

**Replies to supplementary written questions raised by Finance Committee Members  
in examining the Estimates of Expenditure 2012-13**

**Director of Bureau: Secretary for Food and Health**

**Session No.: 19**

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

**S-FHB(H)01**

Question Serial No.

S072

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:

Will the Administration advise on the following:

- (a)      What is the cost for each woman giving birth in public hospitals at present?
- (b)      How many pregnant women did public hospitals serve in 2011? What was the operational cost involved?
- (c)      On what basis does the Administration project the number of women who will give birth in public hospitals in the future? According to the Administration's estimation, how many additional healthcare workers and how much additional resources are required to meet the needs of local pregnant women and those women whose spouses are Hong Kong permanent residents? How much time and resources are needed to provide additional beds and training for healthcare workers to meet the needs?

Asked by: Hon. HO Sau-lan, Cyd

Reply:

(a) and (b)

The number of deliveries in public hospitals under the Hospital Authority (HA) in 2011-12 is 34 098 (up to 31 December 2011). The total costs incurred by HA for the provision of obstetric services are estimated at \$1,217 million in 2011-12. The total cost covers the cost of manpower, drugs, medical consumables and other operating costs for providing a wide range of services, including inpatient and outpatient services, delivery of births, antenatal and postnatal care, handling of stillbirth and other pregnancy related complications and diseases. The cost for delivery of each pregnant woman varies given the varying complexity, the different diagnostic services, treatments and prescriptions required as well as the different length of stay in the hospital.

(c)

In projecting the number of deliveries in public hospitals, HA will take into account a number of factors, including the projection on the number of births in Hong Kong, the projected demand of HA obstetric service by local pregnant women, the capacity of obstetric and neonatal intensive services in public hospitals, and the estimated number of deliveries via the Accident & Emergency Department without booking by non-eligible persons (NEPs). HA does not have a projection on the number NEPs with Hong Kong residents spouses who wish to deliver in Hong Kong, nor the estimated manpower and resources required to meet the demand of this group of NEPs.

Signature \_\_\_\_\_

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and  
Health (Health)

Date 16.3.2012

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

**S-FHB(H)02**

Question Serial No.

S073

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:

According to item (b) of Reply Serial No. FHB(H)201, Oxaliplatin and Gemcitabine will be incorporated as special drugs in the Drug Formulary in 2012-13 and the estimated numbers of patients benefited are 400 and 100 respectively. However, for the past three years, the numbers of public hospital patients prescribed with Oxaliplatin and Gemcitabine already amounted to 700 and 1,000 per year respectively. Apart from these patients, there were others who could not afford self-financed drugs. Would the Administration explain on what specific basis the above quotas were set?

Asked by: Hon. LEUNG Ka-lau

Reply:

The Hospital Authority (HA) has a mechanism in place to regularly appraise new drugs and review the existing drug listed in the HA Drug Formulary. The review process follows an evidence-based approach, having regard to the principles of efficacy, safety and cost-effectiveness of drugs to ensure that public resources are utilized with maximal effect of healthcare and patients have equitable access to cost-effective drugs of proven safety and efficacy.

Certain drugs in the HA Drug Formulary can be used for the treatment of different diseases and/or at different stages of the same disease with varying efficacy depending on the clinical conditions. Both Oxaliplatin (currently a Self-financed Item with safety net coverage) and Gemcitabine (currently a Self-financed Item without safety net coverage) have a variety of clinical indications. Oxaliplatin can be used at different stages of colorectal and pancreatic cancer while Gemcitabine can be used at different stages of pancreatic, bladder, lung, ovary and breast cancer.

In 2012-13, the Government has earmarked additional recurrent funding of \$230 million to HA for the introduction of three new drugs, including Oxaliplatin and Gemcitabine, as Special Drugs in the HA Drug Formulary and expand the clinical applications of nine therapeutic groups of drugs in 2012-13. The use of Oxaliplatin as a Special Drug will be indicated for patients at Stage III (Dukes' C) colon cancer after receiving relevant surgery while the use of Gemcitabine as a Special Drug will be indicated for advanced / metastatic pancreatic cancer and locally advanced and metastatic bladder cancer. These specific indications of the two drugs are selected due to their relatively higher efficacy. There is no quota on the use of these drugs on these indications and the drugs can be prescribed by specialists and provided to all patients meeting specific clinical conditions at standard fees and charges in public hospitals and clinics. The number of patients benefiting from this programme in 2012-13 is reckoned on the best estimation of expert clinicians.

The HA will keep in view the latest scientific and clinical evidence of drugs and make changes to the Drug Formulary as appropriate.

Signature \_\_\_\_\_  
Name in block letters Richard YUEN  
Post Title Permanent Secretary for Food and  
Health (Health)  
Date 16.3.2012

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

**S-FHB(H)03**

Question Serial No.

SV039

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:

The Administration is requested to follow up on its reply to FHB(H)256 by providing further information on the number and capacity of healthcare professionals, number of shifts, shift periods and expenditures involved regarding those stationed at each control point (for assisting the Immigration Department in tackling the wave of baby delivery in Hong Kong by Mainland pregnant women), together with the names of the control points at which healthcare teams are currently stationed/will be stationed.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Department of Health (DH) has deployed a total of 14 doctors and 21 nurses (comprising both full-time and part-time staff) to Lo Wu and Lok Ma Chau Boundary Control Points (BCPs) to assist immigration officers in assessing the gestational age of incoming non-local pregnant women. The annual staffing cost is about \$5 million. DH is in the process of recruiting an additional 10 doctors and 10 nurses, at an estimated annual staff cost of \$8.8 million, to enhance support to immigration officers at Lo Wu, Lok Ma Chau and Shenzhen Bay Port BCPs. They will work on shifts and cover all opening hours of the BCPs.

In addition to healthcare professionals, 24 Health Surveillance Assistants (HSAs) from DH have been assisting immigration officers at Lo Wu, Lok Ma Chau (private car kiosks) and Shenzhen Bay Port BCPs to identify non-local pregnant women. Since February 2012, DH has deployed an additional 18 HSAs to enhance assistance to Immigration Department (ImmD) at the Lok Ma Chau Spur Line, Lok Ma Chau (passenger arrival hall) and Sha Tau Kok BCPs.

The healthcare professionals and HSAs will be flexibly deployed to the BCPs in response to the operational needs of the ImmD. DH will closely monitor the situation with ImmD and continue to review the manpower requirement.

Signature \_\_\_\_\_

Name in block letters Dr Thomas TSANG

Post Title Acting Director of Health

Date 20.3.2012