	4	12.2%	7.2%	10.1%
		Others <sup>(4)</sup>	18	9	9	8.8%	4.3%	5.9%
		Overall	33	21	17	8.4%	5.2%	5.4%
	United Christian Hospital	Medicine	9	11	15	2.5%	3.1%	5.6%
		Obstetrics & Gynaecology	3	4	5	2.9%	3.8%	6.1%
		Orthopaedics & Traumatology	3	2	3	3.7%	2.6%	5.1%
		Paediatrics	8	3	12	6.9%	2.4%	13.3%
		Psychiatry <sup>(3)</sup>	3	5	1	3.8%	5.8%	1.3%
		Surgery	1	9	2	1.0%	9.3%	2.7%
		Others <sup>(4)</sup>	14	12	14	3.2%	2.6%	4.0%
Overall	41	46	52	3.2%	3.5%	5.2%		
Kowloon West	Caritas Medical Centre	Medicine	6	5	4	3.0%	2.6%	2.9%
		Orthopaedics & Traumatology	2			7.5%	0.0%	0.0%
		Paediatrics	1	1	1	5.6%	5.9%	7.9%
		Psychiatry <sup>(3)</sup>		2		0.0%	5.6%	0.0%
		Surgery	2		3	4.9%	0.0%	10.7%
		Others <sup>(4)</sup>	14	27	20	3.4%	6.5%	6.5%
		Overall	25	35	28	3.4%	4.9%	5.3%
	Kwong Wah Hospital	Medicine	4	3	4	2.0%	1.5%	2.7%
		Obstetrics & Gynaecology	5	7	3	4.3%	6.0%	3.4%
		Orthopaedics & Traumatology	1		1	2.9%	0.0%	4.1%
		Paediatrics	8	5	7	9.2%	5.8%	10.8%
		Neurosurgery	7		1	19.8%	0.0%	3.8%
		Surgery	2	3		2.3%	3.4%	0.0%
		Others <sup>(4)</sup>	14	20	22	2.9%	4.2%	6.2%
		Overall	41	38	38	3.9%	3.7%	4.9%
	Princess Margaret Hospital	Medicine	11	6	4	4.1%	2.4%	2.2%
		Obstetrics & Gynaecology	4	6	11	5.2%	8.4%	23.2%
		Orthopaedics & Traumatology	2		1	4.6%	0.0%	3.2%
		Paediatrics	6	2	4	6.2%	2.2%	6.1%
		Neurosurgery	1	1	5	5.8%	6.3%	55.0%
		Surgery	4		2	5.3%	0.0%	4.1%
		Others <sup>(4)</sup>	54	34	30	7.4%	4.4%	4.8%
		Overall	82	49	57	6.3%	3.7%	5.7%
	Yan Chai Hospital	Medicine	3	1	3	2.4%	0.9%	3.5%
		Paediatrics	1		1	6.7%	0.0%	9.8%
		Surgery		3		0.0%	6.7%	0.0%
Others <sup>(4)</sup>		18	15	12	5.4%	4.2%	4.5%	
Overall		22	19	16	3.9%	3.4%	3.8%	

Cluster	Hospital	Specialty <sup>(1)</sup>	Turnover of Nurses			Turnover Rates <sup>(2)</sup>		
			2008-09	2009-10	2010-11 (up to December 2010)	2008-09	2009-10	2010-11 (Annualized up to December 2010)
New Territories East	Alice Ho Miu Ling Nethersole Hospital	Medicine	9	9	8	4.7%	4.6%	5.4%
		Orthopaedics & Traumatology	1		1	2.8%	0.0%	3.5%
		Paediatrics	4	1	1	11.0%	2.8%	3.8%
		Psychiatry <sup>(3)</sup>	1	1		5.4%	5.0%	0.0%
		Others <sup>(4)</sup>	5	2	2	2.8%	1.0%	1.3%
	Overall	20	13	12	4.3%	2.7%	3.3%	
	North District Hospital	Medicine	9	6	4	8.6%	5.7%	5.1%
		Orthopaedics & Traumatology	1			2.9%	0.0%	0.0%
		Surgery	12	6	2	18.3%	9.8%	4.3%
		Others <sup>(4)</sup>	10	8	7	3.1%	2.4%	2.7%
		Overall	32	20	13	5.8%	3.6%	3.1%
	Prince of Wales Hospital	Medicine	26	13	13	9.3%	4.7%	6.2%
		Obstetrics & Gynaecology	11	7	6	5.8%	3.6%	4.1%
		Orthopaedics & Traumatology	6	1	5	8.6%	1.5%	9.9%
		Paediatrics	6	17	18	3.2%	9.5%	13.9%
		Psychiatry <sup>(3)</sup>			1	0.0%	0.0%	14.5%
		Neurosurgery	1			4.0%	0.0%	0.0%
		Surgery	8	15		4.2%	8.0%	0.0%
Others <sup>(4)</sup>		27	14	22	6.0%	3.1%	6.3%	
Overall	85	67	65	6.1%	4.8%	6.2%		
New Territories West	Poi Oi Hospital	Medicine	4	8	7	4.5%	6.9%	7.9%
		Others <sup>(4)</sup>	4	8	13	2.7%	4.4%	8.2%
		Overall	8	16	20	3.4%	5.4%	8.1%
	Tuen Mun Hospital	Medicine	26	21	18	7.3%	5.1%	5.3%
		Obstetrics & Gynaecology	9	5	6	8.3%	3.9%	6.1%
		Orthopaedics & Traumatology	3	2		4.8%	3.0%	0.0%
		Paediatrics	6	10	6	4.4%	6.9%	5.5%
		Psychiatry <sup>(3)</sup>			1	0.0%	0.0%	3.6%
		Neurosurgery	2	1		7.7%	3.5%	0.0%
		Surgery	3	4	2	3.1%	3.6%	2.4%
		Others <sup>(4)</sup>	43	29	28	5.8%	4.5%	6.0%
	Overall	92	72	61	5.9%	4.6%	5.1%	

#### Notes

- (1) For each hospital, only those specialties in which there were nurses departed in 2008-09, 2009-10 or 2010-11 are listed in the above table.
- (2) Turnover rate = Total turnover number / Average headcount of the relevant period x 100%
- (3) The services of the psychiatric department include services for the mentally handicapped.
- (4) About 4 000 nursing staff are posted under the "central pool" of Nursing Management or Nursing Administration department. The exact figures deployed to the individual departments from the pool are not readily available. The turnover of these 4 000 staff is not reflected in the turnover figures for the major specialties as indicated above.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and  
Health (Health)

Date \_\_\_\_\_ 31.3.2011

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

**S-FHB(H)04**

Question Serial No.

S130

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 regard to the drug expenditure of the Hospital Authority (HA), please inform this Committee :

- (a) The drug expenditure of HA, the percentage of drug expenditure in total HA expenditure as well as the percentage of drug expenditure in the total expenditure of each hospital cluster in the past 5 years (i.e. 2006-07 to 2010-11);
- (b) In the past 3 years (i.e. 2008-09 to 2010-11), 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 HA and its hospital clusters;
- (c) In the past 3 years (i.e. 2008-09 to 2010-11), the respective expenditures of HA and its hospital clusters on general drugs, special drugs and self-financed drugs covered by the safety net; and their respective percentages in the overall expenditures on drugs;
- (d) In the past 3 years (i.e. 2008-09 to 2010-11), how many patients were 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? And
- (e) In the past 3 years (i.e. 2008-09 to 2010-11), how many patients had 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. CHEUNG Man-kwong

Reply:

(a)

The table below sets out the drug expenditures of the seven hospital clusters in the Hospital Authority (HA), the respective percentages in their total recurrent operating expenditure as well as the total drug expenditure of HA, and the percentage of such expenditure in its total recurrent operating expenditure from 2006-07 to 2010-11 (projection based on expenditure figure as at 31 January 2011):

Cluster		2006-07	2007-08	2008-09	2009-10	2010-11 (Projection based on expenditure figure as at 31 Jan 2011)
Hong Kong East	Drug expenditure (\$ million)	264.4	290.7	322.7	361.2	407.0
	% of total recurrent operating expenditure	8.2%	8.4%	8.7%	9.5%	10.4%
Hong Kong West	Drug expenditure (\$ million)	386.8	452.1	453.0	536.4	591.9
	% of total recurrent operating expenditure	10.8%	11.8%	11.1%	12.8%	13.8%
Kowloon Central	Drug expenditure (\$ million)	332.9	401.2	414.5	496.7	551.8
	% of total recurrent operating expenditure	8.3%	9.4%	9.1%	10.6%	11.2%
Kowloon East	Drug expenditure (\$ million)	214.0	249.1	239.6	244.4	283.9
	% of total recurrent operating expenditure	7.4%	8.1%	7.3%	7.3%	8.1%
Kowloon West	Drug expenditure (\$ million)	470.3	505.0	547.0	598.0	695.3
	% of total recurrent operating expenditure	7.1%	7.2%	7.3%	7.8%	8.9%
New Territories East	Drug expenditure (\$ million)	420.3	476.2	511.4	525.9	618.3
	% of total recurrent operating expenditure	8.7%	9.3%	9.4%	9.4%	10.7%
New Territories West	Drug expenditure (\$ million)	269.5	295.3	300.1	345.2	393.1
	% of total recurrent operating expenditure	7.7%	7.8%	7.2%	8.1%	8.9%
<b>HA Total</b>	<b>Drug expenditure (\$ million)</b>	<b>2,364.0</b>	<b>2,680.0</b>	<b>2,793.0</b>	<b>3,113.0</b>	<b>3,542.0</b>
	<b>% of total recurrent operating expenditure</b>	<b>8.0%</b>	<b>8.6%</b>	<b>8.3%</b>	<b>9.0%</b>	<b>9.8%</b>

Note: The above expenditure figures represent the expenditures on the procurement of drugs, including self-financed items, in the respective financial years.

(b)

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 in all the drugs prescribed to patients in all seven clusters from 2008-09 to 2010-11 (up to 31 December 2010):

Cluster		2008-09	2009-10	2010-11 (Up to 31 December 2010)
Hong Kong East	General drugs	91.27%	90.52%	90.15%
	Special drugs	6.23%	6.91%	7.52%
	Self-financed drugs with safety net	0.01%	0.01%	0.01%
	Self-financed drugs without safety net	2.49%	2.56%	2.32%
Hong Kong West	General drugs	88.32%	86.96%	86.71%
	Special drugs	7.69%	8.60%	8.90%
	Self-financed drugs with safety net	0.03%	0.04%	0.05%
	Self-financed drugs without safety net	3.96%	4.40%	4.34%
Kowloon Central	General drugs	92.53%	91.98%	91.73%
	Special drugs	6.22%	6.55%	6.80%
	Self-financed drugs with safety net	0.04%	0.05%	0.05%
	Self-financed drugs without safety net	1.21%	1.42%	1.42%
Kowloon East	General drugs	94.07%	93.57%	93.11%
	Special drugs	4.78%	5.12%	5.96%
	Self-financed drugs with safety net	0.01%	0.01%	0.01%
	Self-financed drugs without safety net	1.14%	1.30%	0.92%
Kowloon West	General drugs	93.89%	93.22%	92.55%
	Special drugs	5.04%	5.70%	6.47%
	Self-financed drugs with safety net	0.01%	0.01%	0.02%
	Self-financed drugs without safety net	1.06%	1.07%	0.96%
New Territories East	General drugs	93.20%	92.42%	92.08%
	Special drugs	5.36%	6.10%	6.56%
	Self-financed drugs with safety net	0.01%	0.01%	0.01%
	Self-financed drugs without safety net	1.43%	1.47%	1.35%
New Territories West	General drugs	94.59%	93.76%	93.77%
	Special drugs	4.96%	5.76%	5.78%
	Self-financed drugs with safety net	0.01%	0.01%	0.02%
	Self-financed drugs without safety net	0.44%	0.47%	0.43%
<b>HA Total</b>	<b>General drugs</b>	<b>93.00%</b>	<b>92.27%</b>	<b>91.89%</b>
	<b>Special drugs</b>	<b>5.53%</b>	<b>6.15%</b>	<b>6.67%</b>
	<b>Self-financed drugs with safety net</b>	<b>0.01%</b>	<b>0.02%</b>	<b>0.02%</b>
	<b>Self-financed drugs without safety net</b>	<b>1.46%</b>	<b>1.56%</b>	<b>1.42%</b>

(c)

The table below sets out the expenditures by cluster on general drugs and special drugs prescribed to patients and their respective percentages in the overall expenditures on drugs prescribed in all seven clusters from 2008-09 to 2010-11 (projection based on expenditure figure as at 31 January 2011).

Cluster		2008-09		2009-10		2010-11 (Projection based on expenditure figure as at 31 Jan 2011)	
		Expenditure (\$ million)	% of total drug expenditure	Expenditure (\$ million)	% of total drug expenditure	Expenditure (\$ million)	% of total drug expenditure
Hong Kong East	General drugs	151.6	62%	158.1	60%	169.7	58%
	Special drugs	91.6	38%	105.5	40%	120.9	42%
Hong Kong West	General drugs	170.4	53%	186.2	50%	195.1	47%
	Special drugs	152.7	47%	183.1	50%	218.2	53%
Kowloon Central	General drugs	226.0	67%	239.4	66%	258.5	63%
	Special drugs	108.9	33%	124.3	34%	153.1	37%
Kowloon East	General drugs	229.7	70%	248.5	69%	268.9	67%
	Special drugs	97.6	30%	109.4	31%	131.1	33%
Kowloon West	General drugs	303.2	62%	324.1	59%	351.0	56%
	Special drugs	189.3	38%	225.5	41%	279.1	44%
New Territories East	General drugs	243.1	60%	267.7	58%	277.0	58%
	Special drugs	161.4	40%	190.2	42%	202.6	42%
New Territories West	General drugs	167.7	59%	179.7	56%	195.9	58%
	Special drugs	114.9	41%	138.7	44%	144.5	42%
<b>HA Total</b>	<b>General drugs</b>	<b>1,491.6</b>	<b>62%</b>	<b>1,603.8</b>	<b>60%</b>	<b>1,716.1</b>	<b>58%</b>
	<b>Special drugs</b>	<b>916.5</b>	<b>38%</b>	<b>1,076.7</b>	<b>40%</b>	<b>1,249.5</b>	<b>42%</b>

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 table below sets out the amount of subsidies granted by the Samaritan Fund on self-financed drugs with safety net by cluster in 2008-09, 2009-10 and 2010-11 (up to 31 December 2010):

<b>Cluster</b>	<b>2008-09</b> <b>Amount of subsidies granted</b> <b>(\$ million)</b>	<b>2009-10</b> <b>Amount of subsidies granted</b> <b>(\$ million)</b>	<b>2010-11</b> <b>(up to 31 December 2010)</b> <b>Amount of subsidies granted</b> <b>(\$ million)</b>
Hong Kong East	9.4	9.3	12.0
Hong Kong West	11.5	12.1	14.0
Kowloon Central	10.1	12.0	14.2
Kowloon East	6.6	7.4	12.0
Kowloon West	13.8	17.7	23.6
New Territories East	12.1	12.5	15.5
New Territories West	10.1	13.2	18.2
<b>HA Total</b>	<b>73.6</b>	<b>84.2</b>	<b>109.5</b>

(d)

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 table below sets out the number and percentage of patients subsidized by the Samaritan Fund in 2008-09, 2009-10 and 2010-11 (up to 31 December 2010):

		<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b> <b>(up to 31</b> <b>December 2010)</b>
(1)	Total number of patients prescribed with self-financed drugs with safety net	4 075	4 752	4 644
(2)	Total number of patients provided with subsidy under the Samaritan Fund to cover expenses on self-financed drugs	782	1 055	999
(3)	Percentage of patients in (2) of the total number in (1)	19%	22%	22%
(4)	Percentage of subsidies granted under the Samaritan Fund in the total expenditure on the self-financed drugs with safety net	29.7%	27.6%	37.1%

(e)

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 2008-09, 2009-10 and 2010-11 (up to 31 December 2010):



	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11 (up to 31 December 2010)</b>
Number of patients who purchased self-financed drugs through HA	33 490	40 033	38 026
Total expenditure incurred by these patients on purchasing self-financed drugs through HA	\$614.6 million	\$752.4 million	\$641.8 million

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

Date \_\_\_\_\_ 31.3.2011

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

**S-FHB(H)05**

Question Serial No.

S131

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, subsidy rate of public funds for service delivery, as well as the amount of provision, number of inpatients and financial deficit in respect of each cluster for the past three years (i.e. from 2008-09 to 2010-11).

Asked by: Hon. CHEUNG Man-kwong

Reply:

The table below sets out the reserve, operating expenditure, government provision, medical fee paid by patients (by eligible and non-eligible persons), patients' payment on self-financed drugs and privately purchased medical items, donation and subsidy rate of public funds for service delivery in regard to the Hospital Authority (HA) for 2008-09, 2009-10 and 2010-11.

	<b>2008-09 (Actual) \$ billion</b>	<b>2009-10 (Actual) \$ billion</b>	<b>2010-11 (full-year projection) \$ billion</b>
Hospital Authority (HA) (negative) reserve	(0.276)	(0.304)	The actual amount of reserve balance will be available only after finalization of HA's accounts for 2010-11
Operating expenditure of HA	33.62	34.46	36.07
Provision for HA from Government (including capital account items)	32.77	32.86	34.21
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)	1.62	1.61	1.72
- Eligible Persons	1.15	1.18	1.22
- Non-eligible Persons	0.47	0.43	0.50
Patients' payment on self-financed drugs which are purchased through HA <sup>(Note)</sup>	0.62	0.75	0.86

	<b>2008-09 (Actual) \$ billion</b>	<b>2009-10 (Actual) \$ billion</b>	<b>2010-11 (full-year projection) \$ billion</b>
Patients' payment on privately purchased medical items which are purchased through HA <sup>(Note)</sup>	0.29	0.30	0.31
Donation to HA	0.25	0.24	0.22
Subsidy rate of public funds for public health services	95.1%	95.2%	95.1%

Note : Patients may purchase the 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 the relevant drugs and medical items purchased through HA.

The table below sets out the budget allocation and operating surplus for the seven hospital clusters for 2008-09, 2009-10 and 2010-11.

<b>Year</b>		<b>HKE</b>	<b>HKW</b>	<b>KC</b>	<b>KE</b>	<b>KW</b>	<b>NTE</b>	<b>NTW</b>
2008-09 (\$billion)	Cluster Budget	3.36	3.59	4.18	3.03	7.04	5.00	3.89
	Surplus/(Deficit)	-	-	-	-	-	-	-
2009-10 (\$billion)	Cluster Budget	3.45	3.65	4.28	3.09	7.15	5.09	3.98
	Surplus/(Deficit)	-	-	-	-	0.01	-	-
2010-11 (\$billion) as at January 11 Projection	Cluster Budget	3.52	3.70	4.49	3.20	7.28	5.25	4.15
	Surplus/(Deficit)	-	-	-	-	0.02	-	-

The table below sets out the number of inpatients for the seven hospital clusters of HA for 2008-09, 2009-10 and 2010-11.

<b>Year</b>	<b>HKE</b>	<b>HKW</b>	<b>KC</b>	<b>KE</b>	<b>KW</b>	<b>NTE</b>	<b>NTW</b>
2008-09	101 571	94 630	125 777	98 812	230 434	150 778	107 584
2009-10	105 104	100 203	126 419	108 320	238 148	153 772	116 348
2010-11 (as at 31 December 2010)	81 480	78 647	94 411	86 861	184 321	116 922	90 639

### **Abbreviations**

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

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and  
Health (Health)

Date \_\_\_\_\_ 30.3.2011

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

**S-FHB(H)06**

Question Serial No.

S128

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 provision to the Hospital Authority, please advise of :

- (a) the criteria the Government adopted in calculating the provision to the Hospital Authority for 2011-12;
- (b) the main use of the 7.6% increase in the provision for 2011-12. Please give a breakdown of expenditure involved.
- (c) the reasons why the revised estimate for 2010-11 is \$87 m more than the original.

Asked by: Hon. CHEUNG Man-kwong

Reply:

- (a) & (b)

The financial provision for Hospital Authority (HA) for 2011-12 is 7.6% higher than the revised estimate for 2010-11. The additional financial provision mainly includes the followings:

- (1) **\$872 million additional recurrent provision** to meet the growth in service demand. Major initiatives to be implemented in 2011-12 include:
  - (i) expansion of service capacity to improve inpatient and surgical services in New Territories West Cluster and enhancement of obstetric and neonatal services in Kowloon East Cluster;
  - (ii) enhancement of community and ambulatory care to minimize hospital admissions and reduce avoidable hospitalization;
  - (iii) enhancement of provision for haemodialysis service for patients with end-stage renal disease, cardiac service, clinical oncology service, palliative care for advanced cancer and end-stage patients, child and adolescent psychiatric service, emergency service and expansion of Cancer Case Manager Programme;
  - (iv) supporting the use of interventional medical devices / consumables that are not included in HA's standard charges and continued implementation of the Filmless HA Projects;
  - (v) enhancement of service including laboratory service for treatment of patients with chronic hepatitis and diabetes, Autologous Haemopoietic Stem Cell Transplant service, computer tomography service and magnetic resonance imaging service for reduction in waiting time; and
  - (vi) enhancement of patient safety;

- (2) **\$865 million additional provision** for HA to implement a number of healthcare reform related initiatives, including:
- (i) enhancement of chronic disease management through multi-disciplinary, case management and empowerment approach in accordance with the primary care development strategy;
  - (ii) enhancement of public primary care services by developing Community Health Centre (CHC) model of care and promoting family doctor concept of holistic healthcare in public primary care and general out-patient clinic (GOPC) services;
  - (iii) expansion of the coverage of the HA Drug Formulary by introducing a new drug as special drug for the treatment of cancer and expanding the clinical application of eight drug classes; and
  - (iv) enhancement of the competency and morale of healthcare staff through the provision of a full spectrum of training strategies and initiatives;
- (3) **\$697 million additional provision** for HA to implement various new / on-going initiatives, including:
- (i) enhancement of mental health services through extension of the case management program, setting up of crisis intervention teams to provide support for high risk mental patients, and expansion of the service targets of the Early Assessment and Detection of Young Persons with Psychosis (EASY) program by including adults, extension of psychogeriatric services, and enhancement of autistic services, etc;
  - (ii) enhancement of nursing workforce by recruiting 300 additional nurses;
  - (iii) enhancement of pharmacy system to strengthen drug safety by enhancing the aseptic dispensing facility and services, modernization of the pharmaceutical supply chain processes, and enhancing pharmacist coverage at GOPC pharmacies, etc;
  - (iv) enhancement of drug quality by strengthening quality control of pharmaceuticals products supplied to HA, and coping with the increase in drug costs;
  - (v) expansion of HA's cataract service through additional cataract surgery throughput in hospitals;
  - (vi) enhancement of quality of care in hospital wards by improving staff mix and work process, modernization of patient care equipment, improvement of patient care culture through staff engagement and training, provision of advanced and expert nursing care and senior coverage for complex care requirement, and enhancing the support to nurse training in highly specialized areas;
  - (vii) establishment of a total joint replacement centre at Yan Chai Hospital to provide integrated surgical treatment and post-operative rehabilitation program; and
  - (viii) extension of the hospital accreditation scheme to other 15 hospitals in HA, further to the implementation of pilot scheme, which has covered five hospitals.
- (4) **\$77 million one off funding** mainly for the purchase of minor equipment costing below \$150,000 each and for the enhancement of training.

To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA plans to recruit about 330 doctors, 1 720 nursing staff and 590 allied health staff in 2011-12. HA will continue to monitor the trend of utilization of service and implement suitable measures to ensure that its services can meet the community's needs.

(c)

The increase of \$87.7 million in the 2010-11 revised estimate over the original estimate is mainly due to the increase of \$229.6 million in HA's recurrent subvention resulted from 2010 pay adjustment, offset by return of \$145.1 million for Government's 50% share of the additional income arising from the obstetric package charges for non-eligible persons for 2009-10.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and  
Health (Health)

Date \_\_\_\_\_ 30.3.2011

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

**S-FHB(H)07**

Question Serial No.

S129

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 medical services provided to patients by the Hospital Authority and the related costs, please provide the following information :

- (a) the subsidy level of public medical services and its calculation method;
- (b) the 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 costs of medical services of the above age groups and per 1000 persons for the overall population in 2009-10 and 2010-11; and
- (c) 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. CHEUNG Man-kwong

Reply:

- (a) The operating expenditure of the Hospital Authority (HA) is mainly met by Government subvention and medical fees received from patients. The subsidy rate is the ratio of Government subvention over HA's total operating expenditure. The projected subsidy rate for 2010-11 is about 95%.
- (b) The tables below provide the number of inpatient discharges and deaths and the number of patient days in respect of hospital services provided by HA and the respective ratio per 1 000 population by age group for 2009-10 and 2010-11 (up to 31 December 2010).

**2009-10**

Age group	Inpatient discharges & deaths		Patient days	
	Number	Ratio per 1 000 population	Number	Ratio per 1 000 population
Age below 15	118 601	136	456 409	523
Age 15-64	378 159	72	1 728 855	330
Age 65-74	126 898	279	845 624	1 859
Age 75 and above	304 863	695	2 282 753	5 206



**2010-11 (up to 31 December 2010)**

Age group	Inpatient discharges & deaths		Patient days	
	Number	Ratio per 1 000 population	Number	Ratio per 1 000 population
Age below 15	94 373	111	366 740	430
Age 15-64	294 604	56	1 328 382	251
Age 65-74	95 020	207	625 139	1 362
Age 75 and above	234 016	513	1 740 861	3 818

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 and 2010-11 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**

Age group	2009-10 (\$ million)	2010-11 (Revised Estimate) (\$ million)
Age below 15	3.2	3.3
Age 15-64	3.1	3.2
Age 65-74	11.4	11.4
Age 75 and above	25.0	25.2
Overall	5.0	5.1

- (c) 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 (\$)
General (acute & convalescent)	19,550	20,230	18,920
Infirmary	138,990	174,650	175,290
Mentally Ill	113,400	120,360	112,420
Mentally Handicapped	830,650	809,000	682,100

The average length of stay for death cases of inpatients by age group for 2007-08, 2008-09 and 2009-10 are provided in the table below.

<b>Age group</b>	<b>2007-08 (day)</b>	<b>2008-09 (day)</b>	<b>2009-10 (day)</b>
Age below 15	51.1	85.7 *	45.1
Age 15-64	15.8	17.6	15.4
Age 65-74	14.6	15.1	16.2
Age 75 & above	12.5	13.0	12.8

\* 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 31.3.2011

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

**S-FHB(H)08**

Question Serial No.

S132

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 relation to the services provided by various clusters in 2009-10, please provide the following figures by cluster:

- the population size, the financial provision, the number of doctors, nurses and general beds per 1 000 population and their total numbers;
- the occupancy rate of general beds, the waiting time for accident and emergency services and the median waiting time of first priority patients for specialist clinic services; and
- the cost per patient day for general beds, the cost per accident and emergency attendance, the cost per specialist outpatient attendance and the cost per general outpatient attendance.

Asked by: Hon. CHEUNG Man-kwong

Reply:

(a)

The table below sets out the population and the financial provision as well as the numbers and ratio of doctors, nurses and general hospital beds in the Hospital Authority per 1 000 population by clusters for 2009-10 (as at 31 March 2010):

Cluster	Population	Financial provision (\$ billion)	Number of Doctors	Ratio per 1 000 population	Number of Nurses	Ratio per 1 000 population	Number of general beds	Ratio per 1 000 population
<b>HKE</b>	827 566	3.45	541	0.7	2 049	2.5	1 942	2.3
<b>HKW</b>	536 150	3.65	559	1.0	2 366	4.4	2 853	5.3
<b>KC</b>	489 599	4.28	635	1.3	2 787	5.7	3 002	6.1
<b>KE</b>	959 195	3.09	566	0.6	2 018	2.1	2 075	2.2
<b>KW</b>	1 867 921	7.15	1 183	0.6	4 735	2.5	5 174	2.8
<b>NTE</b>	1 276 453	5.09	842	0.7	3 254	2.5	3 473	2.7
<b>NTW</b>	1 046 812	3.98	657	0.6	2 619	2.5	1 997	1.9
<b>Overall</b>	<b>7 003 697</b>	<b>30.69</b>	<b>4 984</b>	<b>0.7</b>	<b>19 828</b>	<b>2.8</b>	<b>20 516</b>	<b>2.9</b>

It should be noted that the ratio of doctors, nurses and general hospital beds per 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; and
- (ii) the doctors, nurses and allied health staff in 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.

(b)

The table below sets out the bed occupancy rate for general hospital beds and the median waiting time for Accident and Emergency (A&E) services of patients in the first three triage categories by clusters for 2009 - 10:

Cluster	Bed Occupancy Rate for General Beds	Median Waiting Time for A&E Service (Minute)		
		Triage 1 (critical cases)	Triage 2 (emergency cases)	Triage 3 (urgent cases)
HKE	83%	0	4	13
HKW	71%	0	4	15
KC	84%	0	5	14
KE	82%	0	5	10
KW	81%	0	5	14
NTE	85%	0	7	13
NTW	92%	0	2	11
<b>Overall</b>	<b>82%</b>	<b>0</b>	<b>5</b>	<b>13</b>

The table below sets out the median waiting time for specialist outpatient (SOP) new cases triaged as first priority (urgent) cases by specialty and cluster for 2009 - 10:

Specialty	Median Waiting Time of SOP New Cases Triaged as 1 <sup>st</sup> Priority (Week)						
	HKE	HKW	KC	KE	KW	NTE	NTW
ENT	<1	<1	<1	<1	<1	<1	<1
MED	1	<1	<1	1	<1	<1	1
GYN	1	<1	<1	1	<1	<1	1
OPH	<1	<1	<1	<1	<1	<1	<1
ORT	<1	<1	1	<1	<1	<1	<1
PAE	<1	<1	<1	<1	<1	<1	1
PSY	<1	<1	<1	1	<1	1	<1
SUR	1	1	1	1	1	<1	1

(c)

The table below sets out the cost per patient day for general hospital bed, the cost per accident & emergency 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							
	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
Cost per Patient Day for General Bed (\$)	3,710	4,200	3,300	3,700	3,470	3,450	3,590	3,590
Cost per Accident & Emergency Attendance (\$)	850	790	780	770	780	860	730	800
Cost per Specialist Outpatient Attendance (\$)	860	1,090	840	770	850	900	880	880
Cost per General Outpatient Attendance (\$)	320	320	300	270	290	280	280	290

### **Abbreviations**

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

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 \_\_\_\_\_ 30.3.2011

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

**S-FHB(H)09**

Question Serial No.

S133

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 relation to the expenditure of the Hospital Authority (HA) on the salaries and benefits of its staff in the past 3 financial years (i.e. 2008-09 to 2010-11), please provide the following information :

- (a) the expenditure on the salaries and benefits of the 10 highest paid staff of the HA in the past 3 financial years (i.e. 2008-09 to 2010-11);
- (b) the respective amounts of expenditure on the salaries and benefits of HA's management staff remunerated on a pay scale comparable to that of directorate civil servants in each hospital cluster in the past 3 years (i.e. 2008-09 to 2010-11);
- (c) the hospitals and departments which have additional HA staff remunerated on a pay scale higher than the minimum salary points of directorate civil servants, the number of the additional staff concerned, the salaries and benefits involved and the number of the additional staff who are at the medical officer rank in 2009-10 and 2010-11, and the reasons for the additional manpower in 2009-10; and
- (d) the total numbers of staff and the amounts of expenditure on staff salaries and benefits for the HA as a whole and for individual clusters; and the number of medical officers at the Consultant rank or above, and the expenditure on their full-year salaries and benefits in each cluster as well as its percentage in the total expenditure on salaries and benefits for the respective cluster in 2009-10 and 2010-11.

Asked by: Hon. CHEUNG Man-kwong

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 2008-09 to 2009-10. The information for 2010-11 will only be available after the close of the current financial year.

<b>Position</b>	<b>2008-09 (\$ million)</b>	<b>2009-10 (\$ million)</b>
Cluster Chief Executive (Kowloon West)	4.768 <sup>1</sup>	-
Chief Executive	4.448	4.528
Hospital Chief Executive (Kwong Wah Hospital & Wong Tai Sin Hospital)	3.981 <sup>2</sup>	-

<b>Position</b>	<b>2008-09 (\$ million)</b>	<b>2009-10 (\$ million)</b>
Cluster Chief Executive (New Territories East)	3.942	3.890
Director (Cluster Services)	3.889	3.831
Cluster Chief Executive (Hong Kong East)	-	3.830
Director (Finance)	-	3.830

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 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 2008-09 to 2009-10. The information for 2010-11 will only be available after the close of the current financial year.

<b>Year</b>	<b>Expenditure (\$ million)</b>
2008-09	39.9
2009-10	37.6

- (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 the number of staff in the HA who are remunerated on a pay scale equivalent to that of government directorate ranks and the expenditure on their remuneration (including basic salary, job related allowances and other benefits) in the HA Head Office and each hospital cluster for the past three years. The expenditure on the remuneration for 2010-11 will only be available after the close of the current financial year.

<b>Cluster</b>	<b>2008-09</b>		<b>2009-10</b>		<b>2010-11</b>
	<b>Number of staff*</b>	<b>Expenditure on remuneration (\$ million)</b>	<b>Number of staff*</b>	<b>Expenditure on remuneration (\$ million)</b>	<b>Number of staff* (as at 31 December 2010)</b>
Head Office	39	94	41	99	41
Hong Kong East	63	172	68	188	74
Hong Kong West	99	243	100	250	102
Kowloon Central	87	231	89	238	100
Kowloon East	51	141	59	142	63

Cluster	2008-09		2009-10		2010-11
	Number of staff*	Expenditure on remuneration (\$ million)	Number of staff*	Expenditure on remuneration (\$ million)	Number of staff* (as at 31 December 2010)
Kowloon West	133	376	136	370	140
New Territories East	94	227	98	250	102
New Territories West	76	193	78	195	77
<b>Total</b>	<b>642</b>	<b>1,677</b>	<b>669</b>	<b>1,732</b>	<b>699</b>

\* Include clinical and non-clinical staff

- (c) 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 2009-10 and 2010-11 (up to 31 December 2010).

#### 2009-10

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
	Corporate Communication	-1	0
	Finance	+2	0
	Infection Control Branch	+1	+1
	Patient Relations and Engagement	+1	0
	Service Transformation	-2	-1
<b>Hong Kong East Cluster</b>			
Pamela Youde Nethersole Easter Hospital	Anaesthesia	+1	+1
	Diagnostic Radiology	-1	-1
	Ear, Nose, Throat	+1	+1
	Nuclear Medicine	+1	+1
	Obstetrics & Gynaecology	+2	+2
	Orthopaedics & Traumatology	+1	+1
	Paediatrics	-1	-1
Ruttonjee & Tang Shiu Kin Hospitals	Diagnostic Radiology	+1	+1
<b>Hong Kong West Cluster</b>			
Queen Mary Hospital	Cardiac Thoracic	-1	-1
	Clinical Oncology	+1	+1
	Diagnostic Radiology	-1	-1
	Obstetrics & Gynaecology	+1	+1
	Orthopaedics & Traumatology	+1	+1
	Surgery	-1	-1
Tung Wah Hospital	Surgery	+1	+1



Cluster/ Hospital	Department	Net change in the number of directorate staff over the previous year	Number of medical staff involved
<b>Kowloon Central Cluster</b>			
Hong Kong Eye Hospital	Ophthalmology	+1	+1
Queen Elizabeth Hospital	Accident & Emergency	+1	+1
	Clinical Services	+1	+1
	Surgery	-1	-1
<b>Kowloon East Cluster</b>			
Kowloon East Cluster	Cluster Management	-1	-1
Tseung Kwan O Hospital	Medicine	+2	+2
	Surgery	+1	+1
United Christian Hospital	Diagnostic Radiology	+1	+1
	Medicine	+1	+1
	Microbiology	+1	+1
	Ophthalmology	+1	+1
	Orthopaedics & Traumatology	+1	+1
	Surgery	+1	+1
<b>Kowloon West Cluster</b>			
Kowloon West Cluster	Cluster Management	+1	+1
Kwong Wah Hospital	Diagnostic Radiology	-2	-2
	Medicine	+1	+1
	Microbiology	+1	+1
Princess Margaret Hospital	Infectious Diseases	+1	+1
	Surgery	+1	+1
<b>New Territories East Cluster</b>			
Alice Ho Miu Ling Nethersole Hospital	Diagnostic Radiology	+1	+1
	Orthopaedics & Traumatology	+1	+1
North District Hospital	Diagnostic Radiology	-1	-1
	Intensive Care Unit	-1	-1
	Medicine	+1	+1
Prince of Wales Hospital	Accident & Emergency	+1	+1
	Chemical 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
<b>New Territories West Cluster</b>			
Pok Oi Hospital	Medicine	+1	+1
Tuen Mun Hospital	Diagnostic Radiology	+1	+1
	Medicine	-1	-1
	Surgery	+1	+1

**Net Increase:**

**27**

**24**

**2010-11 (up to 31 December 2010)**

Cluster/ Hospital	Department	Net change in the number of directorate staff over the previous year	Number of medical staff involved
Head Office	Clinical Effectiveness & Technology Management	-1	-1
	Corporate Communication	+1	0
	Human Resources	-2	0
	Legal Services	+1	0
	Strategy, Service Planning & Knowledge Management	+1	+1
<b>Hong Kong East Cluster</b>			
Pamela Youde Nethersole Eastern Hospital	General Outpatient Clinic	-1	0
	Internal Medicine	+1	+1
	Neurosurgery	+1	+1
	Obstetrics & Gynaecology	+1	+1
	Orthopaedics & Traumatology	+1	+1
	Paediatrics	+3	+3
	Radiology	+1	+1
Surgery	-1	-1	
<b>Hong Kong West Cluster</b>			
Grantham Hospital	Respiratory Medicine	-1	-1
Queen Mary Hospital	General Outpatient Clinic	+1	+1
	Histopathology	-1	-1
	Obstetrics & Gynaecology	+1	+1
	Ophthalmology	+1	+1
	Radiology	+1	+1
Surgery	+1	+1	
<b>Kowloon Central Cluster</b>			
Queen Elizabeth Hospital	Anaesthesia	+2	+2
	Clinical Services (Management)	-1	-1
	Internal Medicine	+1	+1
	Nuclear Medicine	+1	+1
	Obstetrics & Gynaecology	+1	+1
	Orthopaedics & Traumatology	+1	+1
	Paediatrics	+1	+1
	Radiology	+2	+2
	Special Outpatient Clinic	+1	+1
Surgery	+1	+1	
<b>Kowloon East Cluster</b>			
Kowloon East Cluster	Cluster Management	+1	+1
Tseung Kwan O Hospital	Surgery	+1	+1
United Christian Hospital	Accident & Emergency	+1	+1
	Dental	+1	+1
	Obstetrics & Gynaecology	+1	+1
	Surgery	-1	-1

Cluster/ Hospital	Department	Net change in the number of directorate staff over the previous year	Number of medical staff involved
<b>Kowloon West Cluster</b>			
Caritas Medical Centre	Ophthalmology	+1	+1
Kwai Chung Hospital	Psychiatry	+1	+1
Kwong Wah Hospital	Obstetrics & Gynaecology	+1	+1
	Orthopaedics & Traumatology	+1	+1
	Paediatrics	+1	+1
	Surgery	+1	+1
Princess Margaret Hospital	Anaesthesia	-1	-1
	Infectious Diseases	-1	-1
<b>New Territories East Cluster</b>			
Alice Ho Miu Ling Nethersole Hospital	Ophthalmology	-1	-1
	Orthopaedics & Traumatology	-1	-1
North District Hospital	Radiology	+1	+1
	Surgery	+1	+1
Prince of Wales Hospital	Chemical Pathology	+1	+1
	Histopathology	+2	+2
	Obstetrics & Gynaecology	+1	+1
<b>New Territories West Cluster</b>			
Siu Lam Hospital	Mentally Handicapped	-1	-1

**Net Increase:                      30                      31**

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 2009-10 as calculated on the basis of the basic salary rate of the year was \$40 million. The amount of expenditure involved for 2010-11 will only be available after the close of the current financial year.

- (d) 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 2010-11 will only be available after the close of the current financial year.

**2009-10**

Cluster	(a) Total number of staff (as at 31 March 2010)	(b) Overall expenditure on PE of staff (\$ million)	(c) Number of clinical doctors at consultant level or above (as at 31 March 2010)	(d) Expenditure on PE of clinical doctors at consultant level or above (\$ million)	Percentage of (d) in (b)
Hong Kong East	6 460	2,934	65	179	6.1%
Hong Kong West	6 749	3,119	92	238	7.6%
Kowloon Central	7 744	3,585	83	228	6.4%
Kowloon East	5 785	2,702	56	133	4.9%
Kowloon West	13 033	6,222	129	349	5.6%
New Territories East	9 150	4,313	92	235	5.4%
New Territories West	7 421	3,296	71	184	5.6%
Head Office	1 371	302	N/A	N/A	N/A
<b>Total</b>	<b>57 713</b>	<b>26,473</b>	<b>588</b>	<b>1,546</b>	<b>5.8%</b>

**2010-11 (up to 31 December 2010)**

Cluster	(a) Total number of staff (as at 31 December 2010)	(b) Number of clinical doctors at consultant level or above (as at 31 December 2010)
Hong Kong East	6 508	72
Hong Kong West	6 858	91
Kowloon Central	7 841	92
Kowloon East	5 835	59
Kowloon West	13 127	132
New Territories East	9 176	96
New Territories West	7 425	71
Head Office	1 472	N/A
<b>Total</b>	<b>58 242</b>	<b>613</b>

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 \_\_\_\_\_ 31.3.2011

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

**S-FHB(H)10**

Question Serial No.

S136

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 use of public healthcare services by Non-eligible Persons (NEPs) :

- (a) please provide, with a breakdown by specialty, the number of NEPs provided with medical services by the Hospital Authority (HA), the percentage they accounted for amongst the total number of inpatient bed-days for various specialties, the amount of medical fees billed and the amount written off for the past 3 years from 2008-09 to 2010-11;
- (b) as regards HA's additional income from the provision of medical services to NEPs, 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 3 years from 2008-09 to 2010-11;
- (c) please provide, with a breakdown by women whose spouses are/are not Hong Kong residents, the number of NEPs provided with obstetrics and gynaecology services, the amount of medical fees billed and the amount written off.

Asked by: Hon. CHEUNG Man-kwong

Reply:

- (a) The tables below set out the number and percentage of inpatient bed days provided to non-eligible persons (NEPs) by the Hospital Authority (HA) for major specialties, the amount of medical fees billed and the amount written off by specialty for 2008-09, 2009-10 and 2010-11 (up to 31 December 2010).

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
<b>Total</b>	<b>45 031</b>	<b>0.6%</b>	<b>482.8</b>	<b>26.5</b>

2009-10

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	5 805	0.2%	22.0	9.8
Surgery	1 742	0.2%	8.9	2.6
Obstetrics & Gynaecology	24 605	9.1%	409.0	9.4
Paediatrics	1 603	0.7%	7.2	1.1
Orthopaedics & Traumatology	1 768	0.3%	6.3	1.4
Psychiatry	1 522	0.2%	1.9	0.5
Others	5 043	0.3%	12.8	3.9
<b>Total</b>	<b>42 088</b>	<b>0.6%</b>	<b>468.1</b>	<b>28.7</b>

2010-11 (up to 31 December 2010)

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	4 670	0.2%	19.6	4.4
Surgery	1 555	0.3%	8.1	1.6
Obstetrics & Gynaecology	21 223	10.0%	342.6	4.9
Paediatrics	1 107	0.6%	6.9	1.2
Orthopaedics & Traumatology	1 416	0.3%	5.2	0.5
Psychiatry	1 912	0.2%	2.5	0.2
Others	4 268	0.3%	10.9	3.5
<b>Total</b>	<b>36 151</b>	<b>0.6%</b>	<b>395.8</b>	<b>16.3</b>

(b)

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 2008-09, 2009-10 and 2010-11 (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)
2008-09	322.6	161.3	161.3
2009-10	290.0	145.0	145.0
2010-11 (Full-year projection)	345.8	172.9	172.9

(c)

The table below sets out the number of inpatient and day patient discharge & deaths for obstetrics and gynaecology service for NEP patients, the amount of medical fees billed and the amount written off in 2008-09, 2009-10 and 2010-11 (up to 31 December 2010). HA does not have the information on the resident



status of spouses of the NEP patients using other obstetrics and gynaecology service (except for delivery service). The figures in the table do not cover the delivery service, the information for which is provided in separate tables.

	Number of inpatient and day patient discharges & deaths for obstetrics and gynaecology service for NEP patients	Amount of medical fees billed to NEP patients (\$ million)	Amount of medical fees billed to NEP patients that has been written off (\$ million)
2008-09	12 316	442.4	10.6
2009-10	11 362	409.0	9.4
2010-11 (up to 31 December 2010)	9 700	342.6	4.9

The tables below set out the number of deliveries by NEPs in public hospitals under HA from 2008-09 to 2010-11 (up to 31 December 2010), the amount of medical fees billed and the amount written off in respective years with breakdown by resident status of the spouses of NEP patients. It should be noted that NEP patients are not obliged to disclose the resident status of their spouses when using HA's service. The figures provided below are based on the information available in HA.

#### 2008-09

	Number of deliveries by NEP patients	Amount of medical fees billed to NEP patients (\$ million)	Amount of medical fees billed to NEP patients that has been written off (\$ million)
NEPs whose spouse were Hong Kong residents	3 813	155.0	6.8
NEPs whose spouse were not Hong Kong residents	6 799	276.4	3.3
Total	10 612	431.4	10.1

#### 2009-10

	Number of deliveries by NEP patients	Amount of medical fees billed to NEP patients (\$ million)	Amount of medical fees billed to NEP patients that has been written off (\$ million)
NEPs whose spouse were Hong Kong residents	3 358	136.5	6.2

	Number of deliveries by NEP patients	Amount of medical fees billed to NEP patients (\$ million)	Amount of medical fees billed to NEP patients that has been written off (\$ million)
NEPs whose spouse were not Hong Kong residents	6 445	260.7	2.7
Total	9 803	397.2	8.9

2010-11 (up to 31 December 2010)

	Number of deliveries by NEP patients	Amount of medical fees billed to NEP patients (\$ million)	Amount of medical fees billed to NEP patients that has been written off (\$ million)
NEPs whose spouse were Hong Kong residents	2 781	112.3	2.7
NEPs whose spouse were not Hong Kong residents	5 646	226.8	1.9
Total	8 427	339.1	4.6

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and  
Health (Health)

Date 30.3.2011

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

**S-FHB(H)11**

Question Serial No.

S137

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 three financial years from 2008-09 to 2010-11, what are the respective recurrent and non-recurrent expenditures of the Hospital Authority (HA) and its clusters on drugs, salaries, allowances and medical equipment, and their respective percentages against the annual expenditure of the HA?

Asked by: Hon. CHEUNG Man-kwong

Reply:

The expenditure of the Hospital Authority (HA) on drugs, staff basic salary and on-costs, job-related allowances and medical equipment and its percentages against the total operating expenditure of HA by clusters from 2008-09 to 2010-11 are set out below :

Cluster	Drugs		Staff Basic Salary and On-costs		Job-related Allowances		Medical Equipment	
	Expenditure (\$ billion)	% against total operating expenditure	Expenditure (\$ billion)	% against total operating expenditure	Expenditure (\$ billion)	% against total operating expenditure	Expenditure (\$ billion)	% against total operating expenditure
<b>2008-09</b>								
HKE	0.32	8.6	2.85	76.0	0.04	1.1	0.08	2.2
HKW	0.45	10.9	3.06	74.1	0.04	0.9	0.09	2.2
KC	0.41	8.9	3.51	75.5	0.06	1.2	0.13	2.7
KE	0.24	7.2	2.61	78.1	0.03	1.0	0.06	1.7
KW	0.55	7.2	6.11	80.8	0.08	1.0	0.08	1.1
NTE	0.51	9.2	4.17	75.4	0.06	1.0	0.12	2.1
NTW	0.30	7.2	3.19	76.0	0.04	1.1	0.08	1.9
HA Overall	2.79	8.1	25.74	75.0	0.36	1.0	0.65	1.9

Cluster	Drugs		Staff Basic Salary and On-costs		Job-related Allowances		Medical Equipment	
	Expenditure (\$ billion)	% against total operating expenditure	Expenditure (\$ billion)	% against total operating expenditure	Expenditure (\$ billion)	% against total operating expenditure	Expenditure (\$ billion)	% against total operating expenditure
<b>2009-10</b>								
HKE	0.36	9.4	2.89	74.9	0.04	1.2	0.08	2.2
HKW	0.54	12.7	3.09	72.8	0.03	0.8	0.10	2.3
KC	0.50	10.5	3.54	74.6	0.05	1.1	0.08	1.6
KE	0.24	7.2	2.67	79.0	0.03	1.0	0.05	1.4
KW	0.60	7.7	6.15	79.5	0.07	0.9	0.14	1.8
NTE	0.53	9.3	4.25	75.1	0.06	1.0	0.11	2.0
NTW	0.35	8.0	3.26	75.6	0.04	0.9	0.07	1.7
HA Overall	3.11	8.8	26.13	74.3	0.34	1.0	0.63	1.8
<b>2010-11 (Full Year Projection)</b>								
HKE	0.41	10.3	2.87	72.2	0.04	1.1	0.08	1.9
HKW	0.59	13.6	3.10	71.1	0.04	0.8	0.11	2.5
KC	0.55	11.1	3.57	71.5	0.05	1.1	0.15	3.0
KE	0.28	8.0	2.71	76.0	0.03	0.9	0.08	2.2
KW	0.70	8.8	6.16	78.1	0.07	0.9	0.13	1.6
NTE	0.62	10.5	4.27	72.5	0.05	0.9	0.15	2.5
NTW	0.39	8.7	3.30	73.3	0.04	0.9	0.07	1.6
HA Overall	3.54	9.6	26.34	71.3	0.33	0.9	0.76	2.1

### **Abbreviations**

HKE – Hong Kong East

HKW – Hong Kong West

KC – Kowloon Central

KE – Kowloon East

KW – Kowloon West

NTE – New Territories East

NTW – New Territories West

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and  
Health (Health)

Date \_\_\_\_\_ 31.3.2011

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

**S-FHB(H)12**

Question Serial No.

S141

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 following measures to be implemented by the Hospital Authority in 2011-12, please inform this Committee of the following:

- (a) On “enhancing provision for haemodialysis service for patients with end-stage renal disease”, please advise on the number of patients currently receiving the service and the number of attendances, the number of new patients to be receiving the service and the prospective number of attendances, the hospitals providing such service, and the additional expenditures and manpower allocated;
- (b) On “enhancing provision for cardiac service”, please advise on the detailed measures, the hospitals providing such enhanced service, the additional manpower and expenditures allocated to the hospitals, and the number of patients receiving the service;
- (c) On “enhancing provision for clinical oncology service”, please advise on the detailed measures, the hospitals providing such enhanced service, the additional manpower and expenditures allocated to the hospitals and relevant departments, and the number of patients receiving the service;
- (d) On “enhancing provision for palliative care for advanced cancer and end-stage patients”, please advise on the hospitals providing such enhanced service, the additional manpower, remuneration and other expenditures allocated to the hospitals and relevant departments, and the number of patients receiving the service;
- (e) On the “expansion of the Cancer Case Manager Programme”, please advise on the hospitals and departments currently implementing the programme, the number of patients involved, the number of new patients after the expansion, and the additional expenditures and manpower allocated to the hospitals receiving the additional provisions;
- (f) On the “extension of the case management programme to persons with severe mental illness”, please advise on the hospitals currently implementing the programme, their districts, the number of patients participating in the programme, the manpower and establishment involved, and also the number of new patients after the extension, the new districts providing the service, as well as the additional manpower, establishment and expenditures required;
- (g) On the “expansion of service targets of the Early Assessment and Detection of Young Persons with Psychosis Programme”, please advise on the new service targets of the expansion, the number of additional patients to be served, the additional manpower and expenditures required, and the hospitals receiving the additional provisions;
- (h) On the “setting up of crisis intervention teams to provide prompt support for high risk mental patients and to respond to crisis situations involving other mental patients in the community”, please advise on the number of crisis intervention teams to be set up in 2011-12, the hospitals establishing these teams,

the number of patients to be served, the communities they belong to, the staffing establishment of the teams, and the additional funding for setting up the teams;

- (i) On “enhancing chronic disease management through multidisciplinary, case management and empowerment approach”, please advise on the targeted chronic patients under the purview of this item, whether additional manpower and expenditures are required, as well as the implementation time, hospitals and clinics of such measures; and
- (j) On “enhancing community and ambulatory care to minimise hospital admissions and reduce avoidable hospitalisation”, please advise on the additional manpower and expenditures required for implementing such measures, the patients to be involved, the number of admissions and bed-days expected to be reduced and the hospital stay costs to be saved accordingly.

Asked by: Hon. CHEUNG Man-kwong

Reply:

(a) – (e)

The Hospital Authority (HA) will enhance haemodialysis service, cardiac service, clinical oncology service, palliative care and expand the cancer case manager programme in 2011-12. Details of these initiatives are set out in the table below. The detailed manpower requirements are being worked out and are not yet available.

<b>Programme</b>	<b>Description</b>	<b>Estimated Recurrent Expenditure</b>
Haemodialysis (HD) service	HA will enhance HD service for patients with end-stage renal disease by providing additional 37 hospital HD places and 30 home HD places, as well as developing home automated peritoneal dialysis for 55 patients.	\$18 million
Cardiac service	HA will improve acute cardiac service by providing two additional cardiac care unit beds and enhance the provision of primary and emergency percutaneous coronary intervention service. HA aims to provide enhanced cardiac service to 30 additional patients in 2011-12.	\$5 million
Clinical oncology service	HA will enhance provision of onsite clinical oncology service and chemotherapy day care at the United Christian Hospital of the Kowloon East cluster. An additional 750 consultations and 750 day attendances will be provided in 2011-12.	\$7 million
Palliative care for terminally ill patients	HA will enhance palliative care, including pain control, symptom management, psychosocial spiritual care and home care support for patients with terminal cancer and end stage organ failure, through a multi-disciplinary team approach. HA aims to provide the service to 2,000 additional patients in 2011-12.	\$20 million
Expansion of the cancer case manager program	HA will expand the cancer case manager programme to streamline and enhance coordination in management of cancer patients in Hong Kong East and Kowloon Central Clusters. HA aims to provide the service to 350 additional breast cancer patients and 600 additional colorectal cancer	\$4 million

<b>Programme</b>	<b>Description</b>	<b>Estimated Recurrent Expenditure</b>
	patients in 2011-12.	

(f) – (h)

In 2011-12, the Government will allocate additional funding to HA to implement the following programmes to further strengthen mental health services:

<b>Programme</b>	<b>Description</b>	<b>Estimated expenditure involved and estimated manpower requirement</b>
Extension of the Case Management Programme for patients with severe mental illness	HA will extend the Case Management Programme to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) to benefit an additional 6 000 patients.	\$73 million 100 to 120 case managers
Setting up of Crisis Intervention Teams	HA will set up Crisis Intervention Teams in all seven clusters to provide intensive support to high-risk patients using a case management approach, and to provide rapid and prompt response to emergency referrals involving other patients in the community. About 1 000 patients will benefit each year by the initiative.	\$35 million Six doctors and 42 nurses
Expansion of the Early Assessment and Detection of Young Persons with Psychosis (EASY) Programme	To enhance early intervention for psychosis, HA will expand the service target of the EASY programme to include adults. About an additional 600 patients will benefit each year.	\$30 million 43 nurses and allied health professionals

(i)

The Government has implemented, through HA, pilot projects to enhance primary care, with a view to taking forward the primary care development strategy. There are five chronic disease management pilot projects with primary care nature, namely the Multi-disciplinary Risk Factor Assessment and Management Programme (RAMP), the Patient Empowerment Programme (PEP), Nurse and Allied Health Clinics (NAHC), the Public-Private Chronic Disease Management Shared Care Programme (“Shared Care Programme”) and the Tin Shui Wai Primary Care Partnership Project (TSWPPP). The latest situation is as follows –

<b>Programme</b>	<b>Implementation schedule</b>
RAMP	Will be extended to all seven clusters by 2011-12. A total of more than 167 000 patients are expected to benefit from the programme by 2011-12.
PEP	Will be extended to all seven clusters by 2011-12. A total of 32 000 patients are expected to benefit from the programme by 2012-13.



<b>Programme</b>	<b>Implementation schedule</b>
NAHC	Launched in all seven clusters in August 2009. The total number of attendances is expected to be over 224 500 by 2011-12.
Shared Care Programme	Launched in the New Territories East Cluster in March 2010 and extended to the Hong Kong East Cluster in September 2010. As at February 2011, 88 patients had enrolled in the programme.
TSWPPP	Launched in Tin Shui Wai North in June 2008 and extended to Tin Shui Wai South in June 2010. As at February 2011, 1 596 patients had enrolled in the programme.

The total amount of funding earmarked for chronic disease management pilot projects is \$224.370 million in 2010-11 and \$378.596 million in 2011-12. Staff of different disciplines involved include doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, occupational therapists, executive officers, technical service assistants, general service assistants, etc. Set-up of information technology systems is required for making patient referrals and monitoring the programmes. General out-patient clinics running RAMP and NAHC are also provided with the necessary equipment and facilities.

(j)

To manage the increasing service demand, the HA will enhance its community and ambulatory services to minimize hospital admissions of patients and reduce avoidable hospitalization. The table below sets out the programs to be implemented in 2011-12.

<b>Programme</b>	<b>Description</b>	<b>Estimated expenditure involved and manpower requirement</b>
Hospital Authority Community Health Call Centre	In addition to discharged elderly patients, the HA Community Health Call Centre services will be expanded to support patients with chronic diseases and mental illness. The program is expected to deliver 160 000 calls in 2011-12.	\$93 million  52 full-time equivalent nurses
Integrated Care Model for High Risk Elders	All seven clusters of HA will implement an integrated care model for patients who are at a higher risk of hospital readmission. Additional nurses will be deployed in the wards to determine the patients' risk of readmission. Discharge plans covering post-discharge support services are then developed for the patients. For those with complex care needs, there will be designated case managers to co-ordinate their care in the community. For the discharged patients with chronic diseases, community nursing service (CNS) will be enhanced.  In 2011-12, HA has planned to arrange discharge planning for about additional 18 600 patient and provide 21 200 case management visits and 1 850 enhanced CNS visits.	\$79 million  Around 8 doctors, 130 allied health professionals and/or nurses, and 15 supporting staff

<b>Programme</b>	<b>Description</b>	<b>Estimated expenditure involved and manpower requirement</b>
Extension of the Case Management Programme	HA will extend the Case Management Programme to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) to benefit 6 000 more patients.	\$73 million Additional 100 to 120 case managers
Extension of Integrated Mental Health Programme	HA will extend the programme to all seven clusters to benefit a total of about 7 000 patients each year.	\$20 million 20 doctors, nurses and allied health professionals working in multi-disciplinary teams
Extension of psychogeriatric outreach service	HA will extend the psychogeriatric outreach service to about 80 more residential care homes for the elderly in 2011-12.	\$13 million Seven doctors and seven nurses
Enhancement of child and adolescent mental health service	HA will expand the professional team comprising healthcare practitioners in various disciplines to provide early identification, assessment and treatment services for children suffering from autism and hyperactivity disorder. About an additional 3 000 children will benefit each year.	\$45 million 48 doctors, nurses and allied health professionals working in multi-disciplinary teams

Apart from the above programmes, the initiative on extension of the Case Management Programme for patients with severe mental illness, setting up of Crisis Intervention Teams and expansion of the Early Assessment and Detection of Young Persons with Psychosis (EASY) Programme as set out in part (f) to (h) above are also part of the enhancement of HA's community services.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

Date \_\_\_\_\_ 30.3.2011

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

**S-FHB(H)13**

Question Serial No.

S142

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 2011-12, the Hospital Authority will improve service to meet increasing demand arising from population growth and demographic changes through the opening of additional beds in the New Territories West Cluster (NTWC). In this connection, please advise on :

- (a) the population growth and demographic changes in the NTWC;
- (b) the number of additional beds to be opened to meet increasing demand arising from population growth and demographic changes, and the hospitals and specialties which will open additional beds; and
- (c) the number of doctors and nurses to be increased for opening additional beds, as well as their establishment and additional expenditure involved.

Asked by: Hon. HO Chun-yan, Albert

Reply:

(a)

Based on Government's population projections, the population in New Territories West Cluster (NTWC) is expected to increase from 1 075 400 in 2011 to 1 085 500 in 2012 (an increase by 0.9%) and those aged 65 and above will increase from 101 200 in 2011 to 106 700 in 2012 (an increase by 5.4%).

(b)

In planning for its service provision, the Hospital Authority (HA) takes into account a number of factors, including 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 plans for service enhancement.

To cope with the projected increase in service demand in NTWC, HA plans to open an additional 21 general beds in Pok Oi Hospital and Tuen Mun Hospital, of which 13 will be opened in different departments of Pok Oi Hospital and eight in the Clinical Oncology Department of Tuen Mun Hospital.

(c)

HA has earmarked an additional \$32 million for opening additional beds in NTWC in 2011-12. NTWC will deploy existing staff and recruit additional staff to cope with the opening of additional beds. The detailed additional manpower requirement is being worked out and is not yet available.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and  
Health (Health)

Date \_\_\_\_\_ 30.3.2011

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

**S-FHB(H)14**

Question Serial No.

S125

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

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

Please list out the actual expenditure incurred by health policy for the past 10 years and its percentage in recurrent public expenditure. For the departments responsible for health policy under the departments and organizations receiving financial provisions, what is the provision for recurrent expenditure, its percentage in the recurrent expenditure on medical and health as well as in recurrent public expenditure? What is the provision for non-recurrent expenditure and what is the total amount?

Asked by: Hon. CHEUNG Man-kwong

Reply:

Please refer to the Annex for the actual expenditure incurred for health policy for the past 10 years and its percentage in recurrent government expenditure between 2000-01 and 2009-10. For consistency in the comparison and presentation of health expenditure in other context, we show the recurrent government expenditure on health as part of the total recurrent government expenditure. The breakdown of expenditure incurred by individual departments specifically on health policy area is not readily available for the year 2000-01 to 2004-05, and thus only figures for the year 2005-06 onwards are shown.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

Date \_\_\_\_\_ 31.3.2011

- (a) Percentage of actual recurrent expenditure on health policy in the total recurrent Government expenditure –

	2000-01	2001-02	2002-03	2003-04	2004-05
	Actual	Actual	Actual	Actual	Actual
	\$million	\$million	\$million	\$million	\$million
Total recurrent Government expenditure on health (A)	30,479	31,930	32,323	31,650	30,136
Total recurrent Government expenditure (B)	184,522	195,592	198,004	197,291	192,295
Percentage (A) / (B)	16.5%	16.3%	16.3%	16.0%	15.7%

	2005-06	2006-07	2007-08	2008-09	2009-10
	Actual	Actual	Actual	Actual	Actual
	\$million	\$million	\$million	\$million	\$million
Total recurrent Government expenditure on health (A)	29,286	29,830	31,641	33,849	35,333
Total recurrent Government expenditure (B)	187,162	189,498	199,446	214,119	221,180
Percentage (A) / (B)	15.6%	15.7%	15.9%	15.8%	16.0%

- (b) Breakdown of recurrent expenditure on health<sup>2</sup> received by each department and its respective percentage in the total recurrent Government expenditure on health –

Bureau/ Department/ Agency	2005-06 Actual		2006-07 Actual		2007-08 Actual		2008-09 Actual		2009-10 Actual	
	\$million	%	\$million	%	\$million	%	\$million	%	\$million	%
HA	26,941	92.0	27,446	92.0	29,101	92.0	31,065	91.8	32,156	91.0
DH <sup>1</sup>	2,182	7.5	2,219	7.4	2,356	7.4	2,585	7.6	2,958	8.4
FHB(H)	36	0.12	37	0.12	54	0.17	63	0.19	81	0.23
PPDH	102	0.35	102	0.34	104	0.33	108	0.32	110	0.31
GL <sup>1</sup>	24	0.08	24	0.08	24	0.08	26	0.08	25	0.07
ITC <sup>1</sup>	2	0.007	2	0.007	2	0.006	2	0.006	2	0.006

- (c) Breakdown of recurrent expenditure on health<sup>2</sup> received by each department and its respective percentage in the total recurrent Government expenditure –

Bureau/ Department/ Agency	2005-06 Actual		2006-07 Actual		2007-08 Actual		2008-09 Actual		2009-10 Actual	
	\$million	%	\$million	%	\$million	%	\$million	%	\$million	%
HA	26,941	14.4	27,446	14.5	29,101	14.6	31,065	14.5	32,156	14.5
DH <sup>1</sup>	2,182	1.2	2,219	1.2	2,356	1.2	2,585	1.2	2,958	1.3
FHB(H)	36	0.02	37	0.02	54	0.03	63	0.03	81	0.04
PPDH	102	0.05	102	0.05	104	0.05	108	0.05	110	0.05
GL <sup>1</sup>	24	0.01	24	0.01	24	0.01	26	0.01	25	0.01
ITC <sup>1</sup>	2	0.001	2	0.001	2	0.001	2	0.001	2	0.001

(d) Breakdown of non-recurrent expenditure on health<sup>2</sup> for departments under the purview of FHB –

<b>Bureau/ Department/ Agency</b>	<b>2005-06 Actual (\$million)</b>	<b>2006-07 Actual (\$million)</b>	<b>2007-08 Actual (\$million)</b>	<b>2008-09 Actual (\$million)</b>	<b>2009-10 Actual (\$million)</b>
HA	365	350	-	1,000	-
DH <sup>1</sup>	88	130	48	27	379
FHB(H)	43	34	35	35	29

(e) Breakdown of total operating expenditure on health<sup>2</sup> for departments under the purview of FHB –

<b>Bureau/ Department/ Agency</b>	<b>2005-06 Actual (\$million)</b>	<b>2006-07 Actual (\$million)</b>	<b>2007-08 Actual (\$million)</b>	<b>2008-09 Actual (\$million)</b>	<b>2009-10 Actual (\$million)</b>
HA	27,305	27,796	29,101	32,065	32,156
DH <sup>1</sup>	2,270	2,349	2,404	2,612	3,337
FHB(H)	79	71	88	98	110
PPDH	102	102	104	108	110
GL <sup>1</sup>	24	24	24	26	25
ITC <sup>1</sup>	2	2	2	2	2

Note :

<sup>(1)</sup> Government departments that report to more than one bureau for different policy programmes.

<sup>(2)</sup> Sum of individual items may be different from the total due to rounding effect.

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

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

**S-FHB(H)15**

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

Question Serial No.

S126

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

From 2008 to 2012, the number of staff under Programme (1) Health has increased from 56 to 92. Please list the annual emoluments of these staff and their percentage share out of the departmental expense, the number of directorate posts and their emoluments, the ranks with manpower increase each year and reasons for the creation of post. In case of supernumerary posts, please provide their numbers, post titles, work programmes and emoluments by year.

Asked by: Hon. CHEUNG Man-kwong

Reply:

Details of the 36 posts concerned are as follows –

<b>Financial Year</b>	<b>Rank</b>	<b>No. of Post</b>	<b>Salary<sup>(1)</sup> (\$)</b>	<b>Reasons for creation</b>
<b>2008-09</b>	Chief Executive Officer <sup>(2)</sup>	1	975,300	Supporting the implementation of the Elderly Health Care Voucher pilot scheme
	Chief Executive Officer	1	975,300	Supporting the planning of Capital Works projects in the Hospital Authority
<b>2009-10</b>	Administrative Officer <sup>(2)</sup>	1	694,500	Strengthening support to tobacco control policy matters and the development of two centres of excellence in paediatrics and neuroscience
	Administrative Officer <sup>(2)</sup>	1	694,500	Strengthening support to implement service reform initiatives under health care reform
	Senior Executive Officer	1	760,020	Strengthening executive support to the Health Branch
	Executive Officer II	1	350,820	
	Administrative Officer Staff Grade B (D3) <sup>(3)</sup>	1	1,763,400	Establishment of the Electronic Health Record Office
	Administrative Officer Staff Grade C (D2) <sup>(3)</sup>	1	1,518,000	
	Administrative Officer <sup>(2)</sup>	2	1,389,000	



Financial Year	Rank	No. of Post	Salary <sup>(1)</sup> (\$)	Reasons for creation
	Personal Secretary I <sup>(2)</sup>	2	607,680	
	Chief Systems Manager (D1)	1	1,276,800	
	Chief Executive Officer	1	1,036,740	
	Senior Executive Officer	1	760,020	
	Executive Officer II	3	1,052,460	
	Senior Management Services Officer	1	760,020	
	Systems Manager	2	1,520,040	
	Clerical Officer	1	303,840	
<b>2010-11</b>	Chief Management Services Officer	1	981,000	Enhancing support for the Electronic Health Record Office
	Senior Systems Manager	1	981,000	
	Senior Executive Officer	1	719,160	
	Assistant Clerical Officer	3	568,260	
	Chief Executive Officer <sup>(2)</sup>	1	981,000	Supporting the piloting of oral health promotion and dental care projects
	Senior Executive Officer <sup>(2)</sup>	1	719,160	
	Executive Officer II <sup>(2)</sup>	1	350,820	
	Senior Executive Officer	1	719,160	Strengthening executive support to the Health Branch
	Scientific Officer (Medical)	1	657,180	Strengthening support to the Research Office
	Executive Officer I	1	529,860	
	Assistant Clerical Officer	1	189,420	Strengthening clerical support to the Bureau
<b>2011-12</b>	Assistant Clerical Officer	1	190,500	Strengthening clerical support to the Bureau
<b>Total:</b>		<b>36</b>		

Note :

<sup>(1)</sup> Based on the Notional Annual Mid-point Salary of the respective Financial Year.

<sup>(2)</sup> Time-limited post.

<sup>(3)</sup> Time-limited and supernumerary post.

The provisions required for the creation of the above posts, including one permanent directorate post and two supernumerary directorate posts, represent 3.1%, 17.9 %, 2.8 % and 0.07 % of the total operational expenses for Programme (1) Health of 2008-09, 2009-10, 2010-11 and 2011-12 respectively.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 30.3.2010

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

**S-FHB(H)16**

Question Serial No.

S127

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 expenditure under Programme (1) Health increased from \$109.8 million in 2009-10 to \$340.4 million in 2011-12. Please list the recurrent and non-recurrent expenditure and main expenditure items each year, and the main reasons for the substantial increase in provision.

Asked by: Hon. CHEUNG Man-kwong

Reply:

The increase of \$230.6 million (210%) in the 2011-12 Estimate for Programme (1): Health as compared with the 2009-10 actual expenditure is due to on the one hand lower than expected expenditure in 2009-10 for meeting contingencies arising from public health incidents, and on the other hand additional provision in 2010-11 and 2011-12 for implementing pilot projects to enhance primary care, enhancing support for the development of electronic health record sharing system, other increases in operating expenses, and increased cash flow requirement for non-recurrent items including the Health and Health Services Research Fund and Funding Research on Control of Infectious Diseases. Contingent funding originally reserved for unexpected requirements in 2009-10 had been redeployed to other programmes under Head 140 for implementation of other health initiatives.

The table below shows the breakdown of recurrent and non-recurrent expenditure for Programme (1): Health under Head 140 between 2009-10 and 2011-12 –

<b>Operating Account</b>	<b>2009-10 Actual Expenditure (\$million)</b>	<b>2010-11 Revised Estimate (\$million)</b>	<b>2011-12 Estimate (\$million)</b>
Recurrent expenditure	81.1	257.7	254.1
Non-recurrent expenditure	28.7	68.5	86.3
<b>Total Operating Account</b>	<b>109.8</b>	<b>326.2</b>	<b>340.4</b>

The major spending items are provided below –

<b>Item</b>	<b>2009-10 Actual Expenditure (\$million)</b>	<b>2010-11 Revised Estimate (\$million)</b>	<b>2011-12 Estimate (\$million)</b>
(a) Personal emoluments and personnel related expenses	48.5	54.0	57.9
(b) Provision for implementation of pilot projects to enhance primary care, development of electronic health record sharing system and other operating expenses	19.5	62.3	85.3
(c) Provision for conducting and administering various studies, researches, surveys and opinion poll on health services and health care	13.1	26.7	21.2
(d) Cashflow requirement for Funding Research on Control of Infectious Diseases	22.9	59.2	62.8
(e) Cashflow requirement for Health and Health Services Research Fund	4.1	9.2	23.5
(f) Contingent reserve for meeting unexpected requirements and implementation of other health initiatives	0	114.6	89.8

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 30.3.2011

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

<b>S-FHB(H)17</b>
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Head: 140 Government Secretariat:      Subhead (No. & title):  
Food and Health Bureau  
(Health Branch)

Question Serial No.

S134
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Programme:                    (1) Health

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 2009-10 and 2010-2011.

Asked by: Hon. Cheung Man-Kwong

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. Since 2010-2011, the HHSRF 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. Most approved projects are expected to be completed by 2014.

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		
The University of Hong Kong (HKU)	-	3	-	3	0.65
HKU with					
- Local Institutions <sup>1</sup>	1	3	-	4	1.48
- Local and / or Overseas Institutions <sup>2</sup>	-	3	-	3	1.30
The Chinese University of Hong Kong (CUHK)	1	4	1	6	3.10
CUHK with					
- Local Institutions <sup>3</sup>	2	3	-	5	3.11
- Local and / or Overseas Institutions <sup>4</sup>	-	6	-	6	2.69
The Hong Kong Polytechnic University (PolyU) with					
- CUHK	-	1	-	1	0.70

Institution	Research theme			No. of projects	Fund amount (\$ million)
	Public health	Health services	Chinese medicine		
Shatin Cheshire Home with - Princess Margaret Hospital	-	1	-	1	0.55
Total:	4	24	1	29	13.58

Note:

<sup>1</sup> Kwong Wah Hospital, Department of Health (DH), HKUST, Playright Children's Play Association with Tuen Mun Hospital

<sup>2</sup> Kwong Wah Hospital, University of Sydney (Australia), National University of Singapore, Robert Aitken Institute of Queen Elizabeth Hospital (UK)

<sup>3</sup> 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

<sup>4</sup> 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)

### 2010-11

The HHSRF approved a total of 34 research projects amounting to \$29.39 million in 2010-11 as summarised in the following table:

Institution	Research theme			No. of projects	Fund amount (\$ million)
	Public health	Health services	Chinese medicine		
<b>Commissioned projects:</b>					
Mental morbidity survey conducted by CUHK with hospitals under Hospital Authority (HA)	1	-	-	1	7.66
<b>Investigator-initiated projects:</b>					
HKU	3	1	-	4	2.23
CUHK	-	6	3	9	7.32
HKU with - Local Institutions <sup>1</sup>	-	5	1	6	3.12
- Local and / or Overseas Institutions <sup>2</sup>	-	1	-	1	0.56
CUHK with - Local Institutions <sup>3</sup>	-	2	1	3	2.53
- Local and / or Overseas Institutions <sup>4</sup>	-	2	1	3	2.28
PolyU with - Local <sup>5</sup>	-	3	-	3	1.23
- NGO <sup>6</sup>	-	1	-	1	0.80
- Local and / or Overseas Institutions <sup>7</sup>	1	-	-	1	0.99
The Hong Kong Baptist University (HKBU) with - CUHK	-	0	1	1	0.59
Kwong Wah Hospital with - CUHK and Li Po Chun Clinic	-	1	-	1	0.08
Total:	5	22	7	34	29.39

Note:

<sup>1</sup>HA; HKBU; Kwong Wah Hospital and Tsan Yuk Hospital; Queen Mary Hospital; Hong Kong University of Science and Technology (HKUST); Shue Yan University

<sup>2</sup>Queen Mary Hospital and University of Newcastle (Australia)

<sup>3</sup> HKU and PolyU; Kwong Wah Hospital, Tuen Mun Hospital, Queen Elizabeth Hospital, and Prince Margaret Hospital; Prince of Wales Hospital

<sup>4</sup> Charles Sturt University (Australia); Chinese Academy of Science (China); Washington University (USA) and Tai Po Hospital

<sup>5</sup> Prince of Wales Hospital; Shatin Hospital and CUHK; United Christian Hospital and CUHK

<sup>6</sup> Aberdeen Kai-fong Welfare Association Social Service Centre and Kwai Shing East Rhenish Care and Attention Home

<sup>7</sup> Yale University (USA) and Pamela Youde Nethersole Eastern Hospital

### 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 approved projects are expected to be completed by 2014.

#### 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		
<b>Commissioned projects:</b>					
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
<b>Investigator-initiated projects:</b>					
HKU	2	2	9	13	9.16
CUHK	1	4	10	15	8.59

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		
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

### 2010-11

The RFCID approved a total of 107 research projects worth \$99.87 million in 2010-11 as summarised in the following table:

Institution	Research theme			No. of projects	Fund amount (\$ million)
	Aetiology, epidemiology, surveillance and public health	Clinical /health services	Basic research		
<b>Commissioned projects:</b>					
Commissioned research portfolio on control of emerging infectious diseases conducted by CUHK*	N/A	N/A	N/A	30	30.00
Commissioned research portfolio on control of emerging infectious diseases conducted by HKU*	N/A	N/A	N/A	45	43.50
<b>Investigator-initiated projects:</b>					
HKU	1	-	10	11	9.78
CUHK	1	-	10	11	9.62
Pasteur Research Ltd of HKU	-	-	1	1	0.96
HKU with					
- Queen Mary Hospital	-	1	-	1	0.21
- Queen Mary Hospital, Kwong Wah Hospital and Central Health Education	1	-	-	1	0.46

Institution	Research theme			No. of projects	Fund amount (\$ million)
	Aetiology, epidemiology, surveillance and public health	Clinical /health services	Basic research		
CUHK with					
- China Agricultural University	-	-	2	2	1.02
- Centre for Health Protection, DH	-	-	1	1	0.83
- Chinese Academy of Sciences	-	-	1	1	1.0
- HKBU, Hong Kong Sexual Health Centre and University of Auckland (New Zealand)	-	1	-	1	0.99
- Prince of Wales Hospital	-	-	1	1	0.50
HKUST					
- HKU	-	-	1	1	1
Total:	18	7	60	107	99.87

\* The commissioned research portfolios on control of emerging infectious diseases conducted by CUHK and HKU last for 5 years. The research portfolios cover a wide range of topics including emerging and re-emerging infectious diseases; epidemiology, surveillance and control of infectious diseases; bacterial, fungal and antimicrobial resistant diseases; human swine influenza, pathogen genomics. The research portfolios are subject to modification in case of public health emergency or as otherwise directed by Government.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

Date \_\_\_\_\_ 28.3.2011



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

**S-FHB(H)18**

Question Serial No.

S135

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 preparation 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 did the preparation work for the centres begin? When will the centres be expected to complete? What is the progress made so far?
- (b) Have the technical feasibility studies been completed on time in June 2010?
- (c) Has consideration be given to the number of healthcare professionals required for setting up the centres and the supply of the relevant professionals in Hong Kong? Will it affect the turnover rates of healthcare staff in the relevant specialties in the Hospital Authority?
- (d) Are there a specific timetable, commencement date, target groups for the service and their numbers, plans for expenditure and estimates? When will the matter be reported to the Health Service Panel of LegCo?

Asked by: Hon. CHEUNG Man-kwong

Reply:

The establishment of the multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience will 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 advance the development of the two specialties in their treatment, research and training.

The Steering Committee chaired by the Permanent Secretary for Food and Health (Health), with membership comprising public and private medical professionals, academics and patients' groups, has agreed that the two centres will be built at Kai Tak.

On the Centre of Excellence in Paediatrics (CEP), consensus has been reached on its scale, facilities and sub-specialties to be set up in the CEP. It will adopt the "design and build" mode of delivery. The Technical Feasibility Study for the project has been completed. We are working with various stakeholders on the detailed design which would form the basis for the tendering exercise later.

As for the Centre of Excellence in Neuroscience (CEN), we will continue to work with the medical and academic experts as well as patients' groups on the details of its design.

The Administration will brief the Health Services Panel of LegCo in due course on the detailed timetable, estimated completion date, target number of patients, as well as estimated expenditure of the CEP after we have completed examination of the relevant issues. We will also seek the approval of the Finance Committee for funding. Similarly, we will do the same for CEN when we have worked out these details.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 30.3.2011

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

**S-FHB(H)19**

Question Serial No.

S138

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:

On the work to be done by the Health Branch during 2011-12 :

- (a) What are the timetable and expenditure for the work to “analyse the views and suggestions received during the Second Stage Public Consultation on Healthcare Reform and consider the way forward for the proposed voluntary Health Protection Scheme”?
- (b) Regarding the work to “oversee the implementation of the three-year interim funding arrangement of the Hospital Authority, pending the development of a sustainable long-term funding arrangement in the light of the outcome of public consultation on the healthcare reform”, in formulating the funding arrangement for the Hospital Authority, what will be the factors for consideration? Through what mechanism will the arrangement be discussed and decided? When will the decision be made?
- (c) Regarding the work to “continue to oversee the progress of various capital projects of the Hospital Authority, such as redevelopment of Yan Chai Hospital and Caritas Medical Centre, expansion of Tseung Kwan O Hospital, construction of the North Lantau Hospital (Phase One) and to plan for the construction of a new hospital in Tin Shui Wai”, please state the respective project completion dates, service commencement dates, and the estimated additional healthcare workers and recurrent expenditures required in order to tie in with these projects; and
- (d) Regarding the work to “continue to explore sites for setting up Chinese medicine clinics in the public sector”, please state the number of these planned Chinese medicine clinics, the districts in which they will be located, the number of patients to be served, and the additional manpower and relevant expenditure required.

Asked by: Hon. CHEUNG Man-kwong

Reply:

- (a) The second stage public consultation on healthcare reform ended on 7 January 2011. The Food and Health Bureau received over 500 submissions from members of the public and organisations in various sectors in response to the healthcare reform second stage consultation document “My Health, My Choice”. We have also commissioned opinion surveys and focus group studies on healthcare reform with a view to collating public views on specific issues concerning healthcare reform. We are now analysing the views of the public received and collated in the second stage consultation on healthcare reform. We will take into account the analysis in working out the way forward including any specific proposals to be taken forward.

Our tentative plan is to complete and publish the Report on Second Stage Public Consultation on Healthcare Reform and announce the way forward within 2011. The reports of completed surveys and studies will be released through the website of the Food and Health Bureau as and when ready together with the consultation report. The workload arising from the second stage public consultation including the analysis of views and formulation of report is being undertaken as part of the day-to-day operations of the Food and Health Bureau. We have no separate estimates on the expenditure and manpower required. Resources required for the implementation of any specific proposals for the way forward will be assessed in due course.

- (b) We will discuss with the Hospital Authority (HA) the sustainable long-term funding arrangement in the light of the outcome of public consultation on the healthcare reform. The relevant factors for consideration will be worked out.
- (c) The table below sets out the target completion date, tentative commissioning date, estimated additional manpower and estimated annual recurrent expenditure in respect of the relevant capital works projects of HA.

<b>Project Title</b>	<b>Target completion date</b>	<b>Tentative commissioning date</b>	<b>Estimated additional manpower upon full operation</b>	<b>Estimated annual recurrent expenditure (\$ Million)</b>
Redevelopment of Yan Chai Hospital	Feb 2016	May 2016	A total of about 77 staff, including about 10 doctors and 4 nurses	95
Redevelopment of Caritas Medical Centre, phase 2	Dec 2013	Mar 2014	A total of about 51 staff, including about 16 nurses	50
Expansion of Tseung Kwan O Hospital	Mar 2013	Jun 2013	A total of about 500 staff, including about 67 doctors and 208 nurses	371
North Lantau Hospital, phase 1	Dec 2012	Mar 2013	A total of about 540 staff, including about 65 doctors and 175 nurses	453
Tin Shui Wai Hospital	May 2016	Aug 2016	A total of about 1 000 staff, including about 70 doctors and 270 nurses	To be worked out subject to the detailed design of the hospital

- (d) 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 have so far set up a total of 14 CMCs in various districts over the territory. Two more CMCs will commence operation in 2011 - one in Southern District in late March and the other in Kowloon City District by year end. We are actively identifying suitable sites in Yau Tsim Mong and Islands Districts with a view to setting up the two remaining CMCs in these districts as early as possible.

The services of public CMCs are provided through tripartite collaboration of the HA, a non-governmental organisation (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. Fresh graduates of local Chinese medicine degree programmes will be

engaged as junior Chinese medicine practitioners (JCMPs) in the first year and as Chinese medicine practitioner trainees (CMPTs) in the second and third years. Each NGO is required to employ at least four part-time (or two full-time) senior Chinese medicine practitioners and 12 JCMPs/CMPTs. 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 160 Chinese medicine consultations per day. The actual daily attendances depend on patient demand.

In 2011-12, the Government has earmarked some \$81.5 million to fund the operation of 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	<u>Ms Sandra LEE</u>
Post Title	<u>Permanent Secretary for Food and Health (Health)</u>
Date	<u>31.3.2011</u>

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

**S-FHB(H)20**

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

Question Serial No.

S139

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

Please list the non-recurrent expenditure items for each year, the amount of money involved in each item and the departments or organisations responsible for such items in the expenditure for 2009-10 and 2010-11 and the estimated expenditure for 2011-12 respectively.

Asked by: Hon. CHEUNG Man-kwong

Reply:

The information requested in respect of the non-recurrent account under Head 140 is provided below-

<b>Subhead 700 Non-recurrent account</b>	<b>2009-10 Actual Expenditure (\$million)</b>	<b>2010-11 Revised Estimate (\$million)</b>	<b>2011-12 Estimate (\$million)</b>	<b>Responsible Department/ Organisation</b>
Item 019 Health and Health Services Research Fund	4.153	9.248	23.480	Food and Health Bureau (Health Branch)
Item 021 Funding Research on Control of Infectious Diseases	22.902	59.246	62.842	Food and Health Bureau (Health Branch)
Item 443 Setting up of an international network for continuing medical education and continuing professional development by the HK Academy of Medicine	1.693	-	-	Hong Kong Academy of Medicine
<b>Total:</b>	<b>28.749*</b>	<b>68.494</b>	<b>86.322</b>	

\* Sum of individual items is different from the total due to rounding effect.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and  
Health (Health)

Date \_\_\_\_\_ 30.3.2011

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

**S-FHB(H)21**

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

Question Serial No.

S140

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out the projects launched through the Food and Health Bureau, the Hospital Authority and the Department of Health in 2009-10 and 2010-11 to subsidise members of the public to use private healthcare, to outsource services to the private sector or to provide services in collaboration with the private healthcare sector, as well as the service expenditures, unit costs, number of service recipients and administrative expenses of these projects.

Asked by: Hon. CHEUNG Man-kwong

Reply:

One of the proposals in the healthcare reform is to promote public-private partnership (PPP) in the delivery of healthcare services so as to make better use of resources within the healthcare system in both the public and private sectors. To this end, the Government has implemented a number of PPP programmes through the Department of Health (DH) and the Hospital Authority (HA). The number of patients and the amount of direct subsidy are summarised in the table below.

	Programme	Number of patients (Note 1)	Amount of direct subsidy
(a)	Elderly Health Care Voucher Pilot Scheme (EHCV Pilot Scheme)	409 210 elderly people registered in the Scheme	Five health care vouchers worth \$50 each per elderly person per year
(b)	Childhood Influenza Vaccination Subsidy Scheme (CIVSS)	221 658	\$80 subsidy per dose
(c)	Elderly Vaccination Subsidy Scheme (EVSS)	242 160 for seasonal influenza vaccinations and 122 383 for pneumococcal vaccinations	\$130 subsidy per dose of seasonal influenza vaccination; \$190 subsidy per dose of pneumococcal vaccination
(d)	Vaccinations for residents and staff of residential care homes under the Government Vaccination Programme (GVP)	120 390	\$50 subsidy per dose
(e)	Human Swine Influenza Vaccination Programme (HSIVP)	53 614	\$50 subsidy per dose
(f)	Cataract Surgeries Programme (CSP)	9 939	\$5,000 subsidy per patient

	Programme	Number of patients (Note 1)	Amount of direct subsidy
(g)	Tin Shui Wai Primary Care Partnership Project (TSWPPP)	1 596	\$105 per consultation with a maximum of ten consultations per patient per year
(h)	Haemodialysis Public-Private Partnership Programme (HD PPP)	55	\$195,000 on average per patient per year (with an average of around 130 haemodialysis sessions)
(i)	Patient Empowerment Programme (PEP)	6 205	Around \$900 per patient per year
(j)	Public-Private Chronic Disease Management Shared Care Programme (“Shared Care Programme”)	88	\$1,600 subsidy per year, including a subsidy of \$1,200 for chronic disease management, an incentive of up to \$200 per patient and a quality incentive of up to \$200 per doctor

Note 1: The table shows the number of patients since inception of the programmes until end February 2011 for programmes (a) to (g) and (j), and until end January 2011 for programmes (h) and (i).

The expenditures in 2009-10 (actual) and 2010-11 (revised estimate) for these programmes, including both service expenditures (expenditures involved in providing services to the patients, including both direct subsidy for the patient to receive services from private healthcare providers, and cost of public sector providing support services for the patients) and administrative expenses (including both capital costs for setting up necessary infrastructure such as IT system and recurrent operating costs for administration of programmes such as enrolment of providers and patients and disbursements of subsidies), are set out in the table below. It should be noted that in addition to direct subsidy for the patient to receive services from private healthcare providers, for patients enrolled in TSWPPP and the Shared Care Programme provided through HA, HA also provides support services, including the required diagnostic and laboratory services, as well as referral of patients by private doctors back to the out-patient clinics of HA where necessary. It should also be noted that the administrative expenses are incurred for specific teams set up in both DH and HA to administer multiple PPP programmes. The administrative expenses are thus shown as an aggregate total for these programmes as a whole. No further breakdown of the administrative expenses for individual programmes is available.

	Programme	Expenditures in 2009-10		Expenditures in 2010-11 (Note 2)	
		Service expenditures	Administrative expenses	Service expenditures	Administrative expenses
(a)	Elderly Health Care Voucher Pilot Scheme (EHCV Pilot Scheme)	\$49.0 million	\$14.1 million	\$84.0 million	\$11.6 million
(b)	Childhood Influenza Vaccination Subsidy Scheme (CIVSS)	\$10.9 million	\$13.6 million	\$11.1 million	\$13.1 million
(c)	Elderly Vaccination Subsidy Scheme (EVSS)	\$37.8 million		\$24.0 million	



	Programme	Expenditures in 2009-10		Expenditures in 2010-11 (Note 2)	
		Service expenditures	Administrative expenses	Service expenditures	Administrative expenses
(d)	Vaccinations for residents and staff of residential care homes under the Government Vaccination Programme (GVP)	\$2.2 million		\$4.3 million	
(e)	Human Swine Influenza Vaccination Programme (HSIVP)	\$2.4 million		\$0.5 million	
(f)	Cataract Surgeries Programme (CSP)	\$20.0 million	\$7.5 million	\$13.1 million	\$17.0 million
(g)	Tin Shui Wai Primary Care Partnership Project (TSWPPP)	\$1.5 million		\$2.6 million	
(h)	Haemodialysis Public-Private Partnership Programme (HD PPP)	--		\$12.1 million	
(i)	Patient Empowerment Programme (PEP)	\$0.4 million		\$5.6 million	
(j)	Public-Private Chronic Disease Management Shared Care Programme ("Shared Care Programme")	\$0.1 million		\$0.1 million	

Note 2: For programmes (a) to (e), the figures are the revised estimate for 2010-11. For programmes (f) to (j), the figures are the latest estimate for 2010-11.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 1.4.2011

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

**S-FHB(H)22**

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

Question Serial No.

S146

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the respective amounts of resources actually used in 2009-10 and 2010-11 and to be reserved for 2011-12 by the Food and Health Bureau (Health Branch) and the departments under its purview for the following items, as well as the contents and policy objectives of the activities of the Bureau and its department:

- (a) expenditure on Mainland duty visits, exchanges and meetings by local officials, as well as the ranks and number of local officials involved (please list by administrative regions at the provincial level and by cities for Guangdong Province);
- (b) expenditure on exchanges, entertainment and meetings in Hong Kong with Mainland officials and departments, as well as the ranks and number of local and Mainland officials involved (please list by administrative regions at the provincial level and by cities for Guangdong Province);
- (c) expenditure on overseas duty visits, exchanges and meetings (including those in Taiwan and Macao) attended by local officials, as well as the ranks and number of local officials involved (please list by continents and countries/regions); and
- (d) expenditure on exchanges, entertainment and meetings in Hong Kong with overseas officials and departments (including those of Taiwan and Macao), as well as the ranks and number of local and overseas officials involved (please list by continents and countries/regions).

Asked by : Hon. HO Sau-lan, Cyd

Reply :

The expenditure incurred by the Food and Health Bureau (Health Branch) (FHB(Health Branch)), the Department of Health (DH) and the Government Laboratory (GL) under the purview of FHB(Health Branch) in 2009-10 and 2010-11, and the estimates for 2011-12 for duty visits, exchanges, entertainment and meetings with Mainland and overseas officials are provided at the **Annex**.

The activities set out at the **Annex**, which were normally led by the Secretary for the Food and Health / senior directorate officers, professional staff and other relevant subject officers, mainly comprised working meetings, study visits, exchange programmes, official signing ceremonies and international conferences. The primary objectives of these activities are to strengthen collaboration with our overseas and Mainland counterparts and exchange expert views on subjects under Food and Health Bureau's portfolio. Examples and the key objectives of the visits are provided in the table below –

<b>Bureau/ Department</b>	<b>Examples of the Activities</b>	<b>Policy Objectives of the Activities</b>
FHB (Health Branch)	<ul style="list-style-type: none"> <li>- visit to Israel to study its emergency medical response and healthcare system, advanced health technologies and medical centres of excellence on paediatrics;</li> <li>- visit to Europe to study the clinical trials system, healthcare financing, healthcare system, electronic health record system and Chinese medicine hospital;</li> <li>- the National Forum on Safety and Quality in Health Care hosted by Australian Council on Healthcare Standards in Canberra, Australia;</li> <li>- the Conference of the Parties to the World Health Organization (WHO) Framework Convention on Tobacco Control in Punta del Este, Uruguay.</li> </ul>	<ul style="list-style-type: none"> <li>- to strengthen collaboration with our overseas and mainland counterparts, exchange views and keep abreast of the latest development of subjects under Food and Health Bureau's portfolio, such as the control of communicable diseases, healthcare financing, primary care services, e-health records sharing and tobacco control, etc.</li> </ul>
DH	<ul style="list-style-type: none"> <li>- meeting on Hong Kong's public health measures against Human Swine Influenza in Beijing;</li> <li>- the 8<sup>th</sup> Joint Meeting of Senior Health Officials of the Mainland, Hong Kong and Macao in Macao;</li> <li>- the 24<sup>th</sup> National Congress of the Chinese Medical Association in Beijing;</li> <li>- the 61<sup>st</sup> Session of the WHO's Regional Committee for the Western Pacific in Malaysia.</li> </ul>	<ul style="list-style-type: none"> <li>- to exchange information and share expert experiences with Mainland and overseas counterparts on various health issues of common regional area or global concern;</li> <li>- to keep abreast with the latest developments of subjects under DH's portfolio;</li> <li>- to facilitate international and regional collaboration and networking.</li> </ul>
GL	<ul style="list-style-type: none"> <li>- meetings with counterparts from the Mainland, Macao, international bodies and regional specialized bodies</li> <li>- attend general assemblies and international symposiums</li> </ul>	<ul style="list-style-type: none"> <li>- to keep abreast of and exchange views on the latest scientific development on testing and metrology;</li> <li>- to strengthen collaboration with overseas and Mainland counterparts and exchange expert views on subjects under GL's scientific portfolio;</li> <li>- to ensure harmonization of chemical and bioanalytical measurements and standards with other countries/economies.</li> </ul>

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

Date \_\_\_\_\_ 31.3.2011

**Summary of Duty visits, Exchanges and Meetings with Mainland and Overseas Authorities  
for Food and Health Bureau (Health Branch) and Departments under its Purview**

Activities	2009-10 Expenditure (\$m)	2010-11 Expenditure (\$m)	2011-12 Estimate (\$m)
<b>Food and Health Bureau (Health Branch)</b>			
(a) Local officials' duty visits, exchanges and meetings in the Mainland (including Beijing, Chengdu, Guangzhou, Nansha, Shanghai, etc.)	0.405	0.087	0.100
(b) Exchanges, entertainment and meetings with Mainland officials and authorities within Hong Kong (including Beijing, Guangdong Province, Macao, etc.)	0.010	0.013	0.015
(c) Local officials' overseas duty visits, exchanges and meetings (including Australia, Estonia, Germany, Israel, Malaysia, Netherland, Switzerland, UK, Uruguay, USA, etc.)	0.179	0.862	0.800
(d) Exchanges, entertainment and meetings with overseas officials and authorities within Hong Kong	–	–	–
<b>Department of Health</b>			
(a) Local officials' duty visits, exchanges and meetings in the Mainland (including Beijing, Dongguan, Guangzhou, Nei Mongol, Shanghai, Shenzhen, Zhuhai, etc.)	1.100	0.820	0.800
(b) Exchanges, entertainment and meetings with Mainland officials and authorities within Hong Kong (including Beijing, Shanghai, Fujian, Guangdong, Guangxi, Sichuan Provinces, etc.)	0.280	0.700 (Note 1)	0.300
(c) Local officials' overseas duty visits, exchanges and meetings (including Austria, Canada, France, India, Japan, Korea, Malaysia, Saudi Arabia, Tunisia, Singapore,	2.950	3.800	3.800

<b>Activities</b>	<b>2009-10 Expenditure (\$m)</b>	<b>2010-11 Expenditure (\$m)</b>	<b>2011-12 Estimate (\$m)</b>
Thailand, UK, USA, etc.)			
(d) Exchanges, entertainment and meetings with overseas officials and authorities within Hong Kong (including France, Japan, Malaysia, New Zealand, Northern Ireland, Samoa, Tonga, Vietnam, etc.)	4.330 (Note 2)	0.030	0.600 (Note 3)
<b>Government Laboratory (under Health Policy Area)</b>			
(a) Local officials' duty visits, exchanges and meetings in the Mainland (including Beijing, Changchun, Guangzhou, etc.)	0.023	0.027	0.022
(b) Exchanges, entertainment and meetings with Mainland officials and authorities within Hong Kong	–	–	–
(c) Local officials' overseas duty visits, exchanges and meetings (including Dublin, Ireland, Melbourne, Sydney, Taiwan, etc.)	0.012	0.040	0.027
(d) Exchanges, entertainment and meetings with overseas officials and authorities within Hong Kong	–	–	–

Note 1: Include \$0.38 million for the 10<sup>th</sup> Tripartite Meeting on the Prevention and Control of Communicable Diseases held in 2010-11

Note 2: Include \$4.2 million for the 60<sup>th</sup> WHO Regional Committee Meeting for the Western Pacific and \$0.09 million for the 14<sup>th</sup> Asian Harmonization Working Party Meeting held in 2009-10

Note 3: Include \$0.6 million for the Western Pacific Region (WHO) Meeting to be co-hosted by WHO and DH in 2011-12

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

**S-FHB(H)23**

Question Serial No.

S144

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 dedicated office on drugs to be established by the Department of Health (DH), what will be the Government's estimated expenditure and staffing establishment in 2011-12 and its specific work plan for the coming year?

Asked by: Hon. CHAN Mo-po, Paul

Reply:

In 2011-12, \$27.8 million will be allocated to DH to establish a dedicated drug office to strengthen various existing regulatory activities, comprising pharmacovigilance; import/export, manufacture, wholesale and retail licensing; inspection; surveillance and complaint investigation. In addition, new areas like risk assessment and risk communication will be introduced to enhance control on pharmaceutical products for better public health protection.

An Assistant Director of Health, a Chief Pharmacist, two Senior Pharmacist, 14 Pharmacist, five Scientific Officer (Medical) and 15 general grade posts will need to be created.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Dr Thomas TSANG

Post Title \_\_\_\_\_ Acting Director of Health

Date \_\_\_\_\_ 29.3.2011

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

**S-FHB(H)24**

Question Serial No.

S152

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 problem of non-availability of dental care services for secondary students, how shall the Government resolve it? What are the proposals and the timetable for handling the problem?

Asked by: Hon. WONG Kwok-hing

Reply:

The Government's policy on dental services seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits. Educational and promotional activities such as the "Teens Teeth" programme and the annual "Love Teeth Campaign" are organised by the Department of Health (DH) for secondary school students. Free emergency dental services are currently provided to members of the public through the 11 government dental clinics under DH. Dental treatment services in general where needed are available through private dentists at largely affordable charges.

The Food and Health Bureau (FHB) has formed the Task Force on Primary Dental Care and Oral Health formed under the Working Group of Primary Care since December 2010 to, among other things, provide advice on initiatives to promote and enhance primary dental care and oral health. It comprises members from the dental profession, academics, patient groups, Hospital Authority and representatives from FHB, DH and Social Welfare Department. The Task Force has advised that priority should be given to improving oral health of and dental care for needy elderly. The Government will thus launch a pilot project, in partnership with NGOs for a period of three years starting from April 2011, to provide elderly people residing in residential care homes or receiving services in day care centres with outreach primary dental care and oral health care services. The Task Force will further consider the oral health status and dental care needs of the different population groups including secondary school students with a view to advising on feasible strategies to improve their oral health.

Signature \_\_\_\_\_

Name in block letters Dr Thomas TSANG

Post Title Acting Director of Health

Date 29.3.2011

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

**S-FHB(H)25**

Question Serial No.

SV036

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 is requested to provide a breakdown of how the increase by \$2.6 billion in funding for the Hospital Authority in 2011-12 would be allocated on the various new services as described in the speaking notes of the Secretary for Food and Health. Detailed information about the measures and the number of working hours required should be included.

Asked by: Hon. LEUNG Ka-lau

Reply:

The financial provision for Hospital Authority (HA) for 2011-12 is \$2.6 billion higher than the revised estimate for 2010-11. The additional financial provision mainly includes the followings:

- (a) **\$872 million additional recurrent provision** to meet the growth in service demand. Major initiatives to be implemented in 2011-12 include:
- (i) expansion of service capacity to improve inpatient and surgical services in New Territories West Cluster and enhancement of obstetric and neonatal services in Kowloon East Cluster;
  - (ii) enhancement of community and ambulatory care to minimize hospital admissions and reduce avoidable hospitalization;
  - (iii) enhancement of provision for haemodialysis service for patients with end-stage renal disease, cardiac service, clinical oncology service, palliative care for advanced cancer and end-stage patients, child and adolescent psychiatric service, emergency service and expansion of Cancer Case Manager Programme;
  - (iv) supporting the use of interventional medical devices / consumables that are not included in HA's standard charges and continued implementation of the Filmless HA Projects;
  - (v) enhancement of service including laboratory service for treatment of patients with chronic hepatitis and diabetes, Autologous Haemopoietic Stem Cell Transplant service, computer tomography service and magnetic resonance imaging service for reduction in waiting time; and
  - (vi) enhancement of patient safety;
- (b) **\$865 million additional provision** for HA to implement a number of healthcare reform related initiatives, including:
- (i) enhancement of chronic disease management through multi-disciplinary, case management and



empowerment approach in accordance with the primary care development strategy;

- (ii) enhancement of public primary care services by developing Community Health Centre (CHC) model of care and promoting family doctor concept of holistic healthcare in public primary care and general out-patient clinic (GOPC) services;
- (iii) expansion of the coverage of the HA Drug Formulary by introducing a new drug as special drug for the treatment of cancer and expanding the clinical application of eight drug classes; and
- (iv) enhancement of the competency and morale of healthcare staff through the provision of a full spectrum of training strategies and initiatives;

(c) **\$697 million additional provision** for HA to implement various new / on-going initiatives, including:

- (i) enhancement of mental health services through extension of the case management program, setting up of crisis intervention teams to provide support for high risk mental patients, and expansion of the service targets of the Early Assessment and Detection of Young Persons with Psychosis (EASY) program by including adults, extension of psychogeriatric services, and enhancement of autistic services, etc;
- (ii) enhancement of nursing workforce by recruiting 300 additional nurses;
- (iii) enhancement of pharmacy system to strengthen drug safety by enhancing the aseptic dispensing facility and services, modernization of the pharmaceutical supply chain processes, and enhancing pharmacist coverage at GOPC pharmacies, etc;
- (iv) enhancement of drug quality by strengthening quality control of pharmaceuticals products supplied to HA, and coping with the increase in drug costs;
- (v) expansion of HA's cataract service through additional cataract surgery throughput in hospitals;
- (vi) enhancement of quality of care in hospital wards by improving staff mix and work process, modernization of patient care equipment, improvement of patient care culture through staff engagement and training, provision of advanced and expert nursing care and senior coverage for complex care requirement, and enhancing the support to nurse training in highly specialized areas;
- (vii) establishment of a total joint replacement centre at Yan Chai Hospital to provide integrated surgical treatment and post-operative rehabilitation program; and
- (viii) extension of the hospital accreditation scheme to other 15 hospitals in HA, further to the implementation of pilot scheme, which has covered five hospitals.

(d) **\$77 million one off funding** mainly for the purchase of minor equipment costing below \$150,000 each and for the enhancement of training.

To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA plans to recruit about 330 doctors, 1 720 nursing staff and 590 allied health staff in 2011-12. HA will continue to monitor the trend of utilization of service and implement suitable measures to ensure that its services can meet the community's needs.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

ate \_\_\_\_\_ 30.3.2011

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

S-FHB(H)26

Question Serial No.

S149

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 reply to the question on the 2011-12 Budget (FHB(H)066), the Food and Health Bureau (FHB) indicated that "we expect an increase in demand for doctors. The FHB has recently reviewed manpower requirements for healthcare professionals and forwarded our findings to the University Grants Committee.....we encourage tertiary institutions to increase student places for healthcare disciplines". What is the increase in demand for doctors as anticipated by the FHB? How many student places to be increased for doctors and nurses will the Administration suggest to the University Grants Committee?

Asked by: Hon. HO Chun-yan, Albert

Reply:

Manpower assessment is an ongoing process subject to adjustments from time to time in light of changes of demand in the community. We in general expect a substantial increase in the demand for healthcare practitioners in future.

Our advice to the University Grants Committee (UGC) forms part of the broad planning parameters that served as reference to institutions in formulating their academic development plans. The academic development exercise is an interactive process which involves extensive discussion between the UGC and the institutions. The final student number targets for individual disciplines will be worked out taking into account many factors including the capacity of the institutions, institutions' assessment of manpower needs and competing demand for student places and resources. The UGC will make its final recommendation for the 2012/13-2014/15 triennium in the fourth quarter of this year.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and  
Health (Health)

Date 30.3.2011

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

**S-FHB(H)27**

Question Serial No.

S150

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 number of patients receiving magnetic resonance imaging (MRI) service and the median waiting time in 2010-11 by cluster. In 2011-12, the Hospital Authority (HA) will provide MRI service to 3 400 additional patients. To which clusters will these 3 400 additional places be allocated? How many additional manpower and resources will be allocated for each of these clusters to provide the additional places? By how much will the waiting time be shortened upon provision of these 3 400 places? In 2011-12, HA will also provide computerised tomography (CT) scanning service to 3 000 additional patients. Please list the number of patients receiving CT scanning service in 2010-11 by cluster. To which clusters will these 3 000 additional places be allocated? How many additional manpower and resources will be allocated for each of these clusters to provide the additional places?

Asked by: Hon. HO Chun-yan, Albert

Reply:

In 2011-12, the Hospital Authority (HA) has earmarked a total of \$14.4 million for enhancing magnetic resonance imaging (MRI) and computerised tomography (CT) scanning services through extension of service hours of MRI and CT scanners. HA will provide MRI service to 3 400 additional patients and CT service to 3 000 additional patients each year starting from 2011-12. The additional manpower required include four Associate Consultants, four Radiographers, two nurses and four supporting staff. The initiative will be implemented in Kowloon Central, Kowloon East and New Territories East clusters.

The table below sets out the number of MRI and CT examinations performed in each hospital cluster in 2010-11 (from April to December 2010), and the median waiting time for MRI examinations. At present, HA does not have a central registry on the total number of patients waiting for MRI or CT services across all clusters.

<b>Cluster</b>	<b>No. of MRI examinations performed from April to December 2010</b>	<b>Median waiting time of patients who received examinations from April to December 2010</b>	<b>No. of CT examinations performed from April to December 2010</b>
HKE	3 487	74 days	24 994
HKW	6 462	94 days	19 802
KC	6 017	126 days	30 579
KE	2 143	89 days	20 686
KW	5 916	86 days	45 955

<b>Cluster</b>	<b>No. of MRI examinations performed from April to December 2010</b>	<b>Median waiting time of patients who received examinations from April to December 2010</b>	<b>No. of CT examinations performed from April to December 2010</b>
NTE	8 620	25 days	35 844
NTW	3 112	23 days	25 433
<b>HA overall</b>	<b>35 757</b>	<b>86 days</b>	<b>203 293</b>

### **Abbreviations**

HKE – Hong Kong East

HKW – Hong Kong West

KC – Kowloon Central

KE – Kowloon East

KW – Kowloon West

NTE – New Territories East

NTW – New Territories West

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

Date \_\_\_\_\_ 30.3.2011

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

**S-FHB(H)28**

Question Serial No.

S151

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 Drug Formulary, there are 14 cancer drugs that have to be purchased by patients themselves. Please list the prices of such drugs, reasons for not covering them under the financing scheme and items of self-financed drugs that have to be purchased by patients purely for economic reasons? Please provide a breakdown of people who died of cancer in 2010-11? What is the percentage of patients who had purchased self-financed cancer drugs?

Asked by: Hon. HO Chun-yan, Albert

Reply:

The table below sets out the corporate drug prices in March 2011 of the 14 self-financed cancer drugs that patients purchase at their own expense.

	<b>Drug Name</b>	<b>Strength</b>	<b>Unit Price (HK\$)</b>
1	Azacitidine inj	100mg/vial	3,554.6
2	Bevacizumab infusion	25mg per ml x 4ml vial	3,636.0
3	Bicalutamide tab	50mg	47.3
		150mg	109.9
4	Capecitabine tab	150mg	8.7
		500mg	29.0
5	Doxorubicin (Liposomal) infusion	2mg/ml x 10ml vial	3,568.7
6	Erlotinib (HCl) tab	25mg	126.3
		100mg	447.8
		150mg	589.2
7	Estramustine phosphate cap.	140mg	27.0
8	Gefitinib tab	250mg	462.6
9	Gemcitabine inj	200mg	253.0
		1000mg	1,415.2
10	Lapatinib ditosylate tab	250mg	121.2
11	Sorafenib tosylate tab	200mg	312.1
12	Sunitinib malate cap	12.5mg	280.7
		50mg	1,170.6

Drug Name		Strength	Unit Price (HK\$)
13	Temozolomide cap	100mg	856.3
		20mg	187.4
14	Topotecan (HCl)	0.25mg (cap)	66.7
		1mg (cap)	262.6
		4mg/vial (inj)	1,658.9

Under the prevailing policy of the Hospital Authority (HA) Drug Formulary, drugs with preliminary medical evidence, drugs with marginal benefits over available alternatives but at significantly higher costs as well as lifestyle drugs (e.g. weight-loss drugs) are not provided at standard fees and charges of public hospitals or covered by the safety net under the Samaritan Fund. Patients have to purchase these drugs at their own expense.

Based on provisional figures, the total number of registered deaths due to all types of cancer was 13 072 in 2010. The table below sets out the number of registered deaths by type of cancers in 2010.

Disease Grouping (Based on the International Statistical Classification of Diseases and Related Health Problems (ICD) 10 <sup>th</sup> Revision)	Number of registered deaths
Malignant neoplasm of lip, oral cavity and pharynx except nasopharynx	178
Malignant neoplasm of nasopharynx	320
Malignant neoplasm of oesophagus	332
Malignant neoplasm of stomach	686
Malignant neoplasm of small intestine	16
Malignant neoplasm of colon, rectum and anus	1 863
Malignant neoplasm of liver and intrahepatic bile ducts	1 530
Malignant neoplasm of gallbladder, other and unspecified parts of biliary tract	152
Malignant neoplasm of pancreas	473
Malignant neoplasm of larynx	78
Malignant neoplasm of trachea, bronchus and lung	3 697
Malignant neoplasms of bone, articular cartilage, peripheral nerves, autonomic nervous system, other connective and soft tissue	104
Malignant melanoma of skin	41
Other malignant neoplasm of skin	15
Mesothelioma	22
Malignant neoplasm of breast	566
Malignant neoplasm of cervix uteri	146
Malignant neoplasm of corpus uteri	73
Malignant neoplasm of ovary	164
Malignant neoplasm of prostate	319

<b>Disease Grouping (Based on the International Statistical Classification of Diseases and Related Health Problems (ICD) 10<sup>th</sup> Revision)</b>	<b>Number of registered deaths</b>
Malignant neoplasm of testis	3
Malignant neoplasm of kidney, renal pelvis, ureter, other and unspecified urinary organs	185
Malignant neoplasm of bladder	192
Malignant neoplasm of meninges, brain and other parts of central nervous system	98
Malignant neoplasm of thyroid gland	36
Hodgkin's disease	10
Non-Hodgkin's lymphoma	364
Multiple myeloma and malignant plasma cell neoplasms	109
Leukaemia	287
Remainder of malignant neoplasms	1 013
<b>Malignant neoplasms</b>	<b>13 072</b>

The percentage of patients who had purchased self-financed cancer drugs out of the total number of patients who died of cancer in 2010 is not available.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 30.3.2011